

Skillsfirst Awards

Handbook

**Level 3 Certificate in Dementia Care
(QCF)**

DCC3



Skillsfirst
growth through learning

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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 3 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 3 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 3 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 3 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' 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 3 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 extends the work-related focus from the Level 3 Certificate in Dementia Care (QCF) and covers some of the knowledge and practical skills required for a particular vocational sector. The achievement of units from this qualification can be used towards the achievement of the Level 3 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
600/4630/2	3	Level 3 Certificate in Dementia Care (QCF)	Minimum of 21

6.2 Rules of Combination

A minimum total of 21 credits must be achieved to gain the qualification as follows:

A learner must complete:

All 15 credits from Group M
At least 6 credits from Group O

Minimum Guided Learning Hours (GLH) are 143
Maximum Guided Learning Hours (GLH) are 162

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/601/3538	DEM301	Understand the process and experience of dementia	3
A/601/9191	DEM304	Enable rights and choices of individuals with dementia whilst minimising risks	4
Y/601/4693	DEM312	Understand and enable interaction and communication with individuals who have dementia	4
F/601/4686	DEM313	Equality, diversity and inclusion in dementia care practice	4

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
A/601/9546	HSC2031	Contribute to support of positive risk-taking for individuals	3
A/601/9028	HSC3002	Provide support to continue recommended therapies	3
D/601/9491	HSC3008	Implement therapeutic group activities	4
A/601/7909	HSC3035	Support individuals who are bereaved	4
T/601/9495	HSC3048	Support individuals at the end of life	7
Y/601/8825	HSC3062	Interact with and support individuals using telecommunications	5
A/601/7215	LD302	Support person-centred thinking and planning	5
L/601/9549	HSC3066	Support positive risk taking for individuals	4
H/601/8049	HSC3020	Facilitate person centred assessment, planning, implementation and review	6
F/601/3473	SSOP31	Understand models of disability	3
R/601/8256	HSC2022	Contribute to the care of a deceased person	3
F/602/0097	CMH301	Understand mental well-being and mental health promotion	3
M/502/3146	ADV301	Purpose and principles of independent advocacy	4
T/502/3147	ADV302	Providing independent advocacy support	6

F/601/4056	HSC3047	Support use of medication in social care settings	5
J/601/3541	SSOP34	Support individuals in the use of assistive technology	4

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 3 Certificate in Dementia Care (QCF), learners may progress into employment or onto the following Skillsfirst qualifications:

- Skillsfirst Level 3 Diploma in Health and Social Care
- Skillsfirst Level 3 NVQ Certificate in Management
- Skillsfirst Level 5 Diploma in Leadership for Health and Social Care and Children and Young People's Services (Children and Young People's Management) (QCF)

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



DEM301

Understand the process and experience of dementia



DEM301 Understand the process and experience of dementia

Level: Level 3

Credit value: 3

Unit aim

This unit provides the knowledge of the neurology of dementia to support the understanding of how individuals may experience dementia

Learning outcomes

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

- 1 Understand the neurology of dementia
- 2 Understand the impact of recognition and diagnosis of dementia
- 3 Understand how dementia care must be underpinned by a person centred approach

Guided learning hours

It is recommended that **22** 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 DEM 301

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

DEM301 Understand the process and experience of dementia

Learning outcomes and assessment criteria

Outcome 1 Understand the neurology of dementia

The learner can:

- 1 describe a range of causes of dementia syndrome
- 2 describe the types of memory impairment commonly experienced by individuals with dementia
- 3 explain the way that individuals process information with reference to the abilities and limitations of individuals with dementia
- 4 explain how other factors can cause changes in an individual's condition that may not be attributable to dementia
- 5 explain why the abilities and needs of an individual with dementia may fluctuate

Outcome 2 Understand the impact of recognition and diagnosis of dementia

The learner can:

- 1 describe the impact of early diagnosis and follow up to diagnosis
- 2 explain the importance of recording possible signs or symptoms of dementia in an individual in line with agreed ways of working
- 3 explain the process of reporting possible signs of dementia within agreed ways of working
- 4 describe the possible impact of receiving a diagnosis of dementia on
 - the individual
 - their family and friends

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

The learner can:

- 1 compare a person centred and a non-person centred approach to dementia care
- 2 describe a range of different techniques that can be used to meet the fluctuating abilities and needs of the individual with dementia
- 3 describe how myths and stereotypes related to dementia may affect the individual and their carers
- 4 describe ways in which individuals and carers can be supported to overcome their fears

DEM304

Enable rights and choices of individuals with dementia whilst minimising risks



DEM304 Enable rights and choices of individuals with dementia whilst minimising risks

Level: 3

Credit value: 4

Unit aim

This unit is about developing the learners' knowledge, understanding and skill of enabling the rights and choices of the individual with dementia whilst minimising risks.

Learning outcomes

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

1. Understand key legislation and agreed ways of working that support the fulfilment of rights and choices of individuals with dementia while minimising risk of harm
2. Be able to maximise the rights and choices of individuals with dementia
3. Be able to involve carers and others in supporting individuals with dementia
4. Be able to maintain the privacy, dignity and respect of individuals with dementia whilst promoting rights and choices

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 21, 31, 41, 24, 35 and 45.

Assessment

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

DEM304 Enable rights and choices of individuals with dementia whilst minimising risks

Learning outcomes and assessment criteria

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

The learner can:

1. explain the impact of key legislation that relates to fulfilment of rights and choices and the minimising of risk of harm for an individual with dementia
2. evaluate agreed ways of working that relate to rights and choices of an individual with dementia
3. explain how and when personal information may be shared with carers and others, taking into account legislative frameworks and agreed ways of working

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

The learner can:

1. demonstrate that the best interests of an individual with dementia are considered when planning and delivering care and support
2. demonstrate how an individual with dementia can be enabled to exercise their rights and choices even when a decision has not been deemed to be in their best interests
3. explain why it is important not to assume that an individual with dementia cannot make their own decisions
4. describe how the ability of an individual with dementia to make decisions may fluctuate

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

The learner can:

1. demonstrate how carers and others can be involved in planning support that promotes the rights and choices of an individual with dementia and minimises risk of harm
2. describe how a conflict of interest can be addressed between the carer and an individual with dementia whilst balancing rights, choices and risk
3. describe how to ensure an individual with dementia, carers and others feel able to complain without fear of retribution

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

The learner can:

1. describe how to maintain privacy and dignity when providing personal support for intimate care to an individual with dementia
2. demonstrate that key physical aspects of the environment are enabling care workers to show respect and dignity for an individual with dementia
3. demonstrate that key social aspects of the environment are enabling care workers to show respect and dignity for an individual with dementia

Additional Guidance

Key legislation may include:

- Human Rights Act 1998
- Mental Capacity Act 2005
- Adults with Incapacity (Scotland) Act 2000
- Mental Health Act 2007
- The Equality Act 2010
- Safeguarding Vulnerable Groups Act 2006
- Carers (Equal opportunities) Act 2004

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

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

Carers and others may include:

- 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

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

Key physical and social aspects may include:

Physical:

- Signage
- Colour
- Furniture
- Flooring
- Technology
- Room layout
- Storage
- Space for personal belongings

Social:

- Communication skills
- Positive approach
- Relationship centred approach
- Professional boundaries
- Abilities focus
- Whole team approach

DEM312

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



DEM312 Understand and enable positive interaction and communication with individuals who have dementia

Level: 3

Credit value: 4

Unit aim

This unit provides the opportunity for the learner to develop and implement the qualities of an effective relationship with individuals with dementia. This is based on the use of positive interactions and communication skills.

Learning outcomes

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

1. Understand the factors that can affect interactions and communication of individuals with dementia
2. Be able to communicate with an individual with dementia using a range of verbal and non-verbal techniques
3. Be able to communicate positively with an individual who has dementia by valuing their individuality
4. Be able to use positive interaction approaches with individuals with dementia

Guided learning hours

It is recommended that **30** 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 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 outcomes 2, 3 and 4 must be assessed in a real work environment

DEM312 Understand and enable positive interaction and communication with individuals who have dementia

Learning outcomes and assessment criteria

Outcome 1 Understand the factors that can affect interactions and communication of individuals with dementia

The learner can:

1. explain how different forms of dementia may affect the way an individual communicates
2. explain how physical and mental health factors may need to be considered when communicating with an individual who has dementia
3. describe how to support different communication abilities and needs of an individual with dementia who has a sensory impairment
4. describe the impact the behaviours of carers and others may have on an individual with dementia

Outcome 2 Be able to communicate with an individual with dementia using a range of verbal and non-verbal techniques

The learner can:

1. demonstrate how to use different communication techniques with an individual who has dementia
2. show how observation of behaviour is an effective tool in interpreting the needs of an individual with dementia
3. analyse ways of responding to the behaviour of an individual with dementia, taking account of the abilities and needs of the individual, carers and others

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

The learner can:

1. show how the communication style, abilities and needs of an individual with dementia can be used to develop their care plan
2. demonstrate how the individual's preferred method/s of interacting can be used to reinforce their identity and uniqueness

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

The learner can:

1. explain the difference between a reality orientation approach to interactions and a validation approach
2. demonstrate a positive interaction with an individual who has dementia
3. demonstrate how to use aspects of the physical environment to enable positive interactions with individuals with dementia
4. demonstrate how to use aspects of the social environment to enable positive interactions with individuals with dementia
5. demonstrate how reminiscence techniques can be used to facilitate a positive interaction with the individual with dementia

Additional guidance

Carers may include:

- Partner
- Family
- Friends
- Neighbours

Others may include:

- Care worker
- Colleague
- Manager
- Social Worker
- Occupational Therapist
- GP
- Speech & Language Therapist
- Physiotherapist
- Pharmacist
- Nurse
- Psychologist
- Admiral Nurses
- Independent Mental Capacity Advocate
- Community Psychiatric Nurse
- Dementia Care Advisors
- Advocate
- Support groups

Social environment can provide interactions which create stimulation and enjoyment e.g.

- Opportunities to meet with family and friends
- Able to talk about early life, past career, good memories
- Engagement with familiar activities i.e. attendance at church, clubs, playing golf, favourite walks
- Engagement with activities e.g. reminiscence, listening to favourite music,
- Continuing social routines, e.g. going to the hairdressers, out for coffee etc.

Reality Orientation. This approach tries to place the individual in the here and now, reminding them of the day, place, time and situation they are in

Validation approach. Using non-judgmental acceptance and empathy to show the individual that their expressed feelings are valid. Focussing on the feelings rather than the content of speech.

DEM313

Equality, diversity and inclusion in dementia care practice



DEM313 Equality, diversity and inclusion in dementia care practice

Level: 3

Credit value: 4

Unit aim

This unit is aimed at those who provide care or support to individuals with dementia in a wide range of settings. The unit covers the concepts of equality, diversity and inclusion, which are fundamental to person centred approach.

Learning outcomes

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

- 1 Understand that each individual's experience of dementia is unique
- 2 Understand the importance of diversity, equality and inclusion in dementia care and support
- 3 Be able to work in a person centred manner to ensure inclusivity of the individual with dementia
- 4 Be able to work with others to encourage support for diversity and equality

Guided learning hours

It is recommended that **31** 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 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 outcomes 3 and 4 need to be assessed in the workplace environment

DEM313 Equality, diversity and inclusion in dementia care practice

Learning outcomes and assessment criteria

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

The learner can:

1. explain why it is important to recognise and respect an individual's heritage
2. compare the experience of dementia for an individual who has acquired it as an older person with the experience of an individual who has acquired it as a younger person
3. describe how the experience of dementia may be different for individuals
 - who have a learning disability
 - who are from different ethnic backgrounds
 - who are at the end of life
4. describe how the experience of an individual's dementia may impact on carers.

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

The learner can:

1. describe how current legislation, government policy and agreed ways of working support inclusive practice for dementia care and support
2. describe the ways in which an individual with dementia may be subjected to discrimination and oppression
3. explain the potential impact of discrimination on an individual with dementia
4. analyse how diversity, equality and inclusion are addressed in dementia care and support

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

The learner can:

1. demonstrate how to identify an individual's uniqueness
2. demonstrate how to use life experiences and circumstances of an individual who has dementia to ensure their inclusion
3. demonstrate practical ways of helping an individual with dementia to maintain their dignity
4. demonstrate how to engage and include an individual with dementia in daily life

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

The learner can:

1. work with others to promote diversity and equality for individuals with dementia
2. demonstrate how to share the individual's preferences and interests with others
3. explain how to challenge discrimination and oppressive practice of others when working with an individual with dementia

Additional guidance

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

Heritage This refers to an individual's culture, history and personal experiences and is unique to them

Others may include:

- Care worker
- Colleague
- Manager
- Social Worker

- Occupational Therapist
- GP
- Speech & Language Therapist
- Physiotherapist
- Pharmacist
- Nurse
- Psychologist
- Admiral Nurses
- Independent Mental Capacity Advocate
- Community Psychiatric Nurse
- Dementia Care Advisors
- Advocate
- 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

Evidence Requirements

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

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

HSC3002

Provide support to continue recommended therapies



HSC3002 Provide support to continue recommended therapies

Level: 3

Credit value: 3

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 to continue recommended therapies. It covers encouraging and supporting individuals to continue recommended therapies, carrying out observations and reviewing the therapy.

Learning outcomes

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

- 1 Understand the importance of supporting individuals to continue recommended therapies
- 2 Be able to encourage individuals to complete activities recommended by therapists
- 3 Be able to provide support to continue recommended therapy
- 4 Be able to observe, record and report on observations during recommended therapy
- 5 Be able to contribute to evaluation and review of recommended therapies

Guided learning hours

It is recommended that **20** 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 HSC352

Assessment

Learning outcomes 2, 3, 4 and 5 must be assessed in a real work situation

Evidence requirements

Learners must provide a portfolio of evidence

HSC3002 Provide support to continue recommended therapies

Learning outcomes and assessment criteria

Outcome 1 Understand the importance of supporting individuals to continue recommended therapies

The learner can:

- 1 analyse the potential benefits of recommended **therapies** to an **individual's** health and wellbeing
- 2 describe barriers that may prevent individuals from continuing recommended therapies, and the possible consequences of discontinuation

Outcome 2 Be able to encourage individuals to complete activities recommended by therapists

The learner can:

- 1 establish agreement on an individual's needs and preferences about continuing a recommended therapy
- 2 provide opportunities for an individual to access information about the benefits of continuing the recommended therapy
- 3 describe how to overcome an individual's fears or concerns about continuing the recommended therapy

Outcome 3 Be able to provide support to continue recommended therapy

The learner can:

- 1 clarify with the therapist the **information** needed before providing support for the therapy
- 2 promote **active participation** during therapy
- 3 **address difficulties** encountered during therapy
- 4 provide constructive feedback and encouragement to the individual during therapy

Outcome 4 Be able to observe, record and report on observations during recommended therapy

The learner can:

- 1 establish with the individual and **others** what observations need to be made during therapy sessions
- 2 carry out agreed observations
- 3 record agreed observations as required
- 4 report on the findings of observations to individuals and others

Outcome 5 Be able to contribute to evaluation and review of recommended therapies

The learner can:

- 1 work with others to establish processes and criteria for evaluating the effectiveness of the therapy and the support provided
- 2 carry out agreed role to support the evaluation, using observations and feedback from the individual and others
- 3 agree changes to therapy sessions or the support provided

Additional guidance

Therapies may include:

- occupational therapy
- physiotherapy
- hydrotherapy
- aromatherapy

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

Information may include:

- intended outcomes of the therapy
- activities needed to continue the therapy
- learner's role and responsibilities
- how to set up the environment and use equipment and materials
- most effective ways of supporting an individual

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.

Ways to **address difficulties** may include

- making adjustments to the level or type of support provided
- stopping therapy activities if individual is in pain or distress
- seeking additional support from therapists and others when problems and difficulties are beyond own competence

Others may include:

- family
- friends
- advocates
- specialist therapists
- others who are important to the individual's well-being

HSC3008

Implement therapeutic group activities



HSC3008 Implement therapeutic group activities

Level: 3

Credit value: 4

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 plan, prepare and implement therapeutic group activities in collaboration and agreement with individuals and others.

Learning outcomes

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

- 1 Understand the principles of therapeutic group activities
- 2 Be able to plan and prepare for therapeutic group activities
- 3 Be able to support individuals during therapeutic group activities
- 4 Be able to contribute to the evaluation of therapeutic group activities

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 HSC 393

Assessment

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

Evidence requirements

Learners must provide a portfolio of evidence

HSC3008 Implement therapeutic group activities

Learning outcomes and assessment criteria

Outcome 1 Understand the principles of therapeutic group activities

The learner can:

- 1 explain how participating in **therapeutic group activities** can benefit an individual's identity, self-esteem and well-being.
- 2 analyse reasons why a group activity rather than one to one work may be recommended in particular circumstances.
- 3 compare key points of theories about group dynamics.

Outcome 2 Be able to plan and prepare for therapeutic group activities

The learner can:

- 1 work with **individuals** and **others** to agree:
 - the nature and purpose of a therapeutic group
 - specific activities to fit the purpose of the group
- 2 address any **risks** that may be associated with the planned activities
- 3 prepare the environment for a therapeutic group activity
- 4 prepare equipment or resources needed for the activity

Outcome 3 Be able to support individuals during therapeutic group activities

The learner can:

- 1 support group members to understand the purpose and proposed activity of the group
- 2 support group members during the activity in ways that encourage effective communication, **active participation** and co-operation
- 3 give direction, praise, reassurance and constructive feedback during the activity
- 4 support the group to bring the activity to a safe and timely end

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

The learner can:

- 1 encourage and support individuals to give feedback during and after group activities
- 2 agree processes and criteria for evaluating the therapeutic benefits of the group and its activities
- 3 carry out own responsibilities for supporting the evaluation and agreeing any revisions
- 4 record and report on outcomes and any revisions in line with **agreed ways of working**

Additional guidance

Therapeutic group activities may include:

- Reminiscence therapy
- Relaxation and anxiety management
- Remedial games
- Health-related group activities
- Art or music therapy

Individuals are those requiring care or support

Others may include

- Carers and family members
- Line manager
- Therapists or other specialists who may recommend therapeutic group activities

Risks may include those associated with

- The health, safety and well-being of those in the group
- Unintentional exclusion of some group members
- Others involved with the group's activities
- The environment
- Equipment and resources used

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



HSC3035

Support individuals who are bereaved



HSC3035 Support individuals who are bereaved

Level: 3

Credit value: 4

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 who are bereaved

Learning outcomes

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

1. Understand the effects of bereavement on individuals
2. Understand principles for supporting individuals who are bereaved
3. Be able to support individuals to express their response to loss
4. Be able to support individuals who are bereaved
5. Understand the role of specialist agencies in supporting individuals who are bereaved
6. Be able to manage own feelings when providing support for individuals who are bereaved

Guided learning hours

It is recommended that **30** 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 384.

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 3, 4 and 6 must be assessed in a real work environment but in ways that do not intrude on the individual's privacy.

HSC3035 Support individuals who are bereaved

Learning outcomes and assessment criteria

Outcome 1 Understand the effects of bereavement on individuals

The learner can:

1. describe how an individual may feel immediately following the death of a loved one
2. analyse how the bereavement journey may be different for different individuals

Outcome 2 Understand principles for supporting individuals who are bereaved

The learner can:

1. compare the key points of theories of bereavement that assist in supporting individuals who are bereaved
2. explain the importance of acting in accordance with an individual's culture and beliefs when providing support for bereavement
3. explain the importance of empathy in supporting a bereaved individual

Outcome 3 Be able to support individuals to express their response to loss

The learner can:

1. create an environment where the individual has privacy to express their emotions
2. demonstrate active listening skills to support the individual to express their thoughts, feelings and distress

Outcome 4 Be able to support individuals who are bereaved

The learner can:

1. assess the individual's level of distress and their capacity for resilience
2. agree a programme of support with the individual and others
3. carry out own role within the support programme
4. support the individual to identify any changes they may need to make as a result of their loss
5. explain the importance of working at the individual's pace during the bereavement journey
6. support the individual to manage conflicting emotions, indecision or fear of the future

Outcome 5 Understand the role of specialist agencies in supporting individuals who are bereaved

The learner can:

1. compare the roles of specialist agencies in supporting individuals who are bereaved
2. describe how to assess whether a bereaved individual requires specialist support
3. explain the importance of establishing agreement with the individual about making a referral to a specialist agency

Outcome 6 Be able to manage own feelings when providing support for individuals who are bereaved

The learner can:

1. identify ways to manage own feelings while providing support for an individual who is bereaved
2. use support systems to help manage own feelings

HSC3062

Interact with and support individuals using telecommunications



HSC3062

Interact with and support individuals using telecommunications

Level: 3

Credit value: 5

Unit aim

This unit is aimed at those who interact with individuals using telecommunications. This involves establishing interactions, sustaining interactions and ending interactions with individuals using telecommunications. The emphasis is on supportive interactions rather than providing a general advice service.

Learning outcomes

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

- 1 Understand the legal and local requirements relating to the use of telecommunications when supporting individuals
- 2 Be able to use telecommunication technology
- 3 Be able to engage with individuals using telecommunications
- 4 Be able to identify and evaluate any risks or dangers for individuals during the interaction
- 5 Be able to terminate the interaction

Guided learning hours

It is recommended that **36** 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 GEN 21

Assessment

This unit must be assessed in accordance with skills for care and development's QCF assessment principles.

Learning outcome 2, 3, 4 and 5 must be assessed in a real work environment.

HSC3062 Interact with and support individuals using telecommunications

Learning outcomes and assessment criteria

Outcome 1 Understand the legal and local requirements relating to the use of telecommunications when supporting individuals

The learner can:

- 1 describe the legal and local requirements and policies relevant to the functions being carried out
- 2 explain the rights of the individual being supported using telecommunications

Outcome 2 Be able to use telecommunication technology

The learner can:

- 1 use different types of telecommunication technology
- 2 explain how interactions may differ depending on the type of telecommunication technology used
- 3 respond to individuals according to organisational policies
- 4 record details of interactions in the appropriate system

Outcome 3 Be able to engage with individuals using telecommunications

The learner can:

- 1 engage with the individual without face to face interaction including:
 - providing opportunities to sustain the interaction
 - providing reassurance of continued interest
 - encouraging individuals to share their concerns
 - responding to the individual's immediate requirements at each stage during the interaction
 - recognising where anonymity may encourage them to respond
- 2 provide information about the service and confirm its appropriateness to the individual
- 3 identify the significance of the circumstances the individual is in
- 4 encourage callers to provide additional information about their situation or requirements
- 5 maintain the confidentiality of the individual, self, and colleagues according to the procedures of the service
- 6 comply with legal and organisational requirements and policies relevant to the functions being carried out

Outcome 4 Be able to identify and evaluate any risks or dangers for individuals during the interaction

The learner can:

- 1 identify the types of risks or dangers different individuals might face
- 2 evaluate the implications of any risk or dangers facing an individual, including:
 - the circumstances in which the interaction is being made
 - the types of problems which could occur
 - the significance of any signs of increased stress during interactions
 - whether there are any constraints on individuals
 - the appropriate action to deal with any risks, dangers or problems

Outcome 5 Be able to terminate the interaction

The learner can:

- 1 demonstrate how to end interactions including:
 - identifying when to close the interaction
 - providing clear information to the individual on the reasons for ending the interaction
 - operating to the guidelines and procedures of the organisation
 - explaining what further action may be taken
- 2 identify situations where it would be dangerous or disadvantageous to the interest of the individual to terminate the interaction
- 3 record and check the individual's demographic details
- 4 identify why recording and checking details might be required before ending/transferring the call

LD302

Support person-centred thinking and planning



LD302 Support person-centred thinking and planning

Level: 3

Credit value: 5

Unit aim

This unit is aimed at those who work in a range of health or social care settings. This unit enables the learner to extend their knowledge about the principles, processes and context of person centred thinking, planning and reviews. It also requires the learner to explore their own role in implementing person-centred thinking and planning and to develop further the skills and attitudes necessary to fulfil this role.

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
4. Be able to apply person-centred planning in relation to own life
5. Be able to implement person-centred thinking, planning and reviews

Guided learning hours

It is recommended that **41** 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 NOS HSC 36.

Support of the unit by a sector or other appropriate body

This unit is endorsed by Skills for Care and Development SSC

Assessment

This unit needs 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

LD302 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. explain what person-centred thinking is, and how it relates to person-centred reviews and person-centred planning
2. explain the benefits of using person-centred thinking with individuals
3. explain the beliefs and values on which person-centred thinking and planning is based
4. explain how the beliefs and values on which person-centred thinking is based differs from assessment and other approaches to planning
5. explain how person-centred thinking tools can form the basis of a person-centred plan
6. describe the key features of different styles of person-centred planning and the contexts in which they are most useful
7. describe examples of person-centred thinking tools, their purpose, how and when each one might be used
8. explain the different ways that one page profiles are used

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

The learner can:

1. interpret current policy, legislation and guidance underpinning person-centred thinking and planning
2. analyse the relationship between person-centred planning and the commissioning and delivery of services
3. describe how person-centred planning and person-centred reviews influence strategic commissioning
4. explain what a person-centred team is
5. explain how person-centred thinking can be used within a team
6. analyse how to achieve successful implementation of person-centred thinking and planning across an organisation
7. describe the role of the manager in implementing person-centred thinking and planning
8. explain how this relates to the role of a facilitator.

Outcome 3 Understand own role in person-centred planning

The learner can:

1. explain the range of ways to use person-centred thinking, planning and reviews in own role:
 - with individuals
 - as a team member
 - as part of an organisation
2. explain the different person-centred thinking skills required to support individuals
3. identify challenges that may be faced in implementing person-centred thinking, planning and reviews in own work
4. describe how challenges in implementing person-centred thinking, planning and reviews might be overcome

Outcome 4 Be able to apply person-centred planning 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 what other person-centred thinking tools would be useful in own life
3. evaluate which person-centred thinking tools could be used to think more about own community connections
4. evaluate which person-centred thinking tools or person-centred planning styles could be used to think more about own future aspirations

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

The learner can:

1. demonstrate the person-centred thinking and styles of person-centred planning that can be used to help individuals move towards their dreams
2. show that the plan and process are owned by individual
3. demonstrate how person-centred thinking tools can be used to develop a person-centred plan
4. use information from a person-centred review to start a person-centred plan
5. use person-centred thinking to enable individuals to choose those who support them
6. support the individual and others involved to understand their responsibilities in achieving actions agreed
7. demonstrate a successful person-centred review

Additional guidance

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

Person-centred thinking tools include:

- Important to/for (recorded as a one page profile)
- Working/Not working
- The doughnut
- Matching staff
- Relationship circle
- Communication charts
- 4 plus 1 questions
- Citizenship tool
- Decision making agreement
- Presence to contribution
- Dreaming.

Community connecting related tools:

- Who am I? My gifts and capacities
- Hopes and Fears
- Mapping our network
- Passion audit
- Capacity mapping
- Who am I – My places.

Person-centred teams – A person-centred team uses person-centred thinking within the team context, to clarify the purpose of the team, what is important to the team and what support team members need. Teams can work through seven questions to explore becoming a person centred team. Each question uses a range of person-centred thinking tools to answer it.

Information about purpose, what is important to the team, action and reflection is recorded and updated in a person-centred team plan.

Person-centred plan may include an Essential Lifestyle Plan.

Others may include

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



HSC3066

Support positive risk taking for individuals



HSC3066 Support positive risk taking for individuals

Level: 3

Credit value: 4

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 positive risk-taking to benefit individuals.

Learning outcomes

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

1. Understand the importance of risk taking in everyday life
2. Understand the importance of a positive, person-centred approach to risk assessment
3. Understand the legal and policy framework underpinning an individual's right to make decisions and take risks
4. Be able to support individuals to make decisions about risks
5. Be able to support individuals to take risks
6. Understand duty of care in relation to supporting positive risk-taking

Guided learning hours

It is recommended that **32** 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 3117.

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.

HSC3066 Support positive risk taking for individuals

Learning outcomes and assessment criteria

Outcome 1 Understand the importance of risk taking in everyday life

The learner can:

1. explain ways in which risk is an integral part of everyday life
2. explain why individuals may have been discouraged or prevented from taking risks
3. describe the links between risk-taking and responsibility, empowerment and social inclusion

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

The learner can:

1. explain the process of developing a positive person-centred approach to risk assessment
2. explain how to apply the principles and methods of a person-centred approach to each of the different stages of the process of risk assessment
3. explain how a service focused approach to risk assessment would differ from a person centred approach
4. identify the consequences for individuals of a service focused approach to risk-assessment

Outcome 3 Understand the legal and policy framework underpinning an individual's right to make decisions and take risks

The learner can:

1. explain how legislation, national and local policies and guidance provide a framework for decision making which can support an individual to have control over their own lives
2. describe how a human rights based approach supports an individual to make decisions and take risks

Outcome 4 Be able to support individuals to make decisions about risks

The learner can:

1. support an individual to recognise potential risk in different areas of their life
2. support the individual to balance choices with their own and others' health, safety and wellbeing
3. describe how own values, belief systems and experiences may affect working practice when supporting an individual to take risks
4. record all discussions and decisions made relating to supporting the individual to take risks

Outcome 5 Be able to support individuals to take risks

The learner can:

1. complete a risk assessment with an individual following agreed ways of working
2. communicate the content of the risk assessment to others
3. support the individual to take the risk for which the assessment has been completed
4. review and revise the risk assessment with the individual
5. evaluate with the individual how taking the identified risk has contributed to their well being

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

The learner can:

1. explain 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 him/herself or others in immediate or imminent danger

Additional guidance

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

Different areas of their life may include

- Health
- Social
- Financial

Others may include

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

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



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

SSOP31

Understand models of disability



SS0P31 Understand models of disability

Level: 3

Credit value: 3

Unit aim

The purpose of this unit is to provide the learner with knowledge and understanding of models of disability.

Learning Outcomes

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

1. Understand the difference between models of disability
2. Understand how the adoption of models of disability can shape an individual's identity and experience
3. Understand how the adoption of models of disability can shape service delivery

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 occupation standards unit

This unit is linked to 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

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

SSOP31 Understand models of disability

Learning outcomes and assessment criteria

Outcome 1 Understand the difference between models of disability

The learner can:

1. outline the history and development of the medical, social and psycho-social models of disability
2. compare and contrast the medical, social and psycho-social models of disability

Outcome 2 Understand how the adoption of models of disability can shape an individual's identity and experience

The learner can:

1. analyse how the medical, social and psycho-social models of disability can impact on an individual's identity and experience

Outcome 3 Understand how the adoption of models of disability can shape service delivery

The learner can:

1. analyse how the medical, social and psycho-social models of disability can shape service delivery
2. evaluate how own practice promotes the wellbeing and quality of life of individuals

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



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.

ADV301

Purpose and principles of independent advocacy



ADV301 Purpose and principles of independent advocacy

Level: 3

Credit value: 4

Unit aim

This unit aims to provide learners with an understanding of what Independent Advocacy is and how to use the values and principles which underpin good practice. The unit focuses on the different models of advocacy, their history and why they exist.

Learning outcomes

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

1. Understand independent advocacy
2. Explain principles and values underpinning Independent Advocacy
3. Describe the development of advocacy
4. Explain different types of advocacy support and their purpose
5. Understand the roles and responsibilities of an Independent Advocate
6. Understand advocacy standards

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 occupational standards (if appropriate)

This unit is linked to the national occupational standard HSC3, HSC31, H136, HSC45, HSC335, HSC366, HSC367, HSC368, HSC3111, HSC3119, PE1

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 which must contain a guided discussion with their assessor.

ADV301 Purpose and principles of independent advocacy

Learning Outcomes and Assessment Criteria

Outcome 1 Understand independent advocacy

The learner can:

1. define independent advocacy
2. explain the limits to advocacy and boundaries to the service
3. identify the different steps within the advocacy process
4. distinguish when independent advocacy can and cannot help
5. identify a range of services independent advocates commonly signpost to
6. explain the difference between advocacy provided by independent advocates and other people

Outcome 2 Explain principles and values underpinning Independent Advocacy

The learner can:

1. explain the key principles underpinning independent advocacy
2. explain why the key principles are important

Outcome 3 Describe the development of advocacy

The learner can:

1. explain the purpose of independent advocacy
2. identify key milestones in the history of advocacy
3. explain the wider policy context of advocacy.

Outcome 4 Explain different types of advocacy support and their purpose

The learner can:

1. compare a range of advocacy models
2. explain the purpose of different advocacy models
3. identify the commonalities and differences in a range of advocacy models

Outcome 5 Understand the roles and responsibilities of an Independent Advocate

The learner can:

1. explain roles and responsibilities within independent advocacy
2. describe the limits and boundaries of an independent advocate
3. describe the skills, attitudes and personal attributes of a good advocate
4. identify when and who to seek advice from when faced with dilemmas

Outcome 6 Understand advocacy standards

The learner can:

1. describe a range of standards which apply to independent advocacy
2. explain how standards can impact on the advocacy role and service

ADV302

Providing independent advocacy support



ADV302 Providing independent advocacy support

Level: 3

Credit value: 6

Unit aim

This unit focuses on the practicalities of offering Independent Advocacy support. It aims to develop the skills which will enable candidates to establish safe boundaries within the Independent Advocacy relationship. It also addresses practical strategies to ensure effective outcomes for the person receiving advocacy support.

Learning outcomes

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

1. Be able to establish safe boundaries to maintain the advocacy relationship
2. Be able to establish the advocacy relationship
3. Be able to assist the individual receiving advocacy support to explore and make choices
4. Be able to construct an action plan
5. Be able to support the individual receiving advocacy support to self-advocate
6. Be able to act on the instruction of the person receiving advocacy support
7. Be able to review and end the advocacy relationship

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 occupational standards

HSC 330 Support individuals to access and use services and facilities
HSC 3111 Promote the equality, diversity, rights and responsibilities of individuals
AHP 17 Assist and support individuals to use total communication systems
HSC 31 Promote effective communication for and about individuals
HSC 41 Use and develop methods and systems to record and report
HSC 366 Support individuals to represent their own needs and wishes at decision making forums
HSC 368 Present individuals' needs and preferences
CHS 99 Refer individuals to specialist services for treatment and care
PE 1 Enable individuals to make health choices and decisions

Endorsement of the unit by a sector or other appropriate body

This unit is endorsed by Skills for Health.

Assessment

The nature of this unit means that most of the evidence must come from real work activities. Simulation can only be used in exceptional circumstances for example: where performance is critical or high risk, happens infrequently or happens frequently but the presence of an assessor/observer would prevent the Independent Advocacy relationship developing.

Simulation must be discussed and agreed in advance with the external verifier.

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

Required sources of performance and knowledge evidence:

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

Other sources of performance and knowledge evidence:

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

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

ADV302 Providing independent advocacy support

Learning outcomes and assessment criteria

Outcome 1 Be able to establish safe boundaries to maintain the advocacy relationship

The learner can:

1. explain the advocacy role to a range of people receiving advocacy support
2. conduct an introductory meeting which establishes key principles of independent advocacy
3. identify a range of issues that can impact on the relationship
4. identify limitations to the independent advocacy role

Outcome 2 Be able to establish the advocacy relationship

The learner can:

1. explain the potential benefits of advocacy to the individual
2. explain and establish a range of boundaries
3. establish if advocacy support is appropriate
4. establish the individual's requirements
5. explain the complaints procedure of the advocacy service

Outcome 3 Be able to assist the individual receiving advocacy support to explore and make choices

The learner can:

1. support access to information to enable the individual to make an informed choice
2. support the individual to explore possible consequences of making a particular choice
3. distinguish between the advocate's view and the choice made by the individual
4. support the individual to make choices including decisions that may be considered unwise
5. using principles of independent advocacy, respond to individuals who choose to take risks

Outcome 4 Be able to construct an action plan

The learner can:

1. support an individual to prioritise his/her goals
2. agree a course of action with the individual receiving advocacy support
3. identify key individuals who will be involved in achieving the plan
4. provide on-going feedback to the individual
5. review the action plan
6. identify who to seek advice from when the action plan is threatened

Outcome 5 Be able to support the individual receiving advocacy support to self-advocate

The learner can:

1. summarise the benefits of self-advocacy
2. use a range of techniques to support an individual to self-advocate
3. take actions to help individuals achieve their goals

Outcome 6 Be able to act on the instruction of the person receiving advocacy support

The learner can:

1. identify the wishes and feelings of an individual receiving advocacy support
2. agree a preferred course of action
3. provide feedback on action taken to the individual

Outcome 7 Be able to review and end the advocacy relationship

The learner can:

1. support the individual to assess the outcomes of the advocacy relationship
2. support the individual to establish if further assistance is needed
3. decide when and how to end the advocacy relationship



HSC3047

Support use of medication in social care settings



HSC3047 Support use of medication in social care settings

Level: 3

Credit value: 5

Unit aim

This unit assesses support for use of medication in social care settings. It covers broad types, classifications and forms of medication, as well as safe handling and storage. It addresses practical support for use of medication that reflects social care principles and values, and includes the need for accurate recording and reporting.

Learning outcomes

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

1. Understand the legislative framework for the use of medication in social care settings
2. Know about common types of medication and their use
3. Understand roles and responsibilities in the use of medication in social care settings
4. Understand techniques for administering medication
5. Be able to receive, store and dispose of medication supplies safely
6. Know how to promote the rights of the individual when managing medication
7. Be able to support use of medication
8. Be able to record and report on use of medication

Guided learning hours

It is recommended that **40** 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:

- HSC375, HSC221, and HSC236

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.

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

Simulation is not allowed.

HSC3047 Support use of medication in social care settings

Learning outcomes and assessment criteria

Outcome 1 Understand the legislative framework for the use of medication in social care settings

The learner can:

1. identify legislation that governs the use of medication in social care settings
2. outline the legal classification system for medication
3. explain how and why policies and procedures or **agreed ways of working** must reflect and incorporate legislative requirements.

Outcome 2 Know about common types of medication and their use

The learner can:

1. identify common types of medication
2. list conditions for which each type of medication may be prescribed
3. describe changes to **an individual's** physical or mental well-being that may indicate an adverse reaction to a medication

Outcome 3 Understand roles and responsibilities in the use of medication in social care settings

The learner can:

1. describe the roles and responsibilities of those involved in prescribing, dispensing and supporting use of medication
2. explain where responsibilities lie in relation to use of 'over the counter' remedies and supplements.

Outcome 4 Understand techniques for administering medication

The learner can:

1. describe the routes by which medication can be administered
2. describe different forms in which medication may be presented
3. describe materials and equipment that can assist in administering medication.

Outcome 5 Be able to receive, store and dispose of medication supplies safely

The learner can:

1. demonstrate how to receive supplies of medication in line with agreed ways of working
2. demonstrate how to store medication safely
3. demonstrate how to dispose of un-used or unwanted medication safely.

Outcome 6 Know how to promote the rights of the individual when managing medication

The learner can:

1. explain the importance of the following principles in the use of medication:
 - consent
 - self-medication or **active participation**
 - dignity and privacy
 - confidentiality
2. explain how risk assessment can be used to promote an individual's independence in managing medication
3. describe how ethical issues that may arise over the use of medication can be addressed

Outcome 7 Be able to support use of medication

The learner can:

1. demonstrate how to access information about an individual's medication
2. demonstrate how to support an individual to use medication in ways that promote hygiene, safety, dignity and active participation
3. demonstrate strategies to ensure that medication is used or administered correctly
4. demonstrate how to address any practical difficulties that may arise when medication is used
5. demonstrate how and when to access further information or support about the use of medication.

Outcome 8 Be able to record and report on use of medication

The learner can:

1. demonstrate how to record use of medication and any changes in an individual associated with it
2. demonstrate how to report on use of medication and problems associated with medication, in line with agreed ways of working.

Additional Guidance

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

An individual: someone requiring care or support.

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.

Medication used or administered correctly must ensure that the individual receives:

- The correct medication
- In the correct dose
- By the correct route
- At the correct time
- With agreed support
- With respect for dignity and privacy

Practical difficulties may include:

- Lost medication
- Missed medication
- Spilt medication
- An individual's decision not to take medication
- Difficulty in taking medication in its prescribed form
- Wrong medication used
- Vomiting after taking medication
- Adverse reaction
- Discrepancies in records or directions for use

SSOP34

Support individuals in the use of assistive technology



SSOP34 Support individuals in the use of assistive technology

Level: 4

Credit value: 4

Unit aim

The purpose of this unit is to provide the learner with knowledge, understanding and skills required to support the use of assistive technology

Learning outcomes

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

1. Understand the range, purpose and effectiveness of assistive technology available to support individuals
2. Be able to support the selection of assistive technology with individuals
3. Be able to support the use of assistive technology aids with an individual
4. Be able to evaluate the effectiveness of the use of assistive technology to meet identified outcomes

Guided learning hours

It is recommended that **32** 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 Sensory Services 4, 5, 6, 7, 9 and 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

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

SSOP34 Support individuals in the use of assistive technology

Learning outcomes and assessment criteria

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

The learner can:

1. research the range and purpose of assistive technology that is available to support individuals in own area of work
2. investigate the effectiveness of the most commonly used assistive technology in own area of work
3. explain how assistive technology can have a positive impact on the well being and quality of life of individuals

Outcome 2 Be able to support the selection of assistive technology with individuals

The learner can:

1. explain own role and the roles of others in the provision of assistive technology for individuals
2. support an individual to access specialist information and support about assistive technology
3. support an individual to express needs, preferences and desired outcomes in relation to the use of assistive technology
4. support an individual to select assistive technology to meet their needs and preferences

Outcome 3 Be able to support the use of assistive technology aids with an individual

The learner can:

1. prepare the environment to support the use of assistive technology with an individual
2. support the use of assistive technology following instructions or guidelines within boundaries of own role
3. record the use of assistive technology following procedures or agreed ways of working
4. explain when and to whom referrals for maintenance or repair would be made

Outcome 4 Be able to evaluate the effectiveness of the use of assistive technology to meet identified outcomes

The learner can:

1. review the effectiveness of assistive technology against identified outcomes with individuals and / or others
2. provide feedback to others on the use of assistive technology
3. revise plans to use assistive technology to achieve identified outcomes with individuals and / or others
4. evaluate own practice in using assistive technology to meet identified outcomes
5. adapt own practice to support the needs of the individual.



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