# Level 3 Award in Awareness of Dementia and Certificate in Dementia Care (3565)



www.cityandguilds.com August 2017 Version 1.5

#### **Qualification handbook for centres**

3565-31/93: 501/1654/X 3565-32/94: 501/1655/1



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City & Guilds
1 Giltspur Street
London EC1A 9DD
T +44 (0)844 543 0000
F +44 (0)20 7294 2413

www.cityandguilds.com centresupport@cityandguilds.com





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Version and date	Change detail	Section
1.3 July 2012	corrected end date	Introduction to the Qualifications
1.4 November 2014	Remove end reg and cert dates	Introduction to the Qualifications
1.5 August 2017	Adding GLH and TQT details	Introduction to the qualification
	Removing QCF	Throughout

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#### 1 Introduction to the qualifications

This document contains the information that centres need to offer the following qualifications:  $\frac{1}{2} \int_{\mathbb{R}^{n}} \left( \frac{1}{2} \int_{\mathbb{R}^{n}} \left( \frac{1$ 

Qualification title and level	GLH	тұт	City & Guilds qualification number	Qualification accreditation number
Level 3 Award Awareness of Dementia	86	110	3565-31	501/1654/X
Level 3 Certificate in Dementia Care	143	210	3565-32	501/1655/1

Area	The qualifications		
Who is the qualification for?	These qualifications are aimed at a diverse range of job roles and occupational areas across all service user groups and ages, working in statutory (including NHS), private and voluntary agencies. This would be suitable for anyone aged 16 or older, who have an interest in operating in a caring role for older people.		
	These roles include (across the level 2 and level 3 qualifications):		
	<ul> <li>Care assistants/support workers/key workers in residential settings</li> </ul>		
	<ul> <li>Healthcare assistants / support workers in community and primary care environments or acute health environments</li> </ul>		
	• Care assistants/support workers/key workers in domiciliary services		
	<ul> <li>Care assistants/support workers/key workers in day services</li> </ul>		
	<ul> <li>Support workers in supported living projects</li> </ul>		
	<ul> <li>Community-based care assistants/support workers/key workers, including those working in specialist areas eg dementia, learning disabilities</li> </ul>		
	Family support workers		
	<ul> <li>Personal assistants employed directly by the individual they support or their families</li> </ul>		
	Senior workers in above services		
	<ul> <li>First line supervisors working at level 3</li> </ul>		
	Team leaders working at level 3		
	Emerging new types of workers and multidisciplinary health roles crossing traditional service barriers and delivery models  Informal and family sources.		
	Informal and family carers		
What does the qualification cover?	A range of opportunities to support workers in developing their knowledge, skills and understanding of people that have dementia.		
Why have the qualifications been developed?	They are designed to help meet the dementia strategies for the UK and so improve health and care services supporting individuals diagnosed with dementia.		

#### 1.1 Qualification structure

To achieve the Level 3 Award in Awareness of Dementia, learners must achieve 11 credits from the four mandatory units.

The diagram below illustrates the unit titles, the credit value of each unit and the title of the qualifications which will be awarded to candidates successfully completing the required combinations of units and/or credits.

Unit accreditatio n number	SSC unit code	City & Guilds unit number	Unit title	Mandatory / optional for full qualificatio n	Credit value	GL H
J/601/3538	DEM 301	3565-101	Understand the process and experience of Dementia	Mandatory	3	22
K/601/9199	DEM 305	3565-102	Understand the administration of medication to individuals with dementia using a person centred approach	Mandatory	2	15
L/601/3539	DEM 308	3565-103	Understand the role of communication and interactions with individuals who have dementia	Mandatory	3	26
Y/601/3544	DEM 310	3565-104	Understand the diversity of individuals with dementia and the importance of inclusion	Mandatory	3	23

To achieve the Level 3 Certificate in Dementia Care learners must achieve 15 credits from the four mandatory units and 6 credits from the optional units making a total of 21 credits minimum.

The diagram below illustrates the unit titles, the credit value of each unit and the title of the qualifications which will be awarded to candidates successfully completing the required combinations of units and/or credits.

Unit accreditation number	SSC unit code	City & Guilds unit number	Unit title	Mandatory/ optional for full qualification	Credit value	GLH
J/601/3538	DEM 301	3565-101	Understand the process and experience of Dementia	Mandatory	3	22
A/601/9191	DEM 304	3565-105	Enable rights and choices of individuals with dementia whilst minimising risks	Mandatory	4	26

Unit accreditation number	SSC unit code	City & Guilds unit number	Unit title	Mandatory/ optional for full qualification	Credit value	GLH
Y601/4693	DEM 312	3565-106	Understand and enable interaction and communication with individuals who have dementia	Mandatory	4	30
F/601/4686	DEM 313	3565-107	Equality, diversity and inclusion in dementia care practice	Mandatory	4	31
A/601/9546	HSC 2031	3565-009	Contribute to the support of positive risk-taking for individuals	Optional	3	27
R/601/8256	HSC 2022	3565-010	Contribute to the care of a deceased person	Optional	3	24
K/601/9199	DEM 305	3565-102	Understand the administration of medication to individuals with dementia using a person centred approach	Optional	2	15
T/601/9187	DEM 302	3565-108	Understand and meet the nutritional requirements of individuals with dementia	Optional	3	26
F/601/4056	HSC 3047	3565-109	Support the use of medication in social care settings	Optional	5	40
A/601/9028	HSC 3002	3565-110	Provide support to continue recommended therapies	Optional	3	20
D/601/9491	HSC 3008	3565-111	Implement therapeutic group activities	Optional	4	25
T/601/7909	HSC 3048	3565-112	Support individuals who are bereaved	Optional	4	30
T/601/9495	HSC 3048	3565-113	Support individuals at the end of life	Optional	7	53
Y/601/8825	HSC 3062	3565-114	Interact with and support individuals using telecommunications	Optional	5	36
L/601/9549	HSC 3066	3565-115	Support positive risk taking for individuals	Optional	4	32
H/601/8049	HSC 3020	3565-116	Facilitate person centred assessment, planning, implementation and review	Optional	6	45

Unit accreditation number	SSC unit code	City & Guilds unit number	Unit title	Mandatory/ optional for full qualification	Credit value	GLH
A/601/7215	LD 302	3565-117	Support person-centred thinking and planning	Optional	5	41
J/601/3541	SSOP 3.4	3565-118	Support individuals in the use of assistive technology	Optional	4	32
F/601/3473	SSOP 3.1	3565-119	Understand models of disability	Optional	3	26
F/602/0097	CMH 301	3565-120	Understand mental well- being and mental health promotion	Optional	3	14
M/502/3146	ADV 301	3565-121	Purpose and principles of independent advocacy	Optional	4	25
F/502/3295	ADV 305	3565-422	Independent mental capacity advocacy	Optional	12	35

#### **Total Qualification Time**

Total Qualification Time (TQT) is the total amount of time, in hours, expected to be spent by a Learner to achieve a qualification. It includes both guided learning hours (which are listed separately) and hours spent in preparation, study and assessment.

Title and level	GLH	тот	
Level 3 Award Awareness of Dementia	86	110	
Level 3 Certificate in Dementia Care	143	210	

#### 1.2 Opportunities for progression

L3 Award in Awareness of Dementia

The knowledge gained through the achievement of this qualification can be used to demonstrate competence in the Level 3 Certificate in Dementia Care. The achievement can also be mapped to the Level 3 Diploma in Health and Social Care.

#### L3 Certificate in Dementia Care

This qualification is part of a suite of qualifications in dementia care. The knowledge and skills gained through the achievement of this qualification can also be mapped to the Level 3 Diploma in Health and Social Care.

Completion of either of these qualifications can also enable candidates to progress to employment or to the following City & Guilds qualifications:

• 3561: Working in Community Mental Health Care

#### 1.3 Qualification support materials

City & Guilds also provides the following publications and resources specifically for these qualifications:

Description	How to access		
Assignment guide for centres	www.cityandguilds.com – qualification page		
Assignment guide for candidates	www.cityandguilds.com – qualification page		

#### 2 Centre requirements

#### **Approval**

This section outlines the approval processes for Centres to offer these qualifications and any resources that Centres will need in place to offer the qualifications including qualification-specific requirements for Centre staff.

#### Centres already offering City & Guilds qualifications in this subject area

Fast track approval is available for this qualification for centres who already offer any of the following qualifications:

3172 NVQ in Health and Social Care

3176 Working in the Health Sector

3179 Certificate in Health and Social Care

4222 Diplomas in Health and Social Care

4229 Certificate in Preparing to Work in Adult Social Care

#### 2.1 Resource requirements

#### **Human resources**

To meet the quality assurance criteria for these qualifications, the centre must ensure that the following internal roles are undertaken:

- Quality Assurance Coordinator
- Trainer/Tutor
- Assessor (occupationally competent and occupationally knowledgeable)
- Internal Quality Assurer

Centre staff may undertake more than one role, eg tutor and assessor or an Internal Quality Assurer, but must never internally quality assure their own assessments.

#### **Assessor requirements**

The Assessors of competence based units must:

- Be occupationally competent this means that each assessor must be able to carry out the full requirements within the competency units that they are assessing. Occupational competence means that they are also occupationally knowledgeable.
- Maintain their occupational competence through clearly demonstrable continuing learning and professional development.
- Hold D32/33 or A1 or be working towards A1 or be working towards one of the following:

The A1 replacements eg the City & Guilds 6317 such as:

- o the Level 3 Award in Assessing Competence in the Work Environment
- o or the Level 3 Certificate in Assessing Vocational Achievement

or

 Another suitable qualification equivalent/alternative in the assessment of work based performance. This must be agreed in advance with the centres External Verifier in Assessing Assessors of competence based units may also make assessment decisions on knowledge based units and learning outcomes.

Assessors of knowledge based units and knowledge based Learning Outcomes must:

- Be occupationally knowledgeable. This means that each assessor should possess relevant knowledge and understanding to assess units designed to test specific knowledge and understanding or units where knowledge and understanding are components of competency.
- Maintain their occupational knowledge through clearly demonstrable continuing learning and professional development.
- Hold D32/D33 or A1 **or** be working towards one of the following:
  - o the A1 replacement qualifications i.e. the City & Guilds 6317 such as
  - o Level 3 Award in Assessing Vocational Competence OR
  - o Level 3 Award in Assessing Vocationally Related Achievement

#### or

- o Level 3 Certificate in Assessing Vocational Achievement **or**
- o Another suitable qualification in the assessment of knowledge. This must be agreed in advance with the External Verifier

#### Teachers, trainers and tutors

All teachers/trainers/tutors must:

- comply with the ITT Regulations 2007 (QTLS/ATLS) where they are delivering qualifications in England using public funding . For further information visit **www.cityandguilds.com/qtls**
- be occupationally knowledgeable in the areas for which they are teaching/delivering training
- be occupationally competent in the areas for which they are delivering competence based units
- have experience of providing training and assessment or be in the process of acquiring this
  experience.

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

#### **Expert witness**

An expert witness must:

- have a working knowledge of the 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 every day practice of staff.

#### Internal verifiers/Internal quality assurance

Internal quality assurance is key to ensuring that the assessment of evidence for units is of consistent and appropriate quality. Those performing the internal quality assurance role must be occupationally knowledgeable and possess the skills necessary to make quality assurance decisions. Although it is not a requirement to hold a qualification to quality assure this qualification, City & Guilds recommends that it is best practice to hold a V1 qualification or a suitable alternative. Suitable alternatives include:

- D34 or V1
- The V1 replacements eg the City & Guilds 6317 such as the:
- Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice OR
- Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice

If the Internal Verifier does not hold a qualification they must be able to demonstrate evidence of working to their own organisation's QA or IV standards which clearly link to V1 or other equivalent standards for Internal Quality Assurance.

#### 2.2 Candidate entry requirements

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

#### Age restrictions

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

#### Other legal considerations

Candidates/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. As the requirements vary between work contexts, checks should be made with the appropriate regulatory body and/or government departments if centres or employers are uncertain of the requirements. These are usually the responsibility of the employer. The appropriate service regulator identifies any 'fit person' criteria, not the Awarding Body.

Centres are advised that fit persons criteria and work function job specification limitations may impact the candidate/learner's ability to generate sufficient and appropriate evidence that meets the learning outcome and assessment criteria in some of the units within this qualification. The completion of a robust initial assessment should aim to highlight any possible issues that will impact on the learner's ability to complete a full qualification.

#### 3 Course design and delivery

#### 3.1 Initial assessment and induction

Centres will need to make an initial assessment of each candidate prior to the start of their programme to ensure they are entered for an appropriate type and level of qualification.

The initial assessment should identify:

- any specific training needs the candidate has, and the support and guidance they may require when working towards their qualifications. This is sometimes referred to as diagnostic testing.
- any units the candidate has already completed, or credit they have accumulated which is relevant to the qualifications they are about to begin.

City & Guilds recommends that centres provide an induction programme to ensure the candidate fully understands the requirements of the qualifications they will work towards, their responsibilities as a candidate, and the responsibilities of the centre. It may be helpful to record the information on a learning contract.

If candidates do not have a person with dementia that they can work with – they can use a case study in its place for knowledge units only.

The importance of maintaining confidentiality is paramount. Candidates must ensure that names of individual clients and carers are not disclosed in any part of their work in order to preserve confidentiality.

#### 4 Assessment

116:4

Title

#### 4.1 Summary of assessment methods

Candidates will be provided with City & Guilds 'suggested' assignments for each knowledge based unit selected. Where there are exceptional reasons preventing candidates from completing these assignments, they may submit other evidence in line with the qualification assessment requirements via a portfolio of evidence.

Competence-based units are assessed by portfolios of evidence.

Assessment materials for assignments can be found on the City & Guilds website

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, supported by City & Guilds reporting systems.

Unit No.	Title	Assessment Method
3565- 009	Contribute to the support of positive risk-taking for individuals	Portfolio of evidence
3565- 010	Contribute to the care of a deceased person	Portfolio of evidence
3565- 101	Understand the process and experience of Dementia	Assignment
3565- 102	Understand the administration of medication to individuals with dementia using a person centred approach	Assignment
3565- 103	Understand the role of communication and interactions with individuals who have dementia	Assignment
3565- 104	Understand the diversity of individuals with dementia and the importance of inclusion	Assignment
3565- 105	Enable rights and choices of individuals with dementia whilst minimising risks	Portfolio of evidence
3565- 106	Understand and enable interaction and communication with individuals who have dementia	Portfolio of evidence
3565- 107	Equality, diversity and inclusion in dementia care practice	Portfolio of evidence
3565- 108	Understand and meet the nutritional requirements of individuals with dementia	Portfolio of evidence
3565- 109	Support the use of medication in social care settings	Portfolio of evidence

Unit No.	Title	Assessment Method
3565- 110	Provide support to continue recommended therapies	Portfolio of evidence
3565- 111	Implement therapeutic group activities	Portfolio of evidence
3565- 112	Support individuals who are bereaved	Portfolio of evidence
3565- 113	Support individuals at the end of life	Portfolio of evidence
3565- 114	Interact with and support individuals using telecommunications	Portfolio of evidence
3565- 115	Support positive risk taking for individuals	Portfolio of evidence
3565- 116	Facilitate person centred assessment, planning, implementation and review	Portfolio of evidence
3565- 117	Support person-centred thinking and planning	Portfolio of evidence
3565- 118	Support individuals in the use of assistive technology	Portfolio of evidence
3565- 119	Understand models of disability	Assignment
3565- 120	Understand mental well-being and mental health promotion	Assignment
3565- 121	Purpose and principles of independent advocacy	Assignment
3565- 422	Independent mental capacity advocacy	Portfolio of evidence

#### 4.2 Observation requirements

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.

#### 4.3 Additional assessment methods or evidence sources

In addition to observation, assessors should identify an appropriate mix of other assessment methods from the list below, to ensure that all the assessment criteria are sufficiently evidenced to allow them to make the consistency of the candidate's practice for each unit.

**Expert witnesses** may observe candidate 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 candidate she/he will identify an expert witness in the workplace, who will provide testimony of the candidates work based performance.

**Work products** can be any relevant products of candidates' own work, or to which they have made a significant contribution, which demonstrate use and application within their practice.

**Professional discussion** should be in the form of a planned and structured review of candidates' practice, based on evidence and with outcomes captured by means of audio/visual or written records. The recorded outcomes are particularly useful as evidence that candidates can evaluate their knowledge and practice across the qualification.

**Candidate/ reflective accounts** describe candidates' actions in particular situations and/or reflect on the reasons for practising in the ways selected. Reflective accounts also provide evidence that candidates' can evaluate their knowledge and practice across the activities embedded in this qualification.

**Questions** asked by assessors and answered by candidates to supplement evidence generated by observations and any other evidence type used. Assessors may be able to infer some knowledge and understanding from observing candidate practice. They may ask questions to confirm understanding and/or cover any outstanding areas. Questions may be asked orally or in writing but, in both cases, a record must be kept of the questions and responses.

**Witness testimonies**. These should be from people who are in a position to provide evidence of candidate competence. Where testimony is sought from individuals who are service users, care should be taken to ensure the purpose of the testimony is understood and no pressure is felt to provide it.

**Projects/Assignments.** Candidates may have already completed a relevant project or assignment which can be mapped to the relevant standards and therefore provide evidence. Evidence from previous training courses and/or learning programmes which they have completed and which demonstrate their professional development may also be used

**Case studies** must be based on real work practice and experiences and will need to be authenticated by an assessor if used as evidence of a competent performance. Theoretical or simulated exercises would only be admissible as evidence of knowledge and understanding. NB Confidential records must not to be included in candidates' portfolios but must be referred to in the assessment records.

#### **Recognition of prior learning (RPL)**

Recognition of Prior Learning (RPL) is a process of using an individual's previous achievements to demonstrate competence. This is not a new process but expands on previously used processes such as the Accreditation of Prior Learning (APL), the recognition of experimental learning and the validation of informal learning by incorporating all types of prior learning and training.

Assessment staff work through Learning Outcomes and Assessment Criteria ensuring that all are covered, using relevant methods for RPL such as: Witness Testimony, Reflective Accounts, Professional Discussion, etc.

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 learning meets the requirements of the National Occupational Standards against which it is being presented as evidence.
- Comprehensiveness of Assessment ensure that all the learning derived from the content has been assessed. If only a proportion has been assessed, then the learning for the 'non-tested' areas cannot be assumed.
- Level the degree to which the level of learning offered and tested relates to that required by the qualification
- Learning outcomes and Assessment criteria the degree to which the previous learning covered both. Some learning will only have offered and tested the latter, in which case the Recognition of Prior Learning can only cover the knowledge aspect. 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.
- Model of learning difficulties can arise in mapping learning gained from non-competence based learning programmes into competence based models.
- Relevance of Context the degree to which the context of the learning gained and assessed relates to the current context of the candidates work roles. If the context was different, assessors will need to satisfy themselves of the candidates' ability to transfer the learning gained into the current setting.

#### 5 Units

#### **Availability of units**

The units for these qualifications follow.

#### **Structure of units**

The units in these qualifications are written in a standard format and comprise the following:

- City & Guilds reference number
- title
- level
- credit value
- unit accreditation number
- unit aim
- learning outcomes which are comprised of a number of assessment criteria
- guided learning hours
- relationship to NOS, other qualifications and frameworks
- endorsement by a sector or other appropriate body
- information on assessment
- additional guidance.

Level: 3 Credit value: 3

**UAN number:** J/601/3538

#### **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 be able to:

- 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 standards (if appropriate)

This unit is linked to the Type the Relevant Name Here NOS 000.

#### Support of the unit by a sector or other appropriate body (if required)

This unit is endorsed by Skills for Care and Development.

#### Assessment

This unit will be assessed by:

• an assignment covering underpinning knowledge.

Outcome 1 Understand the neurology of dementia

#### **Assessment Criteria**

- 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

#### **Assessment Criteria**

- 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

## Unit 101 Understand the process and experience of dementia Outcome 3 Understand how dementia care must be

underpinned by a person centred approach

#### **Assessment Criteria**

- 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

Additional guidance

- **Dementia syndrome**: Dementia caused by a combination of conditions, sometimes called a mixed dementia
- An **individual** is someone requiring care or support
- Carers may include
  - o Partner
  - o Family
  - o Friends
  - o Neighbours

## Unit 102 Understand the administration of medication to individuals with dementia using a person centred approach

Level: 3 Credit value: 2

**UAN number:** K/601/9199

#### **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 be able to:

- 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 standards (if appropriate)

This unit is linked to the Type the Relevant Name Here NOS 000.

#### Support of the unit by a sector or other appropriate body (if required)

This unit is endorsed by Skills for Care and Development.

#### **Assessment**

This unit will be assessed by:

an assignment covering underpinning knowledge.

Unit 102 Understand the administration of medication

to individuals with dementia using a person

centred approach

Outcome 1 Understand the common medications available to,

and appropriate for, individuals with dementia

#### **Assessment Criteria**

- 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.

## Unit 102 Understand the administration of medication to individuals with dementia using a person

centred approach

Outcome 2 Understand how to provide person centred care to

individuals with dementia through the appropriate

and effective use of medication

#### **Assessment Criteria**

- 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.

## Unit 102 Understand the administration of medication to individuals with dementia using a person centred approach

Additional guidance

- Administering may include:
  - Fitting with the routines of the individual
  - o Meeting the preferences of the individual (tablets/solutions)
  - o Enabling techniques
  - o Self-administration

## Unit 103 Understand the role of communication and interactions with individuals who have dementia

Level: 3 Credit value: 3

**UAN number:** L/601/3539

#### **Unit aim**

This unit provides the underpinning knowledge required to develop therapeutic relationships with individuals with dementia based on interactions and communication. This unit does not assess competence.

#### **Learning outcomes**

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

- 1. Understand that individuals with dementia may communicate in different ways
- 2. Understand the importance of positive interactions with individuals with dementia
- 3. Understand the factors which can affect interactions and communication of individuals with dementia

#### **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 (if appropriate)

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

#### Support of the unit by a sector or other appropriate body (if required)

This unit is endorsed by Skills for Care and Development.

#### **Assessment**

This unit will be assessed by:

• an assignment covering underpinning knowledge.

Unit 103 Understand the role of communication and

interactions with individuals who have

dementia

Outcome 1 Understand that individuals with dementia may

communicate in different ways

#### **Assessment Criteria**

- 1. explain how individuals with dementia may communicate through their behaviour
- 2. give examples of how carers and others may misinterpret communication
- 3. explain the importance of effective communication to an individual with dementia
- 4. describe how different forms of dementia may affect the way an individual communicates

Unit 103 Understand the role of communication and interactions with individuals who have

dementia

Outcome 2 Understand the importance of positive interactions

with individuals with dementia

#### **Assessment Criteria**

- 1. give examples of positive interactions with individuals who have dementia
- 2. explain how positive interactions with individuals who have dementia can contribute to their **wellbeing**
- 3. explain the importance of involving individuals with dementia in a range of activities
- 4. compare a **reality orientation** approach to interactions with a **validation approach**

Unit 103 Understand the role of communication and

interactions with individuals who have

dementia

Outcome 3 Understand the factors which can affect

interactions and communication of individuals with

dementia

#### **Assessment Criteria**

- 1. list the physical and mental health needs that may need to be considered when communicating with an individual with dementia
- 2. describe how the sensory impairment of an individual with dementia may affect their communication skills
- 3. describe how the environment might affect an individual with dementia
- 4. describe how the behaviour of **carers** or **others** might affect an individual with dementia
- 5. explain how the use of language can hinder positive interactions and communication

## Unit 103 Understand the role of communication and interactions with individuals who have dementia

#### Additional guidance

#### Others may include

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

#### • Carers may include:

- o Partner
- o Family
- o Friends
- Neighbours

#### Well being may include:

- o Sense of Hope
- Sense of Agency
- o Confidence
- o Self esteem
- Physical health

#### • Evidenced in well being indicators may include :

- o Can communicate wants, needs and choices
- o Makes contact with other people
- o Shows warmth and affection
- Showing pleasure or enjoyment
- o Alertness, responsiveness
- o Uses remaining abilities
- Expresses self creatively
- o Is co-operative or helpful

- o Responding appropriately to people
- o Expresses appropriate emotions
- o Relaxed posture or body language
- Sense of humour
- Sense of purpose
- Signs of self-respect
- **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

## Unit 104 Understand the diversity of individuals with dementia and the importance of inclusion

Level: 3 Credit value: 3

**UAN number:** Y/601/3544

#### **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 that are fundamental to person centred care practice.

#### **Learning outcomes**

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

- Understand the concept of diversity and its relevance to working with individuals who have dementia
- 2. Understand that each individual's experience of dementia is unique
- 3. Understand the importance of working in a person centred way and how this links to inclusion

#### **Guided learning hours**

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

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

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

#### Support of the unit by a sector or other appropriate body (if required)

This unit is endorsed by Skills for Care and Development.

#### Assessment

This unit will be assessed by:

• an assignment covering underpinning knowledge.

Outcome 1 Understand the concept of diversity and its

relevance to working with individuals who have

dementia

#### **Assessment Criteria**

- 1. explain what is meant by the terms
  - diversity
  - anti-discriminatory practice
  - anti-oppressive practice
- 2. explain why it is important to recognise and respect an **individual's heritage**
- 3. describe why an individual with dementia may be subjected to discrimination and oppression
- 4. describe how discrimination and oppressive practice can be challenged.

Outcome 2 Understand that each individual's experience of dementia is unique

#### **Assessment Criteria**

- 1. explain why it is important to identify an individual's specific and unique needs
- 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 an individual's dementia may impact on carers
- 4. describe how the experience of dementia may be different for individuals
  - who have a learning disability
  - who are from different ethnic backgrounds
  - at the end of life.

Outcome 3 Understand the importance of working in a person centred way and how this links to inclusion

#### **Assessment Criteria**

- 1. explain how current legislation and Government policy supports person centred working
- 2. explain how person centred working can ensure that an individual's specific and unique needs are met
- 3. describe ways of helping an individual's **carers** or **others** understand the principles of person centred care
- 4. identify practical ways of helping the individual with dementia maintain their identity.

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

# Level 3 Certificate in Dementia Care 3565-32

Level: 3 Credit value: 4

**UAN number:** A/601/9191

#### **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 be able to:

- 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 (if appropriate)

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

#### Support of the unit by a sector or other appropriate body (if required)

This unit is endorsed by Skills for Care and Development.

#### **Assessment**

This unit will be assessed by:

• a portfolio of evidence.

Understand key legislation and agreed ways of Outcome 1

working that support the fulfilment of rights and choices of individuals with dementia while

minimising risk of harm

#### **Assessment Criteria**

- 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

#### **Assessment Criteria**

- 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

#### **Assessment Criteria**

- 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

#### **Assessment Criteria**

- 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:
  - o Human Rights Act 1998
  - Mental Capacity Act 2005
  - o Adults with Incapacity (Scotland) Act 2000
  - o Mental Health Act 2007
  - o The Disability Discrimination Act 1995
  - Safeguarding Vulnerable Groups Act 2006
  - o 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
  - o Family
  - o Advocate
  - o Colleagues
  - o Managers
  - o Social worker
  - Occupational Therapist
  - o GP
  - Speech and Language Therapist
  - o Physiotherapist
  - o Pharmacist
  - o Nurse
  - Specialist nurse
  - o Psychologist
  - o Psychiatrist
  - o Independent Mental Capacity Advocate
  - o Independent Mental Health Advocate
  - o Advocate
  - o 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:

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

#### Social:

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

# Unit 106 Understand and enable positive interaction and communication with individuals who have dementia

Level: 3 Credit value: 4

**UAN number:** Y/601/4693

#### **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 be able to:

- 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 (if appropriate)

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

#### Support of the unit by a sector or other appropriate body (if required)

This unit is endorsed by Skills for Care and Development.

#### **Assessment**

This unit will be assessed by:

• a portfolio of evidence.

Unit 106 Understand and enable positive interaction and communication with individuals who have dementia

Outcome 1 Understand the factors that can affect interactions

and communication of individuals with dementia

#### **Assessment Criteria**

- 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.

Unit 106 Understand and enable positive interaction

and communication with individuals who have

dementia

Outcome 2 Be able to communicate with an individual with

dementia using a range of verbal and non-verbal

techniques

#### **Assessment Criteria**

- 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**.

Unit 106 Understand and enable positive interaction

and communication with individuals who have

dementia

Outcome 3 Be able to communicate positively with an

individual who has dementia by valuing their

individuality

#### **Assessment Criteria**

- 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.

Unit 106 Understand and enable positive interaction and communication with individuals who have dementia

Outcome 4 Be able to use positive interaction approaches with

individuals with dementia

#### **Assessment Criteria**

- 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.

# Unit 106 Understand and enable positive interaction and communication with individuals who have dementia

#### Additional guidance

- Carers may include:
  - o Partner
  - Family
  - o Friends
  - o Neighbours
- **Others** may include:
  - o Care worker
  - o Colleague
  - o Manager
  - o Social Worker
  - Occupational Therapist
  - o GP
  - o Speech & Language Therapist
  - o Physiotherapist
  - o Pharmacist
  - o Nurse
  - o Psychologist
  - o Admiral Nurses
  - o Independent Mental Capacity Advocate
  - o Community Psychiatric Nurse
  - o Dementia Care Advisors
  - Advocate
  - Support groups
- Social environment can provide interactions which create stimulation and enjoyment e.g.
  - o Opportunities to meet with family and friends
  - o Able to talk about early life, past career, good memories
  - Engagement with familiar activities i.e. attendance at church, clubs, playing golf, favourite walks
  - o Engagement with activities e.g. reminiscence, listening to favourite music,
  - o 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.

Level: 3 Credit value: 4

**UAN number:** F/601/4686

#### **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 be able to:

- 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 (if appropriate)

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

#### Support of the unit by a sector or other appropriate body (if required)

This unit is endorsed by Skills for Care and Development.

#### **Assessment**

This unit will be assessed by:

• a portfolio of evidence.

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

#### **Assessment Criteria**

- 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
- 4. who have a learning disability
- 5. who are from different ethnic backgrounds
- 6. who are at the end of life
- 7. 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

#### **Assessment Criteria**

- 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

#### **Assessment Criteria**

- 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

#### **Assessment Criteria**

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

### **Optional Units**

Level: 2 Credit value: 3

**UAN number:** A/601/9546

#### **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 be able to:

- 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. Support individuals to make informed choices about taking risks
- 5. 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 standards

This unit is linked to HSC 240.

#### Support of the unit by a sector or other appropriate body

This unit is endorsed by Skills for Care and Development.

#### Assessment

This unit will be assessed by:

• a portfolio of evidence

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

#### **Assessment Criteria**

- 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

#### **Assessment Criteria**

- 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.

### Unit 009 Contribute to support of positive risk-taking

for individuals

Outcome 3 Know how legislation and policies are relevant to

positive risk taking

#### **Assessment Criteria**

The learner can:

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

Outcome 4 Support individuals to make informed choices about taking risks

#### **Assessment Criteria**

- 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.

### Unit 009 Contribute to support of positive risk-taking

for individuals

Outcome 5 Contribute to the support of individuals to manage

identified risks

#### **Assessment Criteria**

- 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

#### **Assessment Criteria**

- 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 him/herself or others in immediate or imminent danger.

#### Additional guidance

- This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles. Learning outcomes 4 and 5 must be assessed in a real work environment.
- 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
  - o The individual
  - o Colleagues
  - o Families or carers
  - o Friends
  - o Other professionals
  - o Members of the public
  - Advocates
- Agreed ways of working will include policies and procedures where these exist.

#### Unit 010 Contribute to the care of a deceased person

Level: 2 Credit value: 3

**UAN number:** R/601/8256

#### **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 be able to:

- 1. Know the factors that affect how individuals are cared for after death
- 2. Contribute to supporting those who are close to deceased individuals
- 3. Contribute to preparing deceased individuals prior to transfer
- 4. Contribute to transferring deceased individuals
- 5. 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 standards

This unit is linked to HSC 239

#### Support of the unit by a sector or other appropriate body

This unit is endorsed by Skills for Care and Development.

#### **Assessment**

This unit will be assessed by:

• 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.

### Unit 010 Contribute to the care of a deceased person

Outcome 1

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

#### **Assessment Criteria**

- 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.

### Unit 010 Contribute to the care of a deceased person

Outcome 2 Contribute to supporting those who are close to deceased individuals

#### **Assessment Criteria**

- 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 Contribute to preparing deceased individuals prior to transfer

#### **Assessment Criteria**

- 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 Contribute to transferring deceased individuals

#### **Assessment Criteria**

- 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 Manage own feelings in relation to the death of individuals

#### **Assessment Criteria**

- 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:
  - o Family
  - o Friends
  - o Own colleagues
  - o Others who were involved in the life of the individual
- Appropriate organisations may include:
  - Mortuary
  - o Funeral directors
  - Places of worship

Level: 3 Credit value: 3

**UAN number:** T/601/9187

#### **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 be able to:

- 1. Understand the nutritional needs that are unique to individuals with dementia
- 2. Understand the effect that 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 (if appropriate)

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

#### Support of the unit by a sector or other appropriate body (if required)

This unit is endorsed by Skills for Care and Development.

#### Assessment

This unit will be assessed by:

- a portfolio of evidence
- Learning outcome 3 needs to be assessed in the workplace environment.

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

#### **Assessment Criteria**

- 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 that mealtime

environments can have on an individual with

dementia

#### **Assessment Criteria**

- 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

#### **Assessment Criteria**

- 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
  - o Food preparation
  - o Pre- and post-meal activities
  - o Dining
  - Snacking
- Well-being may include:
  - o Appropriate weight gain/loss
  - o Improved sleep patterns
  - o Reduced confusion
  - o Improved physical health
  - Improved emotional state
  - o Reduced infections
  - Reduced constipation

Level: 3 Credit value: 5

**UAN number:** F/601/4056

#### **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 be able to:

- 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. Receive, store and dispose of medication supplies safely
- 6. Know how to promote the rights of the individual when managing medication
- 7. Support use of medication
- 8. 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**

This unit will be assessed by:

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

Outcome 1 Understand the legislative framework for the use of

medication in social care settings

#### **Assessment Criteria**

- 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.

# Unit 109 Support use of medication in social care settings Outcome 2 Know about common types of medication and their use

#### **Assessment Criteria**

- 1. identify common types of medication
- 2. list conditions for which each type of medication may be prescribe
- 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

#### **Assessment Criteria**

- 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

#### **Assessment Criteria**

- 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.

settings

Outcome 5 Receive, store and dispose of medication supplies

safely

#### **Assessment Criteria**

- 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.

# Unit 109 Support use of medication in social care settings Outcome 6 Know how to promote the rights of the individual when managing medication

#### **Assessment Criteria**

- 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 Support use of medication

#### **Assessment Criteria**

- 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 Record and report on use of medication

#### **Assessment Criteria**

- 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 will include policies and procedures where these exist
- An **individual** is 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
- Using medication **correctly** must ensure that the individual receives:
  - The correct medication
  - o In the correct dose
  - o By the correct route
  - o At the correct time
  - With agreed support
  - With respect for dignity and privacy
- Practical difficulties may include:
  - Lost medication
  - Missed medication
  - o Spilt medication
  - o An individual's decision not to take medication
  - o Difficulty in taking medication in its prescribed form
  - o Wrong medication used
  - Vomiting after taking medication
  - o Adverse reaction
  - o Discrepancies in records or directions for use

Level: 3 Credit value: 3

**UAN number:** A/601/9028

#### **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 be able to:

- 1. Understand the importance of supporting individuals to continue recommended therapies
- 2. Encourage individuals to complete activities recommended by therapists
- 3. Provide support to continue recommended therapy
- 4. Observe, record and report on observations during recommended therapy
- 5. 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.

#### Support of the unit by a sector or other appropriate body

This unit is endorsed by Skills for Care and Development.

#### **Assessment**

This unit will be assessed by:

• a portfolio of evidence

Outcome 1 Understand the importance of supporting

individuals to continue recommended therapies

#### **Assessment Criteria**

- 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.

Outcome 2 Encourage individuals to complete activities recommended by therapists

#### **Assessment Criteria**

- 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.

therapies

Outcome 3 Provide support to continue recommended therapy

#### **Assessment Criteria**

- 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 Observe, record and report on observations during recommended therapy

#### **Assessment Criteria**

- 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.

therapies

Outcome 5 Contribute to evaluation and review of

recommended therapies

#### **Assessment Criteria**

- 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:

- o occupational therapy
- physiotherapy
- hydrotherapy
- aromatherapy
- An **individual** is someone requiring care or support
- Information may include:
  - o intended outcomes of the therapy
  - o activities needed to continue the therapy
  - o learner's role and responsibilities
  - o how to set up the environment and use equipment and materials
  - o 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
  - o making adjustments to the level or type of support provided
  - o stopping therapy activities if individual is in pain or distress
  - o seeking additional support from therapists and others when problems and difficulties are beyond own competence
- Others may include:
  - o family
  - o friends
  - o advocates
  - o specialist therapists
  - o others who are important to the individual's well-being.

Level: 3 Credit value: 4

UAN number: D/601/9491

#### **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 be able to:

- 1. Understand the principles of therapeutic group activities
- 2. Plan and prepare for therapeutic group activities
- 3. Support individuals during therapeutic group activities
- 4. 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.

#### Support of the unit by a sector or other appropriate body

This unit is endorsed by Skills for Care and Development.

#### **Assessment**

This unit will be assessed by:

• a portfolio of evidence

Outcome 1 Understand the principles of therapeutic group activities

#### **Assessment Criteria**

- 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 Plan and prepare for therapeutic group activities

#### **Assessment Criteria**

- 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 Support individuals during therapeutic group activities

#### **Assessment Criteria**

- 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 Contribute to the evaluation of therapeutic group activities

#### **Assessment Criteria**

- 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:
  - o Reminiscence therapy
  - o Relaxation and anxiety management
  - o Remedial games
  - o Health-related group activities
  - o Art or music therapy
- **Individuals** are those requiring care or support
- Others may include
  - o Carers and family members
  - o Line manager
  - o Therapists or other specialists who may recommend therapeutic group activities
- **Risks** may include those associated with
  - o The health, safety and well-being of those in the group
  - o Unintentional exclusion of some group members
  - Others involved with the group's activities
  - o The environment
  - o 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.

Level: 3 Credit value: 4

**UAN number:** A/601/7909

#### **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 be able to:

- 1. Understand the effects of bereavement on individuals
- 2. Understand principles for supporting individuals who are bereaved
- 3. Support individuals to express their response to loss
- 4. Support individuals who are bereaved
- 5. Understand the role of specialist agencies in supporting individuals who are bereaved
- 6. 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 standards

This unit is linked to the HSC 384.

#### Support of the unit by a sector or other appropriate body

This unit is endorsed by Skills for Care and Development.

#### **Assessment**

This unit will be assessed by a portfolio of evidence. 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.

Outcome 1 Understand the effects of bereavement on individuals

#### **Assessment Criteria**

- 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

#### **Assessment Criteria**

- 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 Support individuals to express their response to loss

#### **Assessment Criteria**

- 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 Support individuals who are bereaved

### **Assessment Criteria**

- 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

### **Assessment Criteria**

- 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 Manage own feelings when providing support for individuals who are bereaved

### **Assessment Criteria**

- 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.

## Additional guidance

- An **individual** is someone requiring care or support
- Active Listening includes:
  - o Ability to pick up on non-verbal cues
  - o Listening for key words as signposts to emotions
  - o Understanding the meaning of silence
  - o Using body language and facial expression to indicate interest and empathy
- **Others** may include:
  - o Carers
  - o Friends and relatives
  - o Line manager
  - o Others who are important to the individual's well-being

Level: 3 Credit value: 7

**UAN number:** T/601/9495

### **Unit aim**

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

### **Learning outcomes**

There are **ten** learning outcomes to this unit. The learner will be able to:

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

### **Guided learning hours**

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

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

This unit is linked to HSC385.

### Support of the unit by a sector or other appropriate body

This unit is endorsed by Skills for Care and Development.

### **Assessment**

This unit will be assessed by:

a portfolio of evidence

Outcome 1

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

### **Assessment Criteria**

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

Outcome 2 Understand factors affecting end of life care

### **Assessment Criteria**

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

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

### **Assessment Criteria**

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

Outcome 4 Provide support to individuals and key people during end of life care

### **Assessment Criteria**

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

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

### **Assessment Criteria**

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

Outcome 6

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

### **Assessment Criteria**

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

Outcome 7 Access support for the individual or key people from the wider team

### **Assessment Criteria**

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

Outcome 8 Support individuals through the process of dying

### **Assessment Criteria**

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

Outcome 9 Take action following the death of individuals

### **Assessment Criteria**

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

Outcome 10 Manage own feelings in relation to the dying or death of individuals

### **Assessment Criteria**

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

### Additional guidance

- **Legislation and agreed ways of working** will include policies and procedures where these apply, and may relate to:
  - o equality, diversity and discrimination
  - o data protection, recording, reporting, confidentiality and sharing information
  - o the making of wills and living wills
  - o dealing with personal property of deceased people
  - o removal of medical equipment from deceased people
  - o visitors
  - o safeguarding of vulnerable adults
- Systems for advance care planning may include:
  - o Gold Standard Framework
  - o Preferred Priorities for Care
- An **individual** is the person requiring end of life care
- Key people may include:
  - o Family members
  - o Friends
  - o Others who are important to the well-being of the individual
- Support organisations and specialist services may include:
  - o nursing and care homes
  - o specialist palliative care services
  - o domiciliary, respite and day services
  - o funeral directors
- Other members of the team may include:
  - o line manager
  - o religious representatives
  - o specialist nurse
  - o occupational or other therapist
  - social worker
  - o key people
- Actions may include:
  - o Attending to the body of the deceased
  - o Reporting the death through agreed channels
  - o Informing key people
- Agreed ways of working will include policies and procedures where these exist.

Level: 3 Credit value: 5

**UAN number:** Y/601/8825

#### **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 be able to:

- 1. Understand the legal and local requirements relating to the use of telecommunications when supporting individuals
- 2. Use telecommunication technology
- 3. Engage with individuals using telecommunications
- 4. Identify and evaluate any risks or dangers for individuals during the interaction
- 5. 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 HSC 353.

### Support of the unit by a sector or other appropriate body

This unit is endorsed by Skills for Care and Development.

### Assessment

This unit will be assessed by:

• a portfolio of evidence

Outcome 1 Understand the legal and local requirements

relating to the use of telecommunications when

supporting individuals

### **Assessment Criteria**

- 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.

## Unit 114 Interact with and support individuals using

telecommunications

Outcome 2 Use telecommunication technology

### **Assessment Criteria**

- 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 Engage with individuals using telecommunications

#### **Assessment Criteria**

- 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 Identify and evaluate any risks or dangers for individuals during the interaction

### **Assessment Criteria**

- 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 Terminate the interaction

### **Assessment Criteria**

- 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.

Level: 3 Credit value: 4

**UAN number:** L/601/9549

### **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 be able to:

- 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. Support individuals to make decisions about risks
- 5. Support individuals to take risks
- 6. Understand duty of care in relation to supporting positive risk-taking

### **Guided learning hours**

It is recommended that **42** 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 will be assessed by:

a portfolio of evidence

Outcome 1 Understand the importance of risk taking in everyday life

### **Assessment Criteria**

- 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, personcentred approach to risk assessment

### **Assessment Criteria**

- 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 personcentred 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

### **Assessment Criteria**

- 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 Support individuals to make decisions about risks

### **Assessment Criteria**

- 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 Support individuals to take risks

### **Assessment Criteria**

- 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

### **Assessment Criteria**

- 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
  - o Health
  - o Social
  - o Financial
- **Others** may include
  - o Colleagues
  - o Families or carers
  - o Friends
  - Other professionals
  - o Members of the public
  - o Advocates
- Agreed ways of working will include polices and procedures where these exist.

Level: 3 Credit value: 6

**UAN number:** H/601/8049

#### **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 be able to:

- 1. Understand the principles of person centred assessment and care planning
- 2. Facilitate person centred assessment
- 3. Contribute to the planning of care or support
- 4. Support the implementation of care plans
- 5. Monitor care plans
- 6. 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 the HSC 328 and HSC 329.

### Support of the unit by a sector or other appropriate body

This unit is endorsed by Skills for Care & Development.

### **Assessment**

This unit will be assessed by:

• Learning outcomes 2, 3, 4, 5 and 6 must be assessed in a real work environment.

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

### **Assessment Criteria**

- 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 Facilitate person centred assessment

### **Assessment Criteria**

- 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 Contribute to the planning of care or support

#### **Assessment Criteria**

- 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 Support the implementation of care plans

### **Assessment Criteria**

- 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 Monitor care plans

### **Assessment Criteria**

- 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.

# Unit 116 Facilitate person centred assessment, planning, implementation and review

Outcome 6 Facilitate a review of care plans and their implementation

## **Assessment Criteria**

- 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.

# Unit 116 Facilitate person centred assessment, planning, implementation and review

# 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:
  - o Carers
  - o Friends and relatives
  - o Professionals
  - o Others who are important to the individual's well-being
- Factors may include:
  - o Feasibility of aspirations
  - o Beliefs, values and preferences of the individual
  - o Risks associated with achieving outcomes
  - o Availability of services and other support options
- Options and resources should consider:
  - o Informal support
  - o Formal support
  - o Care or support services
  - Community facilities
  - o Financial resources
  - o Individual's personal networks
- **Revisions** may include:
  - o Closing the plan if all objectives have been met
  - o Reducing the level of support to reflect increased independence
  - o Increasing the level of support to address unmet needs
  - o Changing the type of support
  - o Changing the method of delivering support

Level: 3 Credit value: 5

**UAN number:** A/601/7215

### **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 personcentred 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 be able to:

- 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 standards (if appropriate)

This unit is linked to HSC 36.

### Support of the unit by a sector or other appropriate body (if required)

This unit is endorsed by Skills for Care and Development.

#### Assessment

This unit will be assessed by:

a portfolio of evidence

Outcome 1

Understand the principles and practice of personcentred thinking, planning and reviews

#### **Assessment Criteria**

- 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 personcentred thinking and planning takes place

### **Assessment Criteria**

- 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

### **Assessment Criteria**

- 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

### **Assessment Criteria**

- 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

#### **Assessment Criteria**

- 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 may include:
  - o Important to/for (recorded as a one page profile)
  - Working/Not working
  - o The doughnut
  - Matching staff
  - o Relationship circle
  - o Communication charts
  - o 4 plus 1 questions
  - o Citizenship tool
  - o Decision making agreement
  - o Presence to contribution
  - o Dreaming
- Community connecting related tools may include:
  - o Who am I? My gifts and capacities
  - o Hopes and Fears
  - Mapping our network
  - o Passion audit
  - o 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
  - o The individual
  - o Colleagues
  - o Families or carers
  - o Friends
  - o Other professionals
  - o Members of the public
  - Advocates

Level: 4 Credit value: 4

**UAN number:** J/601/3541

#### **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 be able to:

- 1. Understand the range, purpose and effectiveness of assistive technology available to support individuals
- 2. Support the selection of assistive technology with individuals
- 3. Support the use of assistive technology aids with an individual
- 4. 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 standards

This unit is linked to the 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.

#### Assessment

This unit will be assessed by:

• a portfolio of evidence.

Outcome 1 Understand the range, purpose and effectiveness

of assistive technology available to support

individuals

### **Assessment Criteria**

- 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 Support the selection of assistive technology with individuals

### **Assessment Criteria**

- 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 Support the use of assistive technology aids with an

individual

## **Assessment Criteria**

- 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 Evaluate the effectiveness of the use of assistive technology to meet identified outcomes

### **Assessment Criteria**

- 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.

Additional guidance

- Well Being e.g.
  - o Emotional
  - o Psychological
  - o Physical
- **Others** could include:
  - o Other professionals
  - o Carers / family members
  - o Advocates
  - o Colleagues

Level: 3 Credit value: 3

**UAN number:** F/601/3473

### **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 be able to:

- 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 standards

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

## Support of the unit by a sector or other appropriate body

This unit is endorsed by Skills for Care and Development.

#### **Assessment**

This unit will be assessed by:

• an assignment covering underpinning knowledge.

Outcome 1 Understand the difference between models of disability

### **Assessment Criteria**

- 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

## **Assessment Criteria**

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

### **Assessment Criteria**

- 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.

Level: 3 Credit value: 3

**UAN number:** F/602/0097

#### **Unit aim**

This unit aims to provide the learner with an understanding of the key concepts of mental well-being, 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 be able to:

- 4. 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
- 5. 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 standards

This unit is linked to MH25.

## Support of the unit by a sector or other appropriate body

This unit is endorsed by Skills for Health.

#### Assessment

This unit will be assessed by:

• an assignment covering practical skills and underpinning knowledge.

Outcome 4

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

### **Assessment Criteria**

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:
  - a biological factors
  - b social factors
  - c 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
  - a. risk factors including inequalities, poor quality social relationships
  - b. protective factors including socially valued roles, social support and contact.

Learning outcome 1, assessment criteria 1 requires learners to 'explain the range of factors that may influence mental well-being and mental health problems across the life span'. The qualification is aimed at those working with people aged 18 to 65 years but learners are expected to demonstrate their understanding of how factors arising from individuals' early lives may influence their well-being as adults and the potential impact of levels of well-being in adulthood their well-being in later life. This is in order to promote a holistic and whole person approach to understanding well-being and mental health. Learners are not expected to have a detailed understanding of mental health issues for children and young people or older people.

Outcome 5 Know how to implement an effective strategy for

promoting mental well-being and mental health

with individuals and groups

## **Assessment Criteria**

- 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 well-being 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.

Additional guidance

Level: 3 Credit value: 4

UAN number: M/502/3146

#### **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 be able to:

- 1. Understand Independent Advocacy
- 2. Explain principles and values underpinning Independent Advocacy
- 3. Describe the development of advocacy
- 4. Be able to 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. This may be on a full or part time basis.

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

HSC 23	Develop your knowledge and practice
HSC 31	Promote effective communication for and about individuals
H136	Communicate effectively with individuals and others
HSC 45	Develop practices which promote choice, well-being and protection of all individuals
HSC 335	Contribute to the protection of individuals from harm and abuse
HSC 366	Support individuals to represent their own needs and wishes at decision making forums
HSC 367	Help individuals identify and access independent representation and advocacy
HSC 368	Present individuals' needs and preferences
HSC 3111	Promote the equality, diversity, rights and responsibilities of individuals
HSC 3199	Promote the values and principles underpinning best practice
PE 1	Enable individuals to make health choices and decisions.

# Support of the unit by a sector or other appropriate body

This unit is endorsed by Skills for Care and Development.

#### Assessment

This unit will be assessed by:

• a portfolio of evidence

Outcome 1 Understand Independent Advocacy

#### **Assessment Criteria**

- 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

## **Assessment Criteria**

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

Outcome 3 Describe the development of advocacy

# **Assessment Criteria**

- 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 Be able to explain different types of advocacy

support and their purpose

## **Assessment Criteria**

- 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

## **Assessment Criteria**

- 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.

### **Assessment Criteria**

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

Level: 4 Credit value: 12

QAN number: F/502/3295

### **Unit aim**

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

## **Learning outcomes**

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

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

# **Guided learning hours**

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

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

This unit is linked to these NOS: AHP, GEN 12, H16, H136, HSC 328, HSC 368, HSC 3199, HSC 41, HSC 45, HSC 418, HSC 423, HSC 431, HSC 434, HSC 437, and MH\_1.

## Support of the unit by a sector or other appropriate body (if required)

This unit is endorsed by Skills for Care and Development.

#### Assessment

This unit will be assessed by:

• a portfolio of evidence

# Outcome 1 Understand and use the Mental Capacity Act

### **Assessment Criteria**

The learner can:

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

- **Key principles**: including the five key principles and best interests framework
- **Provisions:** new provisions within the Act including advance decisions to refuse treatment, Court of Protection, office of public guardian, lasting power of attorney and Court appointed deputies.

# Outcome 2 Provide Independent Mental Capacity Advocacy

### **Assessment Criteria**

The learner can:

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

- **Challenges**: including working with people who cannot instruct, working with professionals, challenging decisions, time constraint of role
- **Differences**: a range of differences between IMCA and general advocacy including differences in confidentiality boundaries, information sharing, seeking consent, taking instructions, accepting referrals and securing outcomes.

# Outcome 3 Work with the decision maker

#### **Assessment Criteria**

The learner can:

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

- **Dilemmas and challenges**: dilemmas faced when taking referrals, challenging decisions and accessing information
- **Evaluate**: identify requirements of the assessment of capacity and how IMCAs can raise concerns about the person's capacity to make the referral decision.

Outcome 4 Challenge decisions made by the decision maker

## **Assessment Criteria**

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

# Outcome 5 Work with people who lack capacity

## **Assessment Criteria**

The learner can:

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

## Range

• Range of methods: including verbal and non verbal communication.

Outcome 6 Work with accommodation and care review referrals

#### **Assessment Criteria**

The learner can:

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

- **Information:** taken from inspection reports
- **Types of accommodation:** including supported living, residential care, nursing homes, sheltered housing and receiving support in one's own home
- Regulatory bodies: including CQC and CSSIW.

# Outcome 7 Work with serious medical treatment referrals

#### **Assessment Criteria**

The learner can:

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

# Range

• **Decision:** the impact a range of decisions could have on the individual including end of life decisions and Do not Attempt Resuscitation orders.

# Outcome 8 Work with adult protection referrals

### **Assessment Criteria**

The learner can:

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

## Range

• **Guidelines:** ADASS guidance on the criteria for the use of IMCAs in safeguarding adult cases.

Outcome 9 Construct an IMCA written report that meets statutory requirements.

#### **Assessment Criteria**

The learner can:

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

### **Good Practice**

It is envisaged the delivery of this unit will take place during taught sessions and on the job training. Tutors should consider which learning outcomes are delivered during taught elements and identify which competency based outcomes must be demonstrated through work based evidence. Service users should be supported to co-deliver taught sessions and have appropriate opportunity to comment on a candidate's competency across a range of learning outcomes.

# Appendix 1 Key Skills signposting

The Level 3 qualifications provide opportunities to gather evidence for the accreditation of Key Skills as shown in the tables below. However, to gain Key Skills certification the Key Skills would need to be taken as additional qualifications.

Unit	Communication	Application of Number	Information Technology	Problem Solving	Improving own learning and performance	Working With Others
3565- 009	N/A	N/A	N/A	✓	N/A	N/A
3565- 010	N/A	N/A	N/A	N/A	N/A	N/A
3565- 101	N/A	N/A	N/A	N/A	N/A	N/A
3565- 102	N/A	N/A	N/A	N/A	N/A	N/A
3565- 103	N/A	N/A	N/A	N/A	N/A	N/A
3565- 104	N/A	N/A	N/A	N/A	N/A	N/A
3565- 105	✓	N/A	N/A	N/A	N/A	N/A
3565- 106	✓	N/A	N/A	N/A	N/A	N/A
3565- 107	✓	N/A	N/A	N/A	N/A	N/A
3565- 108	N/A	N/A	N/A	N/A	N/A	N/A
3565- 109	✓	N/A	N/A	N/A	N/A	N/A
3565- 110	N/A	N/A	N/A	N/A	N/A	N/A
3565- 111	N/A	N/A	N/A	N/A	N/A	✓
3565- 112	<b>√</b>	N/A	N/A	N/A	N/A	N/A
3565- 113	<b>√</b>	N/A	N/A	N/A	N/A	N/A
3565- 114	N/A	N/A	N/A	N/A	N/A	N/A
3565- 115	N/A	N/A	N/A	N/A	N/A	N/A

3565- 116	✓	N/A	N/A	N/A	N/A	<b>√</b>
3565- 117	N/A	N/A	N/A	N/A	N/A	<b>✓</b>
3565- 118	N/A	N/A	N/A	N/A	N/A	N/A
3565- 119	<b>√</b>	N/A	N/A	N/A	N/A	N/A
3565- 120	✓	N/A	<b>√</b>	N/A	N/A	N/A
3565- 121	✓	N/A	N/A	✓	✓	N/A
3565- 422	✓	N/A	N/A	✓	N/A	<b>√</b>

# **Appendix 2** Sources of general information

The following documents contain essential information for centres delivering City & Guilds qualifications. They should be referred to in conjunction with this handbook. To download the documents and to find other useful documents, go to the **Centres and Training Providers homepage** on **www.cityandguilds.com**.

**Providing City & Guilds qualifications** – a guide to centre and qualification approval contains detailed information about the processes which must be followed and requirements which must be met for a centre to achieve 'approved centre' status, or to offer a particular qualification. Specifically, the document includes sections on:

- The centre and qualification approval process and forms
- Assessment, verification and examination roles at the centre
- Registration and certification of candidates
- Non-compliance
- Complaints and appeals
- Equal opportunities
- Data protection
- Frequently asked questions.

**Ensuring quality** contains updates and good practice exemplars for City & Guilds assessment and policy issues. Specifically, the document contains information on:

- Management systems
- Maintaining records
- Assessment
- Internal verification and quality assurance
- External verification.

Access to Assessment & Qualifications provides full details of the arrangements that may be made to facilitate access to assessments and qualifications for candidates who are eligible for adjustments in assessment.

The **centre homepage** section of the City & Guilds website also contains useful information such on such things as:

## • Walled Garden

Find out how to register and certificate candidates on line

## • Events

Contains dates and information on the latest Centre events

**Centre Guide – Delivering International Qualifications** contains detailed information about the processes which must be followed and requirements which must be met for a centre to achieve 'approved centre' status, or to offer a particular qualification. Specifically, the document includes sections on:

- The centre and qualification approval process and forms
- Assessment, verification and examination roles at the centre
- Registration and certification of candidates
- Non-compliance
- Complaints and appeals

- Equal opportunities
- Data protection
- Frequently asked questions..

# **Useful contacts**

UK learners General qualification information	T: +44 (0)844 543 0033 E: learnersupport@cityandguilds.com			
International learners General qualification information	T: +44 (0)844 543 0033 F: +44 (0)20 7294 2413 E: intcg@cityandguilds.com			
Centres Exam entries, Registrations/enrolment, Certificates, Invoices, Missing or late exam materials, Nominal roll reports, Results	T: +44 (0)844 543 0000 F: +44 (0)20 7294 2413 E: centresupport@cityandguilds.com			
Single subject qualifications Exam entries, Results, Certification, Missing or late exam materials, Incorrect exam papers, Forms request (BB, results entry), Exam date and time change	T: +44 (0)844 543 0000 F: +44 (0)20 7294 2413 F: +44 (0)20 7294 2404 (BB forms) E: singlesubjects@cityandguilds.com			
International awards Results, Entries, Enrolments, Invoices, Missing or late exam materials, Nominal roll reports	T: +44 (0)844 543 0000 F: +44 (0)20 7294 2413 E: intops@cityandguilds.com			
Walled Garden Re-issue of password or username, Technical problems, Entries, Results, GOLA, Navigation, User/menu option, Problems	T: +44 (0)844 543 0000 F: +44 (0)20 7294 2413 E: walledgarden@cityandguilds.com			
Employer Employer solutions, Mapping, Accreditation, Development Skills, Consultancy	T: +44 (0)121 503 8993 E: business_unit@cityandguilds.com			
Publications Logbooks, Centre documents, Forms, Free literature	T: +44 (0)844 543 0000 F: +44 (0)20 7294 2413			

If you have a complaint, or any suggestions for improvement about any of the services that City & Guilds provides, email: feedbackandcomplaints@cityandguilds.com

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