

# City & Guilds Level 2

## Health and Social Care: Practice (Adults)

### Approved by Qualifications Wales

This qualification forms part of the new suite of Health and Social Care, and Childcare qualifications in Wales provided by City & Guilds/WJEC.

This Qualifications Wales regulated qualification is not available to centres in England.

## Qualification Handbook



**Version**

February 2023 Version 2.0

## Qualification at a glance

<b>Subject area</b>	Adult's health and social care
<b>City &amp; Guilds number</b>	8040
<b>Age group approved</b>	16+
<b>Entry requirements</b>	None
<b>Assessment</b>	100 % internal assessment (Structured tasks and portfolio)
<b>Approvals</b>	Centre and qualification approval is required
<b>Support materials</b>	Qualification handbook Qualification delivery guide Assessment pack
<b>Registration and certification</b>	Consult the Consortium website for details

<b>Title and level</b>	<b>Reference number</b>	<b>Accreditation number</b>
Level 2 Health and Social Care: Practice (Adults)	8040-04	C00/1253/4

Version and date	Change detail	Section
1.1 August 2019	Added correct title to the 'Supporting information' section of unit 239  239 – Supporting individuals with management of continence	Unit 239 'Supporting information'
1.1 August 2019	Added Accreditation number	Qualification at a glance
1.1 August 2019	Updated support materials/centre requirements	Throughout document
1.2 September 2019	Updated evidence requirements	Unit 353 'Supporting information'
1.3 August 2020	Safeguarding legislation references updated	Related legislation and guidance: Unit 230 Unit 231 Unit 338 Unit 340
1.4 December 2020	Typographic consistency error on credit reference on Unit 338 amended.	Unit 338 (p76)
1.5 March 2021	Safeguarding legislation references updated (removal of 'In Safe Hands 2000')	Related legislation and guidance: Unit 230
1.6 September 2021	Unit 350 Supporting the use of medication in social care settings: <ul style="list-style-type: none"> <li>Unit summary information</li> <li>Related legislation and guidance</li> </ul>	Unit 350 Supporting the use of medication in social care settings
2.0 February 2023	Structure of the qualification following addition of new optional units	Structure

Version and date	Change detail	Section
	<b>Additional optional units added to qualification content</b>	<b>Units:</b>
		277
		278
	277 – Contribute to the care and support of individuals accessing day services	379
		383
	278 – Supporting the digital inclusion of individuals	
	379 – Supporting individuals to plan for and prepare meals	
	383 – Using communication methods to motivate individuals to achieve their personal outcomes	
	<b>Introduction of overarching sections on legislation and resources to support currency</b>	Section 5: Units
	Overarching guidance on legislation, regulations and national policy added	
	Overarching guidance on resources added	
	Unit 338 (1.4) – ‘triad’ of impairments has been amended to the ‘dyad’ of impairments	Unit 338 – Promoting support for individuals with a learning disability and/or autism

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# 1 Introduction

This document tells you what you need to do to deliver the qualification:

Area	Description
Who is the qualification for?	<p>This qualification is for those working, or seeking to work in health and social care settings.</p> <p>This qualification develops the ability of learners to practically support health and care needs of adults in a range of settings. The content of this qualification consolidates knowledge gained through attainment of the Level 2 Health and Social Care: Core qualification.</p> <p>This qualification is practice-based and assesses learners' knowledge and practice. It is designed for learners in work based learning. The qualification will assess learners' knowledge and practice through their work.</p> <p>This qualification is required for learners to work in specific job roles within the health and social care sector as set out in Social Care Wales Qualification Framework for Social care and Child care.</p>
What does the qualification cover?	<p>This qualification allows learners to develop the knowledge and skills required for employment and/or career progression in health and social care organisations or settings.</p>
What opportunities for progression are there?	<p>The qualification allows learners to progress to the following Consortium* qualification:</p> <ul style="list-style-type: none"><li>• Level 3 Health and Social Care: Practice (Adults)</li><li>• Level 3 Health and Social Care: Practice (Children and Young People)</li></ul> <p><b>*The consortium consists of City &amp; Guilds of London Institute and WJEC who worked jointly to develop and deliver all of the qualifications in the Health and Social Care and CCPLD suite.</b></p>
Who did we develop the qualification with?	<p>The unit content of this qualification has been developed and is owned by Social Care Wales and Health, Education and Improvement Wales.</p> <p>The content has been developed in conjunction with the consortium, as well as stakeholders, tutors, teachers and workplace assessors from across the health and social care sector.</p>

## Subject aims and objectives

The Level 2 Health and Social Care: Practice (Adults) qualification will enable learners to develop and demonstrate their knowledge, understanding, behaviours, skills and practice within a health and social care setting. In particular, learners will be able to demonstrate that they:

- understand, and apply in practice, the principles and values which underpin health and social care
- understand, and apply in practice, person-centred approaches
- make a positive contribution to the health and social care sector through their own practice
- reflect on practice to continuously improve
- understand job roles and ways of working within the health and social care sector
- use literacy, numeracy and digital competency skills as appropriate within their role.

The knowledge, understanding and skills a learner is required to achieve within this qualification build on the content of the Level 2 Health and Social Care: Core (Adults) qualification.

It is strongly recommended that a learner undertaking this qualification has completed or is currently undertaking the Level 2 Health and Social Care: Core qualification. Please note that it is a requirement of Social Care Wales that an individual working within the health and social care sector will need both the:

- Level 2 Health and Social Care: Core qualification

and

- Level 2 Health and Social Care: Practice (Adults) qualification

to work within specific job roles. For more information on requirements to work within the health and social care sector, please refer to Social Care Wales' website.'

## Structure

To achieve the **Level 2 Health and Social Care: Practice (Adults)** qualification learners must achieve a minimum of **35** credits in total;

- **14** credits must be achieved from the Mandatory group.
- A minimum of **14** credits must be achieved from Optional group A.
- The balance of 7 credits can be achieved from **units** in Optional groups A or B.

A maximum of 14 credits from Optional group A and B may be achieved from units at level 3

The **minimum** guided learning hour requirement for this qualification is 175.

Unit Number	Unit title	Unit level	GLH	Credits
<b>Mandatory group</b>				
230	Supporting core practice in Health and Social Care (Adults)	2	65	14
<b>Optional group A</b>				
231	Contributing to the care and support of individuals living at home	2	45	7
232	Providing care and support for individuals living in care home settings	2	45	8
233	Contributing to the support of individuals living with dementia	2	45	9
234	Contributing to the support of individuals with the use of electronic assistive technology	2	10	2
235	Contributing to the support of individuals to achieve their reablement outcomes	2	20	3
236	Contributing to the support of individuals who misuse substances	2	30	4
277	Contribute to the care and support of individuals accessing day services	2	45	7
278	Supporting the digital inclusion of individuals	2	15	3
338	Promoting support for individuals with a learning disability and/or autism	3	40	8
339	Promoting positive approaches for behaviour support	3	40	6
340	Supporting individuals living with mental ill-health	3	40	7
341	Supporting individuals with a physical impairment	3	25	4

Unit Number	Unit title	Unit level	GLH	Credits
342	Supporting individuals with an acquired brain injury	3	40	8
379	Supporting individuals to plan for and prepare meals	3	15	6
383	Using communication methods to motivate individuals to achieve their personal outcomes	3	20	5
<b>Optional Group B</b>				
237	Supporting adults living with diabetes mellitus	2	15	4
209	Responding to anaphylactic reactions	2	10	2
238	Introduction to breathlessness and asthma in adults	2	10	2
239	Supporting individuals with management of continence	2	15	4
212	Supporting individuals with moving and positioning	2	20	3
240	Supporting individuals to maintain mobility and minimise the risk of falls	2	20	2
241	Introduction to physiological measurements in adults	2	15	3
214	Undertaking point of care testing	2	15	3
215	Undertaking collection of specimens	2	10	3
242	Supporting individuals with sensory loss	2	20	3
243	Supporting food safety practice in health and social care settings	2	10	2
244	Supporting individuals to manage pain and discomfort	2	15	2
245	Undertaking peak expiratory flow rate (PEFR) readings	2	15	2
246	Introduction to acute deterioration	2	25	4
343	Providing support to adults living with epilepsy	3	20	3
314	Undertaking capillary blood glucose monitoring	3	15	3
344	Taking venous blood samples from adults	3	20	3
345	Providing care for adults living with cancer	3	20	4
346	Palliative and end of life care for adults	3	35	7
350	Supporting the use of medication in social care settings	3	35	5

Unit Number	Unit title	Unit level	GLH	Credits
353	Providing care to adults with indwelling urinary catheters	3	20	3
354	Providing care and support for adults with Coronary Heart Disease (CHD)	3	20	3
356	Supporting nutrition and hydration for individuals with special dietary requirements	3	20	2
359	Providing care and support for adults with chronic respiratory conditions	3	20	3
360	Providing support to individuals following a stroke	3	25	3

Note, the distinction made between Optional groups A and B has been to support the assessment methodology for this qualification. Units may be selected from either group to accommodate the balance of credits achievable. Further details of the assessment methodology can be found in the assessment pack.

Learners may only achieve credits for 1 of the following:

Unit 243 Supporting food safety practice in health and social care settings

Unit 379 Supporting individuals to plan for and prepare meals

If learners take both units as part of this qualification, only credit achieved from 1 unit will count towards their overall credit achievement.



## Guided learning hours (GLH) and Total qualification time (TQT)

Guided Learning Hours (GLH) gives an indication to centres of the amount of *supervised* learning and assessment that is required to deliver a unit and can be used for planning purposes.

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 undertaking some formative assessment activities.

Credit is calculated using a formula that equates to the TQT value divided by 10.

The TQT for this qualification is specified below.

Qualification	TQT
Level 2 Health and Social Care: Practice (Adults)	350

## 2 Centre requirements

### Qualification approval

This qualification will require centre and qualification approval. This will include desk-based assessment.

Centre approval is based upon an organisation's ability to meet the centre approval criteria. The approval for this qualification can be found detailed in the following documents:

- Administration Handbook (Introduction to working with City & Guilds and WJEC)
- Our Quality Assurance Requirements
- Quality Assurance Model

Prospective centres will be advised to seek centre and qualification approval, as appropriate, prior to starting to deliver the qualification.

The Consortium aims to provide the centre and qualification approval decision within 30 working days of the submission of the completed application, with four possible outcomes:

- Centre approval and qualification approval granted
- Centre approval and qualification approval granted subject to action plan
- Centre approval and qualification approval withheld subject to action plan
- Centre approval and qualification approval denied.

Centre and qualification approval are deemed to have been granted when City & Guilds confirms the status in writing to the centre, and not before.

Centres will be required to apply for approval for this qualification and to meet the specific centre requirements outlined in this document related to delivery staff and assessor competence. These requirements will be checked and monitored as part of the qualification approval process and on-going monitoring of this qualification.

### Centre staffing

#### Assessor requirements

Assessors of competence-based learning outcomes must:

- be occupationally competent; this means that each assessor must be capable of carrying out the full requirements of the area they are assessing to at least the same level. Occupational competence means that they are also occupationally knowledgeable
- maintain their occupational competence through relevant and clearly demonstrable continuing learning and professional development
- hold or be working towards the current Assessor qualifications, e.g.
  - Level 3 Award in Assessing Competence in the Work Environment **or**
  - hold the A1 Assessors Award or D32/33 units

Where assessors have legacy assessor qualifications they must demonstrate that they are assessing in line with current assessment standards or another suitable qualification equivalent/alternative in the assessment of work based performance. This must be agreed in advance with the centre's External Quality Assurer.

The consortium also accepts alternative nationally accredited assessor qualifications. A comprehensive list of these are available on the qualification webpage.

Where working towards assessor qualifications there must be a countersigning arrangement in place from a qualified assessor from the same or related occupational area.

Where detailed in evidence requirements as appropriate for use, expert witnesses must

- have a working knowledge of the units for which they are giving testimony
- be occupationally competent in their area of expertise to at least the same level of the unit for which they are providing testimony
- have either any qualification in assessment of workplace performance or a professional work role which involved evaluating the everyday practice of staff.

### **Internal quality assurers**

Those performing the internal quality assurance role must be occupationally knowledgeable and possess the skills necessary to make quality assurance decisions.

The qualification requirements for an IQA for competence-based qualifications are as follows, the IQA must:

- hold or be working towards the current Quality Assurance qualifications, e.g.
  - 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 or
  - Hold the D34 unit or V1 Verifiers Award.

Where working towards an IQA qualification there must be a countersigning arrangement in place from a qualified IQA from the same or related occupational area.

### **External quality assurers**

Those performing the external quality assurance role must be occupationally knowledgeable and possess the skills necessary to make quality assurance decisions. This means that Associates/appointees have knowledge of the settings, regulation, legislation and code of practice for the service being assured, as well as the requirements of Welsh national standards at the time the assessment is undertaken.

The consortium requires Associates/appointees to hold an external quality assurance qualification, either:

D35 - Externally Verify the Assessment Process (D35) or V2 - Level 4 Certificate in Conducting External Quality Assurance of the Assessment Process (V2)

Level 4 External Quality Assurance of Assessment Processes and Practice.

Associates/appointees will be working towards or have achieved the current external quality assurance qualification (TAQA) or a legacy qualification such as V2/D35

Where working towards EQA requirements there must be a countersigning arrangement in place from another EQA from the same or related occupational area.

## Welsh context

For individuals who have not previously conducted assessment activities in Wales, it is suggested that having an awareness of Welsh language and an understanding of Welsh culture, policy and context would be beneficial to support their roles.

## Continuing professional development

Centres are expected to support their staff in ensuring that their knowledge and competence in the occupational area is current and of best practice in delivery, mentoring, training, assessment and quality assurance and that it takes account of any national or legislative developments.

## Learner entry requirements

The Consortium does not set entry requirements for this qualification. However, centres must ensure that learners have the potential and opportunity to gain the qualification successfully.

It is strongly recommended that a learner undertaking this qualification has completed or is currently undertaking the Level 2 Health and Social Care: Core (Adults) qualification.

Entries for the qualification can be made via the Walled Garden, see the Consortium website for further details.

## Age restrictions

The Consortium cannot accept any registrations for learners under 16 as this qualification is not approved for under 16s.

## 3 Delivering the qualification

### Initial assessment and induction

An initial assessment of each learner should be made before the start of their programme to identify:

- if the learner has any specific training needs,
- support and guidance they may need when working towards their qualification,
- any units they have already completed, or credit they have accumulated which is relevant to the qualification,
- the appropriate type and level of qualification.

We recommend that centres provide an induction programme so the learner fully understands the requirements of the qualification, their responsibilities as a learner, and the responsibilities of the centre. This information can be recorded on a learning contract.

### Support materials

The following resources are available for this qualification:

Description	How to access
Assessment pack	Consortium website

### External associates/appointees

Associates/Appointees are the terms adopted by the Consortium to refer to individuals appointed by City & Guilds or WJEC to undertake specific roles on their behalf, for example, External Quality Assurers (EQAs).

There is criteria set by the Consortium to ensure that all associates/appointees have the right occupational knowledge, experience and skills to perform the specific role.

The Consortium will ensure that all associates/appointees undertaking a quality assurance role in centre approval, qualification approval and assessment decisions are trained, appropriately qualified and occupationally competent. Training and attendance at standardisation events is mandatory.

All associates/appointees are performance managed by staff within City & Guilds. If concerns are identified with an individual, each Consortium partner will take corrective action which may include improvement actions and close monitoring or in some instances quality issues in performance may lead to the Awarding Body contract with the associate/appointee being terminated.

The Consortium will ensure that sufficient bilingual associates/appointees are recruited to meet the needs of Welsh-medium centres and learners. The level of quality assurance activity will be consistent across provision in both English and Welsh mediums. Provision will be made for monitoring and standardisation to take place for both languages.

## Internal quality assurance

Centres must have a written Internal Quality Assurance strategy.

This will help ensure that internal quality assurance procedures:

- provide accuracy and consistency between Assessors in the use and interpretation of the guidance in the qualification and/or assessment documentation
- are efficient and cost effective

Internal quality assurance requirements must meet the policies and guidance as outlined in the consortium's guidance to centres. Details of these guidance documents can be accessed through the Administration Handbook (Introduction to working with City & Guilds and WJEC) available on the Consortium website at [www.healthandcarelearning.wales](http://www.healthandcarelearning.wales).

## Moderation of internal assessment arrangements

External quality assurance processes are in place for checking the validity and reliability of assessment decisions made by centre staff, as appropriate to this qualification.

The assessment will be internally assessed and subject to risk-based monitoring and sampling by external quality assurers to ensure the consistency and validity of centre assessment decisions. Quality assurance activities will be undertaken by appropriately qualified and trained assessment associates. In all instances of sampling for quality assurance purposes, formal written feedback will be provided by City & Guilds.

Significant non-compliance or areas of concern identified during external monitoring will be subject to investigation by the consortium. As a result of this activity appropriate improvement actions and/or sanctions may be put in place. In some instances, investigations may result in de-registration for the centre(s) in question.

For further information on the external monitoring process please refer to the Administration Handbook (Introduction to working with City & Guilds and WJEC) available on the Consortium website at [www.healthandcarelearning.wales](http://www.healthandcarelearning.wales).

## Internal appeal

Centres must have an internal process in place for learners to appeal the marking of internally assessed assessments. The internal process must include learners being informed of the results the centre has given for internally assessed components, as they will need these to make the decision about whether or not to appeal.

## Factors affecting individual learners

If work is lost, City & Guilds should be notified immediately of the date of the loss, how it occurred, and who was responsible for the loss. Centres should use the JCQ form, JCQ/LCW, to inform City & Guilds Customer Services of the circumstances.

Learners who move from one centre to another during the course may require individual attention. Possible courses of action depend on the stage at which the move takes place. Centres should contact City & Guilds at the earliest possible stage for advice about appropriate arrangements in individual cases.

## Malpractice

Please refer to the City & Guilds guidance notes *Managing cases of suspected malpractice in examinations and assessments*. This document sets out the procedures to be followed in identifying and reporting malpractice by learners and/or centre staff and the actions which City & Guilds may subsequently take. The document includes examples of learner and centre malpractice and explains the responsibilities of centre staff to report actual or suspected malpractice. Centres can access this document on the City & Guilds website.

Examples of learner malpractice are detailed below (please note that this is not an exhaustive list):

- falsification of assessment evidence or results documentation
- plagiarism of any nature
- collusion with others
- copying from another learner (including the use of ICT to aid copying), or allowing work to be copied
- deliberate destruction of another's work
- false declaration of authenticity in relation to assessments
- impersonation.

These actions constitute malpractice, for which a penalty (e.g. disqualification from assessment) will be applied.

Please refer to the form in the document *Managing cases of suspected malpractice in examinations and assessments*.

## Access arrangements and special consideration

Access arrangements are adjustments that allow learners with disabilities, special educational needs and temporary injuries to access the assessment and demonstrate their skills and knowledge without changing the demands of the assessment. These arrangements must be made before assessment takes place.

It is the responsibility of the centre to ensure at the start of a programme of learning that learners will be able to access the requirements of the qualification.

Please refer to the *JCQ access arrangements and reasonable adjustments* and *Access arrangements - when and how applications need to be made to City & Guilds* for more information. Both are available on the City & Guilds website: <http://www.cityandguilds.com/delivering-ourqualifications/centre-development/centre-document-library/policies-andprocedures/access-arrangements-reasonable-adjustments>

### Special consideration

We can give special consideration to learners who have had a temporary illness, injury or indisposition at the time of assessment. Where we do this, it is given after the assessment.

Applications for either access arrangements or special consideration should be submitted to City & Guilds by the Examinations Officer at the centre. For more information please consult the current version of the JCQ document, *A guide to the special consideration process*. This document is available on the City & Guilds website: <http://www.cityandguilds.com/delivering-ourqualifications/centre-development/centre-document-library/policies-andprocedures/access-arrangements-reasonable-adjustments>

our qualifications/ centre-development/centre-document-library/policies-and-procedures/access-arrangements-reasonable-adjustments



## 4 Assessment

### Summary of assessment methods

Learners must successfully complete:

- an externally set, internally marked set of tasks
- a portfolio of evidence

An assessment pack detailing the requirements of the assessment can be downloaded from the Consortium website.

### Simulation

Simulation involves the creation of an artificial situation for purposes of assessment. The use of simulation should be restricted to obtaining evidence where it cannot be naturally generated through normal work activities (e.g. due to concerns related to health and safety).

For this qualification, simulation is **not** permitted for the structured tasks.

Simulation is permitted to generate evidence from individual units for the portfolio, **only** where this is specifically stipulated in the evidence requirements for individual units. If simulation is used, this must be done within a realistic work environment.

A realistic work environment is defined here as one that replicates the conditions and controls of a real working environment. For example, if a learner was to simulate taking clinical measurements, these should be carried out in a realistic clinical environment, as opposed to an unrelated environment e.g. a classroom, staff room etc.

### Time constraints

The following must be applied to the assessment of this qualification:

- all units must be undertaken and related requirements must be completed and assessed within the learner's period of registration.

### Recognition of prior learning (RPL)

Recognition of prior learning means using a person's previous experience or qualifications which have already been achieved to contribute to a new qualification. RPL is allowed for this qualification.

For more information on RPL and the consortium's RPL policy, please refer to the Administration Handbook (Introduction to working with City & Guilds and WJEC) available from the consortium website at [www.healthandcarelearning.wales](http://www.healthandcarelearning.wales).

## 5 Units

### Availability of units

All units are contained within this qualification handbook;

Unit Number	Unit title
230	Supporting core practice in Health and Social Care
231	Contributing to the care and support of individuals living at home
232	Providing care and support for individuals living in care home settings
233	Contributing to the support of individuals living with dementia
234	Contributing to the support of individuals with the use of electronic assistive technology
235	Contributing to the support of individuals to achieve their reablement outcomes
236	Contributing to the support of individuals who misuse substances
277	Contribute to the care and support of individuals accessing day services
278	Supporting the digital inclusion of individuals
338	Promoting support for individuals with a learning disability and/or autism
339	Promoting positive approaches for behaviour support
340	Supporting individuals living with mental ill-health
341	Supporting individuals with a physical impairment
342	Supporting individuals with an acquired brain injury
379	Supporting individuals to plan for and prepare meals
383	Using communication methods to motivate individuals to achieve their personal outcomes
237	Supporting adults living with diabetes mellitus
209	Responding to anaphylactic reactions
238	Introduction to breathlessness and asthma in adults
239	Supporting individuals with management of continence
212	Supporting individuals with moving and positioning
240	Supporting individuals to maintain mobility and minimise the risk of falls
241	Introduction to physiological measurements in adults
214	Undertaking point of care testing
215	Undertaking collection of specimens

Unit Number	Unit title
242	Supporting individuals with sensory loss
243	Supporting food safety practice in health and social care settings
244	Supporting individuals to manage pain and discomfort
245	Undertaking peak expiratory flow rate (PEFR) readings
246	Introduction to acute deterioration
343	Providing support to adults living with epilepsy
314	Undertaking capillary blood glucose monitoring
344	Taking venous blood samples from adults
345	Providing care for adults living with cancer
346	Palliative and end of life care for adults
350	Supporting the use of medication in social care settings
353	Providing care to adults with indwelling urinary catheters
354	Providing care and support for adults with Coronary Heart Disease (CHD)
356	Supporting nutrition and hydration for individuals with special dietary requirements
359	Providing care and support for adults with chronic respiratory conditions
360	Providing support to individuals following a stroke

The unit content has been developed and is owned by Social Care Wales and Health, Education and Improvement Wales.

The content has been developed in conjunction with the consortium, as well as stakeholders, tutors, teachers and workplace assessors from across the health and social care sector.

## Guidance for the delivery of unit content

The following summary provides guidance on the different elements that are found within the units and information on unit delivery.

### Application of unit 230

The content within this unit is the application of practice that reflects the underpinning knowledge that learners have gained through the Level 2 Health and Social Care: Core qualification.

The content within unit 230 will need to be applied to units across the qualification - consideration of its application should be made as part of preparation for the delivery of other units within the qualification.

### Unit summary

This provides a short, high level summary of the unit content including what knowledge and practice is covered. The unit summary may also provide information on types of settings the unit relates to or is precluded from delivery in.

### Learning outcomes

Learning outcomes group together chunks of related practical skills and/or knowledge and are presented as the result of the learning process i.e. what learners must understand or be able to do following teaching and learning. Learning outcomes will be knowledge or practice based, this will be evidenced by the verb at the start of the outcome (Knowledge = understand, know. Practice = use, provide, support etc.) All learning outcomes are supported by a number of assessment criteria.

### Assessment criteria

Assessment criteria break down the learning outcome into smaller areas to be covered. Assessment criteria may be supported by range, indicated by words or phrases in **bold**.

### Range

Some words or phrases within assessment criteria are presented in **bold**, this means a range has been provided and will be presented at the bottom of the learning outcome. The range contains information about the depth and amount of detail required for a specific assessment criteria. The range is not an exhaustive list, there may be other examples that could fit within that topic area, however those that are listed in the range are key for the delivery of the unit content – **all elements listed in the range must be covered as part of the delivery of the unit**.

Whilst all elements listed in the range must be delivered, it is not expected that all range elements must be specifically observed during the assessment process; reflecting that the assessment judgement is to be made as a holistic judgement, and based at the level of the learning outcome.

### Evidence requirements

Evidence requirements provide details of how many times learners must complete practical activities in order to be deemed competent **if** the unit is not assessed as part of the holistic assessment approach. Evidence requirements have only been written for units in Optional Group B. Full details of the assessment approach for the qualification can be found in the assessment section of this handbook and in the associated assessment pack.

### Guidance for delivery

This guidance is aimed at tutors, trainers or facilitators when teaching the unit and provides specific considerations for delivery of the content of the unit where applicable. For example links that can be made across units within the qualification or examples of how the content can be presented to learners.

The guidance for delivery includes definitions of key terminology referred to within the unit.

NB - For unit 230 the definitions of the terms that are presented in **bold** are included in the guidance for delivery.

### **Related NOS (National Occupational Standards)**

These are presented as a guide for tutors, trainers or facilitators delivering the content and give an indication of where the unit content may link to associated NOS. These are not presented as an exhaustive list and are for guidance only. There is no requirement for NOS to be presented as part of unit learning delivery. NB – although every attempt will be made to keep those listed up to date, updated or reviewed versions of NOS may supersede those listed.

### **Related legislation and guidance**

These are provided as a reference and context for the unit and may be used to support the delivery of the content and provide wider context. These are not presented as an exhaustive list and are for guidance only. All legislation, guidance, websites, documentation etc. listed should be checked for currency and relevance before delivery of the unit content.

### **Recommended unit guidance**

It is recommended that learners undertaking this qualification with the intention of progressing into a specific role in the health and social care sector, are provided with guidance on the units that will be of most benefit for them in these roles.

It is the responsibility of the manager/assessor to ensure that learners are aware of the range of units available, and also are advised of the units that are most recommended or required for their role or occupational area.

Further guidance on the requirements of specific roles within the sector can be accessed on Social Care Wales' website.

<https://socialcare.wales/resources/qualification-framework-for-the-social-care-sector-in-wales>

### **Guided learning hour (GLH) value**

This value indicates the amount of Guided Learning Hours the unit will require for delivery to a learner on average. This includes contact with tutors, trainers or facilitators as part of the learning process, and includes formal learning including classes, training sessions, coaching, seminars and tutorials. Guided learning hours are rounded up to the nearest five hours.

### **Credit value**

This value is based on the guided learning hours **plus** any additional learning time or additional activities that the learner will need to take to complete the unit. For example, this may include time for informal learning, private study, practice, reflection etc. The total number of hours is divided by ten to get the credit value. Credit values are rounded up to the nearest whole number.

## Overarching guidance on legislation, guidance, national policy and supporting resources

The section below provides overarching guidance in relation to the areas of legislation, guidance and national policy should be considered by learners undertaking this qualification, and particularly noted in relation to the core **Unit 230 Supporting core practice in Health and Social Care**.

- Social Services and Well-Being (Wales) Act 2014 and associated statutory guidance and Codes of Practice
- Regulation and Inspection of Social Care (Wales) Act 2016 and associated regulations and statutory guidance
- Code of Professional Practice for Social Care workers
- Openness and honesty when things go wrong: The professional duty of candour
- The Equality Act 2010
- The Human Rights Act (1998)
- Children Act 1989 and 2004
- United Nations Convention on the Rights of Persons with Disabilities (2006), (2010)
- United Nations Principles for Older Persons (1991)
- Declaration of rights of older people in Wales (2014)
- Mental Health Act 1983 (amended 2007)
- Mental Health (Wales) Measure 2010
- Mental Health Act Code of Practice for Wales (2016)
- Mental Capacity Act 2005
- Liberty Protection Safeguards
- Welsh Language Act (1993)
- Welsh Language (Wales) Measure 2011
- More than just words: Welsh Government Strategic Framework for the Welsh Language in Health and Social Care (2013)
- Data Protection Act (2018)
- General Data Protection Regulation (GDPR) 2018
- WASPI (Wales Accord on the Sharing of Personal Information)
- All Wales Safeguarding Procedures (2019)
- Welsh Government Safeguarding Guidance
- Safeguarding Vulnerable Groups Act 2006
- Violence against Women, Domestic Abuse and Sexual Violence (Wales) 2015 Act
- The Health and Safety at Work Act (1974)
- Workplace (Health, Safety and Welfare) Regulations (1992)
- Reporting of Injuries, Diseases & Dangerous Occurrences Regulations (2013)
- The Electrical Equipment (Safety) Regulations (1994)
- The Provision and Use of Work Equipment Regulations (1998)
- The Regulatory Reform (Fire Safety) Order (2005)
- Health and Care Standards Welsh Government April 2015
- Personal Protective Equipment (PPE) at Work Regulations (1992)
- NICE Quality Standard 61 Infection Prevention & Control April 2014
- The Food Safety Act (1990)
- The Food Hygiene Regulations [Wales] 2006
- Control of Substances Hazardous to Health (COSHH) (1999 and 2002)
- Anti-racist Wales Plan

In addition, for learners undertaking key units used in Social Care (231-236, 338-342) this list of legislation, guidance and national policy should be considered in connection with these units and embedded appropriately as part of the delivery of these units.

In addition, the following legislation, guidance and national policy should be considered in relation to unit content that reflects the key sector-specific themes outlined below.

**Specific additional legislation, guidance and national policy for mental health**

- Liberty Protection Safeguards
- Mental Health in Wales Fundamental Facts 2016
- Together for Mental Health and Well-being in Wales
- Talk to me 2 – suicide prevention strategy, Wales
- Mental Health Act Code of Practice for Wales (2016)

**Specific additional legislation, guidance and national policy for substance misuse**

- Misuse of Drugs Act (1971)
- Psychoactive Substances Act (2016)
- The Cigarette Lighter Refill (Safety) Regulations (1999)
- Misuse of Drugs Regulations (1973)
- Misuse of Drugs Regulations (2001)

**Specific additional legislation, guidance and national policy for rights, equality, diversion and inclusion**

- Disability Discrimination Act 1995 and 2005

**Specific additional legislation, guidance and national policy for Welsh language**

- Welsh Government (2017) Cymraeg 2050: Welsh language strategy pp 4 – 12

**Specific additional legislation, guidance and national policy for manual handling**

- Manual Handling Operations Regulations 1992 (amended 2002)
- Lifting Operations and Lifting Equipment Regulations (1998)
- WLGA Manual Handling Passport Scheme. Manual handling people guidance for social care
- All Wales NHS Manual Handling Training Passport and Information Scheme (2010)

For health and social care sector specific units that sit outside of the units listed here (231-236, 338-342), please refer to the appropriate unit guidance for further information on related supportive legislation and guidance.

## Overarching guidance on resources

The section below provides overarching guidance in relation to additional support resources for different areas of the qualification content.

### Care and Support at home

The domiciliary care worker: practice guidance <https://socialcare.wales/resources/the-domiciliary-care-worker>

Home Care in Wales: views and experiences of older people. Welsh Institute for Health and Social Care, Report for the Older People's Commissioner for Wales 2012

Care and Support at Home in Wales: Five Year Strategic Plan 2017-2022, Social Care Wales <https://socialcare.wales/resources-guidance/improving-care-and-support/care-and-support-at-home>

Above and beyond: National Review of Domiciliary Care in Wales 2015-16, CSSIW 2016 <https://careinspectorate.wales/sites/default/files/2018-03/161027aboveandbeyonden.pdf>

Career Progression in Care Project: End of Project Report, Skills for Care 2016

Care at Home: challenges, possibilities and implications for the workforce in Wales, Care Council for Wales 2010

Time to Care: A UNISON Report into Home Care, UNISON 2013

Social Care Wales Codes of Professional Practice for Social Care Workers <https://socialcare.wales/dealing-with-concerns/codes-of-practice-and-guidance>

Factors that affect the recruitment and retention of domiciliary care workers and the extent to which these factors impact upon the quality of domiciliary care: interim findings summary, GSR, Welsh Government, 2016 <https://gov.wales/sites/default/files/statistics-and-research/2019-07/160118-factors-affect-recruitment-retention-domiciliary-care-workers-interim-en.pdf>

Assessing Carer's Support Needs Toolkit: How the Statement of Purpose supports the delivery of a good quality service – training resources Social Care Wales Information and learning Hub [https://socialcare.wales/cms-assets/documents/Assessing-Carers-Support-Needs\\_Resource-A\\_Training-Manual.docx](https://socialcare.wales/cms-assets/documents/Assessing-Carers-Support-Needs_Resource-A_Training-Manual.docx)

### Care and Support in care homes

A place to call home - A Review into the Quality of Life and Care of Older People living in Care Homes in Wales <https://gov.wales/oral-statement-older-peoples-commissioners-report-place-call-home-review-quality-life-and-care>

[www.agingwellinWales.com](http://www.agingwellinWales.com)

British Association of Occupational Therapists and College of Occupational Therapists (2011). Activity Matters Toolkit



## **Support of individuals living with dementia**

Good Work: Dementia Learning and Development Framework

<https://socialcare.wales/resources/good-work-dementia-learning-and-development-framework>

National Dementia vision for Wales <https://socialcare.wales/resources/national-dementia-vision-for-wales>

Dementia: More than just memory <https://socialcare.wales/resources/dementia-more-than-just-memory-loss>

Dementia Friends <http://dementia-wellbeing.org/adi-conference/what-do-we-about-the-efficacy-of-a-social-movement-like-dementia-friends/>

## **Support of individuals with the use of electronic assistive technology**

Technology to Care: Knowledge and skills sets and teaching guidance

<https://socialcare.wales/learning-and-development/assistive-technology>

[www.icarehealth.co.uk/blog/assistive-technology-improve-dementia-care/](http://www.icarehealth.co.uk/blog/assistive-technology-improve-dementia-care/)

Lifelites Assistive technology for children: The technology we donate [www.lifelites.org](http://www.lifelites.org)

NDCS Technology for deaf children and young people Technology for deaf children and young people | National Deaf Children's Society [www.ndcs.org.uk](http://www.ndcs.org.uk)

Dyslexia UK – Assistive technology Assistive technology for specific learning difficulties - The Dyslexia Association - The Dyslexia Association

ACE Centre Getting started with augmentative and assistive technology Getting started | Ace Centre

## **Reablement**

Age Cymru – Intermediate care and reablement in Wales (Factsheet 76w)

Rehabilitation Council [www.rehabcouncil.org.uk](http://www.rehabcouncil.org.uk)

The Welsh Reablement Alliance <https://www.ageuk.org.uk/cymru/latest-news/archive/welsh-reablement-alliance/>

The Rehabilitation Code, Rehabilitation Working Party [www.iua.co.uk/rehabilitation](http://www.iua.co.uk/rehabilitation)

Back Care, charity for healthier backs [www.backcare.org](http://www.backcare.org)

Chartered Society of Physiotherapy - [www.csp.org.uk](http://www.csp.org.uk)

College of Occupational Therapists - <https://www.cot.co.uk>

Disability Rights Commission – [www.drc.org.uk](http://www.drc.org.uk)

Health and Safety Executive - [www.hse.gov.uk](http://www.hse.gov.uk)

Maximising the potential of reablement, SCIE May 2013

Code of Conduct for Healthcare Support Workers in Wales, NHS Wales 2011

Falls in older people: assessing risk and prevention, NICE 2013 (Website states will be updated 13 June 2024)

Developing a Reablement Service for people with memory problems or a dementia living at home in Wales, SSIA 2017

## **Substance Misuse**

The Welsh Substance Misuse Alliance

The Code of Professional Practice for Social Care and associated resources

<https://socialcare.wales/dealing-with-concerns/codes-of-practice-and-guidance>

HIT Publications – HIT

Dual Diagnosis HUB Dual Diagnosis Professionals Resources | Dual Diagnosis Hub

DAN 247 Reducing harm Reducing Harm – DAN 247

Talk to Frank Honest information about drugs Honest information about drugs | FRANK

[www.talktofrank.com](http://www.talktofrank.com)

## **Learning disability/autism**

All Wales Strategy for the Development of Services for Mentally Handicapped People (1983)

<https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:4f8796c3-2de1-30e7-837f-abbe2c797a7a>

## **Positive approaches for behaviour support**

Social Care Wales (2016) Positive Approaches: Reducing Restrictive Practices in Social Care

<https://socialcare.wales/resources/positive-approaches-reducingrestrictive-practices-in-social-care>

Denne, et al (2015) Putting positive behavioural support into practice: the challenges of workforce training and development, International Journal of Positive Behavioural Support 5,2 43-45

Positive Behavioural Support Academy Improving quality in the delivery of Positive Behavioural Support (PBS): the standards for accredited training

Positive Behavioural Support Academy Improving quality in the delivery of Positive Behavioural Support (PBS): the standards for accredited service providers.

Positive Behavioural Support Coalition (2015) Positive Behavioural Support: a competence framework

NHS Education for Scotland – Positive Behavioural Support: A Learning Resource

[http://www.nes.scot.nhs.uk/media/570730/pbs\\_interactive\\_final\\_nov\\_12.pdf](http://www.nes.scot.nhs.uk/media/570730/pbs_interactive_final_nov_12.pdf)

The Challenging Behaviour Foundation What is challenging behaviour? - Challenging Behaviour Foundation

Wales Reducing restrictive practices framework Reducing restrictive practices framework | [www.GOV.WALES](http://www.GOV.WALES)

Positive Behaviour Support – understanding behaviour PBS helpline resources: Understanding behaviour | bild

### **Individuals with mental ill-health**

<https://www.mind.org.uk/information-support/>

Mental Health in Wales Fundamental Facts 2016

<https://www.mentalhealth.org.uk/sites/default/files/FF16%20Wales.pdf>

Section 117 Aftercare in England and Wales

<https://www.mind.org.uk/media/5544543/leaving-hospital-2-pdf.pdf> - Link not working

Together for Mental Health and Well-being in Wales

<http://gov.wales/topics/health/nhswales/mental-health-services/policy/strategy/?lang=en>

Talk to me 2 – suicide prevention strategy, Wales

<http://gov.wales/topics/health/publications/health/reports/talk2/?lang=en>

### **Supporting individuals with a physical impairment/acquired brain injury**

Well-being statement for people who need care and support and carers who need support WG 2016 <http://gov.wales/docs/dhss/publications/150629wellbeingen.pdf>

The Welsh Physical Disability Alliance

Maximising the potential of Physical Disability SCIE May 2013

<http://www.disabilitywales.org/>

Headway – the brain injury association [www.headway.org.uk](http://www.headway.org.uk)

### **Supporting individuals to maintain mobility and minimise the risk of falls**

Moving and handling in Health and Social Care.

<http://www.hse.gov.uk/healthservices/moving-handling-do.htm>

RIDDOR in Health and Social Care <http://www.hse.gov.uk/healthservices/riddor.htm>

## Sensory Loss

Action on Hearing Loss Cymru [RNID in Wales - RNID](#)

Action on Hearing Loss Cymru, RNIB Cymru and Sense Cymru - Population Needs Assessments – Sensory Loss

<https://www.sense.org.uk/sites/default/files/Population%20Needs%20Assessments%20-%20Sensory%20Loss.docx>

ADASS (2016) Position statement on vision rehabilitation

<http://www.vision2020uk.org.uk/adass-updates-position-statement-on-vision-rehabilitation-in-collaboration-with-vision-2020-uk-and-rnib/>

Cardiff University (2016) Depression in Visual Impairment Trial (DEPVIT)

<https://orca.cf.ac.uk/93372/10/i1552-5783-57-10-4247%20%281%29.pdf>

Welsh Government (2017) Sensory Health: Eye Care and Hearing Statistics

<http://gov.wales/statistics-and-research/eye-care/?lang=en>

RNIB Cymru <http://www.rnib.org.uk/wales-cymru-1>

RNIB Sight Loss Data Tool <http://www.rnib.org.uk/knowledge-and-research-hub-key-information-and-statistics/sight-loss-data-tool>

RNIB (2016) 10 Principles of Good Practice in Vision Rehabilitation

<http://www.rnib.org.uk/professionals-social-care-professionals-complex-needs-social-care/rehabilitation-workers>

People with sight loss in later life - 2015 <http://www.rnib.org.uk/sites/default/files/Evidence-based%20review%20later%20life%20FINAL.pdf>

Sense Cymru <https://www.sense.org.uk/publications-categories/sense-cymru>

Social Care Wales Learning and Information Hub – Working with Deafblind People (resource developed by SENSE Cymru) <https://socialcare.wales/hub/hub-resource-sub-categories/working-with-deafblind-people>

<http://www.wlga.gov.uk/equalities-publications/wlga-publication-sensory-loss-in-the-adult-population-in-wales>

[www.scie.org.uk/dementia/living-with-dementia/sensory-loss/](http://www.scie.org.uk/dementia/living-with-dementia/sensory-loss/)

## Pain and discomfort

The Welsh Pain Society website <http://www.welshpainsociety.org.uk/wb/>  
(<http://www.welshpainsociety.org.uk/>)

<http://www.bps.org.uk>

<https://www.arthritiscare.org.uk/> (New website: <https://www.versusarthritis.org/>)

<http://www.cardiffandvaleuhb.wales.nhs.uk/acute-pain-management-service> Pain Management (Acute) - Cardiff and Vale University Health Board

Scie.org.uk Dignity in care/pain management

<https://www.scie.org.uk/dignity/care/videos/pain-management>

ICPCN Pain assessment tool for children <https://www.icpcn.org/icpcn-pain-assessment-tool-for-children/>

Alderhey Chronic Pain Team –  
[https://alderhey.nhs.uk/application/files/2016/0258/2751/New\\_version\\_of\\_book\\_list\\_speech\\_bubbles.pdf](https://alderhey.nhs.uk/application/files/2016/0258/2751/New_version_of_book_list_speech_bubbles.pdf)

## **Medication in social care settings**

NICE guidelines <https://www.nice.org.uk/guidance/ng67>

All Wales Guidance for Health Boards/Trusts and Social Care Providers in Respect of Medicines and Care Support Workers <https://awmsg.nhs.wales/medicines-appraisals-and-guidance/medicines-optimisation/prescribing-guidance/all-wales-guidance-for-health-boards-trusts-and-social-care-providers-in-respect-of-medicines-and-care-support-workers/>

National Guiding Principles for Medicines Support in the Domiciliary Care Sector  
<https://www.adss.cymru/en/blog/post/principles-for-medicines>

## **Incontinence management**

NICE guidelines <https://www.nice.org.uk/guidance/conditions-and-diseases/neurological-conditions/urinary-incontinence>

BAUS <https://www.baus.org.uk/>

Irritable bowel support group <https://www.theibsnetwork.org/support-groups/>

Age UK <https://www.ageuk.org.uk/>

## **Moving and positioning**

Manual Handling Operations Regulations 1992 (amended 2002)  
[http://www.hse.gov.uk/foi/internalops/ocs/300-399/313\\_5.htm](http://www.hse.gov.uk/foi/internalops/ocs/300-399/313_5.htm)

[http://www.nationalbackexchange.org/files/training\\_guidelines/all\\_wales\\_nhs\\_manual\\_handling\\_passport\\_scheme.pdf](http://www.nationalbackexchange.org/files/training_guidelines/all_wales_nhs_manual_handling_passport_scheme.pdf)

WLGA Manual Handling Passport Scheme, Manual Handling of People Guidance for Social Care

Health and Care Standards Welsh Government April 2015  
[http://www.wales.nhs.uk/sitesplus/documents/1064/24729\\_Health%20Standards%20Framework\\_2015\\_E1.pdf](http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf)

HSE – What you need to do – Moving and handling  
<http://www.hse.gov.uk/healthservices/moving-handling-do.htm>

## **Food safety practice**

Food Standards Agency <https://www.food.gov.uk/>

NHS choices <https://www.nhs.uk/live-well/eat-well/how-to-prepare-and-cook-food-safely/>

Public Health Wales <http://www.wales.nhs.uk/sitesplus/888/page/59111>

## **Safeguarding**

Safeguarding procedures - training materials (Adults) | Information and Learning Hub  
[www.socialcare.wales](http://www.socialcare.wales)

Safeguarding Awareness Training Pack | Social Care Wales [www.socialcare.wales](http://www.socialcare.wales)

## **Using communication techniques to motivate individuals**

- How to Apply Appreciative Inquiry: A Visual Guide | [www.positivepsychology.com](http://www.positivepsychology.com)
- Motivational Interviewing Resources | Motivational Interviewing Network of Trainers (MINT) Information to help social care practitioners make the shift to outcomes focused practice. | Social Care Wales [www.socialcare.wales](http://www.socialcare.wales)
- 7 Solution-Focused Therapy Techniques and Worksheets (+PDF) | [www.positivepsychology.com](http://www.positivepsychology.com)
- Therapy and Coaching | Courses & In Service Training | BRIEF – this has a useful video which explains what Solution Focused Brief Therapy is

## **Digital inclusion**

- <https://www.digitalcommunities.gov.wales/>
- <https://dhcw.nhs.wales/files/publications/digital-inc-guide-0619-english-pdf/>
- <https://phw.nhs.wales/files/research/population-health-in-a-digital-age/>
- <https://www.learnmyway.com/>
- <https://www.getsafeonline.org/>
- <https://www.actionfraud.police.uk/>
- <https://www.gov.uk/government/publications/essential-digital-skills-framework>
- <https://heiw.nhs.wales/news/digital-capability-framework-for-healthcare-in-wales-pilot/>

For unit areas not referenced here, please see the individual units for further information on additional support resources.

## Unit 230

## Supporting core practice in Health and Social Care (Adults)

Level:	2
GLH:	65
Credit:	14
Unit Summary:	<p>The content of this unit reflects the underpinning values, behaviours and principles that should be observed and reflected in practice in all health and care activities that learners engage in.</p> <p>This content builds on the underpinning knowledge developed in the Level 2 Health and Social Care: Core (Adults).</p>

### Outcome 1: Principles and values

#### 1.1 Legislation, national policies and Codes of Conduct and Practice

You are able to work in ways that:

- Apply the principles and values of the Social Services and Well-Being (Wales) Act 2014 to your practice
- Uphold the **Codes of Conduct and Professional Practice** in your work

#### 1.2 Rights based approaches

You are able to work in ways that:

- Reflect a rights based approach in your practice
- Contribute to supporting individuals to balance their rights and responsibilities whilst ensuring a duty of care

#### 1.3 Person-centred approaches

You are able to work in ways that:

- Recognise the importance of knowing an individual's preferences and background and reflect this in the way that you practice
- Reflect person-centred approaches in your practice
- Contribute to supporting individuals to maximise their decision making and control over their lives and achieve what matters to them
- Reflect the principles of co-production in your practice
- Contribute to supporting individuals to engage in activities that are meaningful to them
- Contribute to supporting individuals to develop and maintain skills that support **active participation** in activities and daily living tasks that promote independence
- Contribute to the **planning process** for individuals for participation in activities, experiences and daily tasks within the scope of your role

<b>1.4 Equality, diversity and inclusion</b>
You are able to work in ways that: <ul style="list-style-type: none"> <li>• Respect and promote equality, diversity and inclusion</li> </ul>
<b>1.5 Positive risk taking</b>
You are able to work in ways that: <ul style="list-style-type: none"> <li>• Follow workplace <b>policies and procedures</b> for the use of risk assessments to support individuals to take positive risks</li> <li>• Use agreed risk assessment processes to support the rights of individuals to make choices and take risks</li> <li>• Contribute to the review of risks with an individual</li> </ul>
<b>1.6 Positive relationships and professional boundaries</b>
You are able to work in ways that: <ul style="list-style-type: none"> <li>• Develop positive relationships with individuals, their families and carers whilst maintaining clear professional boundaries</li> </ul>
<b>1.7 Communication</b>
You are able to work in ways that: <ul style="list-style-type: none"> <li>• Identify, use and adapt a range of communication methods to meet the needs and preferences of the individual/s that you support</li> </ul>
<b>1.8 Welsh language and culture</b>
You are able to work in ways that: <ul style="list-style-type: none"> <li>• Implement the principles of Mwy na Geiriau / More than Just Words in your workplace</li> </ul>
<b>1.9 Positive approaches to reduce restrictive practices in health and social care</b>
You are able to work in ways that: <ul style="list-style-type: none"> <li>• Apply the use of <b>positive approaches</b> in your practice</li> <li>• Follow workplace <b>policies and procedures</b> that are in place for behaviour support</li> </ul>
<b>1.10 Reflection</b>
You are able to work in ways that: <ul style="list-style-type: none"> <li>• Reflect on how your attitude and behaviour impact on the individual/s that you support</li> </ul>
<b>Outcome 2: Health and well-being</b>
<b>2.1 Well-being</b>
You are able to work in ways that:



<ul style="list-style-type: none"> <li>• Recognise the importance of families, friends and community networks and work in a way that supports and develops these relationships</li> <li>• Recognise and take account of what matters to individuals</li> <li>• Support the well-being of individuals</li> </ul>
<b>2.2 Factors that impact upon health and well-being</b>
<ul style="list-style-type: none"> <li>• You know how and where to access further information or support related to the health and well-being of the individuals that you support</li> </ul> <p>You are able to work in ways that:</p> <ul style="list-style-type: none"> <li>• Recognise any specific <b>factors that impact upon the health and well-being</b> of the individuals that you work with</li> <li>• Support health promotion</li> <li>• Reflect a co-productive approach that supports the health and well-being of individuals</li> <li>• Reflect a co-productive approach that promotes the sense of self-esteem, self-worth and sense of security and belonging of individuals</li> <li>• Reflect a co-productive approach that maximises the <b>active participation</b> of individuals</li> </ul>
<b>2.3 Support for personal care and continence</b>
<p>You are able to work in ways that:</p> <ul style="list-style-type: none"> <li>• Support <b>personal care</b> routines that meet the needs of individuals</li> </ul>
<b>2.4 Nutrition and hydration</b>
<p>You are able to work in ways that:</p> <ul style="list-style-type: none"> <li>• Take account of any specific nutrition and hydration requirements for the individuals that you support</li> <li>• Provide support for a balanced diet and good hydration</li> </ul>
<b>Outcome 3: Professional Practice as a health and social care worker</b>
<b>3.1 Role and responsibilities of the health and social care worker</b>
<p>You are able to work in ways that:</p> <ul style="list-style-type: none"> <li>• Reflect the ethos and structure of the organisation you work for</li> <li>• Adhere to your role and responsibilities</li> <li>• Follow workplace policies, procedures and processes</li> <li>• Maintain confidentiality in your day to day work</li> <li>• Uphold the Codes of Conduct or Professional Practice relevant to your role</li> </ul>
<b>3.2 Partnership working</b>
<p>You are able to work in ways that:</p> <ul style="list-style-type: none"> <li>• Take account of the range and roles of other <b>workers</b> in your organisation and other agencies that you may come into contact with</li> <li>• Apply the principles of partnership working and co-production in your work with <b>others</b></li> <li>• Apply the principles of confidentiality in all communication with <b>others</b></li> </ul>

<ul style="list-style-type: none"> <li>Develop good working relationships with other <b>workers</b> and professionals whilst maintaining clear professional boundaries</li> </ul>
<b>3.3 Team working</b>
<p>You are able to work in ways that:</p> <ul style="list-style-type: none"> <li>Contribute to the work of your team</li> <li>Fulfil your role and responsibilities in your own team</li> <li>Support effective communication with other team members</li> <li>Reflect on your own performance, that of other team members and the team as a whole</li> </ul>
<b>3.4 Handling information</b>
<p>You are able to work in ways that:</p> <ul style="list-style-type: none"> <li>Follow your organisation's/setting's <b>policies and procedures</b> on the handling of information including: storing, recording, confidentiality and sharing</li> <li>Record written information with accuracy, clarity, relevance and an appropriate level of detail in a timely manner</li> </ul>
<b>3.5 Personal conduct of health and social care workers</b>
<p>You are able to work in ways that:</p> <ul style="list-style-type: none"> <li>Uphold the profession of health and social care <b>workers</b></li> </ul>
<b>3.6 Continuing Professional Development</b>
<p>You are able to work in ways that:</p> <ul style="list-style-type: none"> <li>Meet your workplace requirements regarding learning and development in your role</li> <li>Actively identify your own learning and support needs and work with your manager to develop and follow a personal development plan to meet these</li> <li>Actively prepare for and contribute to supervision and appraisal</li> <li>Actively identify and work towards goals and targets that meet your role and responsibilities</li> <li>Develop the literacy, numeracy and <b>digital competency</b> skills needed to meet the requirements of your role</li> <li>Reflect on your practice to support your professional development</li> <li>Show how feedback from <b>others</b> has developed your own practice</li> <li>Show how learning activities have improved your own practice</li> </ul>
<b>Outcome 4: Safeguarding individuals</b>
<b>4.1 Legislative frameworks for Safeguarding</b>
<p>You are able to work in ways that:</p> <ul style="list-style-type: none"> <li>Follow your local and workplace <b>policies and procedures</b> for safeguarding individuals</li> </ul>
<b>4.2 Safeguarding individuals from harm, abuse and neglect</b>
<p>You are able to work in ways that:</p> <ul style="list-style-type: none"> <li>Promote and support the safeguarding of individuals</li> <li>Establish, develop and maintain relationships that support trust and rapport with individuals</li> </ul>

<ul style="list-style-type: none"> <li>• Support individuals to stay safe</li> <li>• Keep yourself safe from allegations from harm or abuse</li> </ul>
<b>4.3 Factors, situations and actions that could lead or contribute to harm, abuse or neglect</b>
<p>You are able to work in ways that:</p> <ul style="list-style-type: none"> <li>• Identify factors, situations or behaviours that could lead to harm, abuse or neglect</li> <li>• Promote safe practice and minimise risks to individuals of harm, abuse or neglect</li> <li>• Follow workplace <b>policies and procedures</b> for reporting concerns about factors, situations or behaviours that could lead to harm, abuse or neglect</li> </ul>
<b>Outcome 5: Health and Safety in health and social care</b>
<b>5.1 Health and Safety in the work setting</b>
<p>You are able to work in ways that:</p> <ul style="list-style-type: none"> <li>• Meet your responsibilities in line with <b>health and safety legislation</b></li> <li>• Adhere to your organisation's/setting's <b>policies and procedures</b> for health and safety</li> <li>• Follow workplace processes for the recording and reporting of any concerns or incidents related to health and safety</li> </ul>
<b>5.2 Risk assessments for health and safety</b>
<p>You are able to work in ways that:</p> <ul style="list-style-type: none"> <li>• Are compliant with health and safety risk assessments for your workplace and procedures for reporting concerns or incidents</li> <li>• Ensure safe practice by routinely carrying out risk assessments in your day to day work</li> </ul>
<b>5.3 Fire Safety</b>
<p>You are able to work in ways that:</p> <ul style="list-style-type: none"> <li>• Adhere to the procedures of your workplace that must be followed in the event of a fire</li> </ul>
<b>5.4 Infection prevention and control</b>
<p>You are able to work in ways that:</p> <ul style="list-style-type: none"> <li>• Follow good hygiene practice</li> <li>• Implement your organisation's/setting's <b>policies and procedures</b> for infection prevention and control</li> <li>• Follow <b>hand washing technique</b> that is used to prevent the spread of infection</li> </ul>
<b>5.5 Food Safety</b>
<p>You are able to work in ways that:</p> <ul style="list-style-type: none"> <li>• Follow your organisation's/setting's <b>policies and procedures</b> in relation to food safety</li> </ul>
<b>5.6 Hazardous Substances</b>
<p>You are able to work in ways that:</p> <ul style="list-style-type: none"> <li>• Follow your workplace <b>policies and procedures</b> for the storage, use and disposal of hazardous substances</li> </ul>

<b>5.7 Security in the work setting</b>
<p>You are able to work in ways that:</p> <ul style="list-style-type: none"> <li>• Adhere to arrangements that are in place to ensure that you, individuals and <b>others</b> are safe in the work setting</li> <li>• Adhere to workplace <b>policies and procedures</b> for <b>lone working</b>, advising of whereabouts and access to the work setting</li> </ul>
<b>5.8 Managing stress</b>
<p>You are able to work in ways that:</p> <ul style="list-style-type: none"> <li>• Use available support mechanisms to discuss your well-being</li> </ul>

## Unit 230

## Supporting core practice in Health and Social Care (Adults)

### Supporting Information

#### ***Evidence requirements***

- See assessment approach section below.

#### ***Guidance for delivery***

The Level 2 Health and Social Care: Practice (Adults) qualification is underpinned by a mandatory unit – **Supporting core practice in Health and Social Care (Adults)**

This unit contains five outcomes that reflect the application of knowledge elements covered in the **Level 2 Health and Social Care: Core (Adults)** qualification:

1. Principles and values
2. Health, well-being, learning and development
3. Professional Practice as a health and social care worker
4. Safeguarding individuals
5. Health and Safety in health and social care

These five areas reflect the core principles that underpin the practice of all workers in the health and social care sector and reflects the underpinning knowledge that learners have gained through the Level 2 Health and Social Care: Core (Adults) qualification. The content has been developed to highlight the core values, principles and behaviours that any learner working in a Level 2 health and social care role should demonstrate at all times during their work. As such, the unit content has been structured differently to other practice units within this qualification.

The content of this unit is intended to be delivered holistically and the practice elements outlined here should underpin all of the optional units that are selected by a learner. The individual optional units will highlight areas where there is specific alignment with this content.

#### ***Assessment approach***

The mandatory content will be assessed holistically as part of the structured tasks. The embedding of values, principles and behaviours that form this content should be reflected in all practice that a learner undertakes, and thus should be evidenced through the requirements of the structured tasks.

It is important that tutors and internal assessors take note of occasions when a learner does not reflect the values, principles and behaviours within this unit during their work. There will then be a requirement for further embedment of learning to take place, with a requirement for additional evidence to be generated that the learner has developed in a way that reflects the core values.

**Active participation** - a way of working that regards individuals as active partners in their own care or support rather than passive recipients. Active participation recognises each individual's right to participate in the activities and relationship of everyday life as independently as possible.

**Codes of conduct and professional practice** - include The Code Professional Practice for Social Care; The NHS Wales Code of Conduct for Healthcare Support Workers in Wales, and the Code of Practice for NHS Wales Employers and any additional practice guidance issued by either NHS Wales or regulators of health or social care in Wales e.g. The Practice Guidance for Residential Child Care for Workers Registered with the Social Care Wales.

**Digital competency** - may be known as digital literacy or information communication technology.

**Factors that impact upon the health and well-being** - may include adverse circumstances or trauma before or during birth; autistic spectrum conditions; dementia; family circumstances; frailty; harm or abuse; injury; learning disability; medical conditions (chronic or acute) ; mental health; physical disability; physical ill health; poverty; profound or complex needs; sensory needs; social deprivation; substance misuse.

**Hand washing technique** - using current national and international guidelines.

**Health and safety legislation** – including:

- The Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999
- Workplace (Health, Safety and Welfare) Regulations 1992
- Manual Handling Operations Regulations 1992
- Provision and Use of Work Equipment Regulations 1998
- Lifting Operations and Lifting Equipment Regulations 1998
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- Personal Protective Equipment (PPE) at Work Regulations 1992
- Control of Substances Hazardous to Health (COSHH) Regulations 2002
- The Regulatory Reform (Fire Safety) Order 2005
- The Electrical Equipment (Safety) Regulations 1994
- The Management of Health and Safety at Work Regulations 1999

**Lone working** - lone workers are those who work by themselves without close or direct supervision for example:

- People who work from home
- People working alone for long periods
- People who work outside of normal working hours
- Health and social care workers visiting other premises.

**Others** - include colleagues, other workers or professionals and families or carers that you may come into contact with when caring for and supporting an individual.

**Personal care** - includes personal hygiene, bathing, cleaning teeth etc.

**Personal plans** set out how the care of an individual will be provided. They are based on assessment information and care and support plans and will cover personal wishes, aspirations and care and support needs of the individual.

Personal plans will provide:

- Information for individuals and their representatives of the agreed care and support and the manner in which this will be provided

- A clear and constructive guide for staff about the individual, their care and support needs and the outcomes they would like to achieve
- A basis for ongoing review
- A means for individuals, their representatives and staff to measure progress and whether their personal outcome are met

**Planning process** - include identifying goals or outcomes and enabling participation in activities; monitoring, reviewing and evaluating plans.

**Policies and procedures** - formally agreed and binding ways of working that apply in many settings. Where policies and procedures do not exist, the term includes other agreed ways of working.

**Positive approaches** - based upon the principles of person-centred care:

- Getting to know an individual
- Respecting and valuing their histories and backgrounds and understanding:
  - Their likes and dislikes
  - Their skills and abilities
  - Their preferred communication style and support structures
- Understanding the impact of their environment upon them and using this to identify ways to support people consistently in every aspect of the care they receive.

Developing good relationships is fundamental, and positive approaches should be used at all times. They are essential when someone is stressed; distressed; frightened; anxious or angry and at risk of behaving in such a way that is challenging to their safety and / or the safety of others.

Positive approaches involve working with an individual and their support systems to:

- Try to understand what someone is feeling and why they are responding in the way they are;
- Where possible, undertake any required changes and intervene at an early stage to try and prevent difficult situations at all;
- Understand what needs to be planned and put into place to support the individual to manage distressed and angry feelings in a way that reduces the need for behaviour that challenges any restrictions.

**Restrictive practices** - a wide range of activities that stop individuals from doing things that they want to do or encourages them do things that they don't want to do. They can be very obvious or very subtle. They should be understood as part of a continuum, from limiting choice, to reactive response to an incident or an emergency, or if a person is going to seriously harm themselves or others.

**Worker** - the person providing care and support services to individuals.

**Workplace** - a setting in which care and support is provided e.g. residential child care, individuals own home, foster care etc.

## ***Related legislation and guidance***

Please refer to the **Overarching guidance on legislation, guidance and national policy** section.

## Unit 231

## Contributing to the care and support of individuals living at home

Level:	2
GLH:	45
Credit:	7
Unit Summary:	This unit aims to support learners to develop the knowledge and skills needed to contribute to the care and support of individuals sensitively and safely in their own homes.

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### Learning outcome:

1. Support for individuals to live at home

### Assessment criteria

You know:

- 1.1 Types of care and support that individuals may access in their own home
- 1.2 Reasons why individuals may need care and support in their own home
- 1.3 Benefits of supporting individuals to live in their own home
- 1.4 Agencies and professionals that may provide support to individuals in their own home
- 1.5 The contribution of families/carers for the on-going care and support of individuals
- 1.6 The rights of carers to receive support themselves

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### Learning outcome:

2. Contribute to supporting individuals and their families/carers with change and transitions

### Assessment criteria

You understand:

- 2.1 **Potential impacts** on individuals and their families/carers of change related to accessing care and support in their own home
- 2.2 The importance of:
  - recognising and taking account of the impact of change on individuals and their families/carers
  - individuals being supported to maintain their personal identity during times of change
  - not being judgemental about the personal circumstances of individuals and their families/carers and the way that they want to live their lives
  - individuals and their families/carers knowing the care and support that can be provided by the service/worker

You are able to work in ways that:



- 2.3 Respond sensitively when there are negative impacts that result from accessing care and support on individuals and/or their families/carers
- 2.4 Clarify with individuals and/or their families/carers expectations of the service and your own role and responsibilities
- 2.5 Support individuals to maintain their personal identity through times of change

### Range

**Potential impacts** - Positive impacts (support for engagement in valued range of meaningful activities, relieves loneliness and isolation, respite/break for carers, practical support for carers), negative impacts (feeling of intrusion, loss of skills, loss of control, loss of valued role, loss of identity and sense of self, feeling of guilt)

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### Learning outcome:

- 3. Contribute to support for rights based approaches and positive outcomes for individuals living in their own homes

### Assessment criteria

You know:

- 3.1 What rights based approaches means in practice when supporting individuals in their own homes
- 3.2 The role of advocacy in supporting the rights of individuals and carers in their own homes
- 3.3 How the way that others perceive individuals and their families/carers may be influenced by the fact that they need to access care and support
- 3.4 How negative perceptions of individuals and their families/carers can be challenged
- 3.5 What is meant by the Senses Framework
- 3.6 What the right to a full and valued life means for individuals
- 3.7 Why it is important to recognise the valued roles that individuals and carers have held and can continue to hold
- 3.8 How individuals can continue to contribute to their communities
- 3.9 The importance of individuals being able to continue to take risks in everyday life
- 3.10 Links between positive risk taking and well-being
- 3.11 Ways of working to build relationships with individuals and find out about their daily lives, history and culture
- 3.12 Ways of working to build positive, supportive relationships with families/carers
- 3.13 How to support individuals and their families/carers to explore other sources of support available to help them achieve what matters to them
- 3.14 How to deal with conflicts between the views and choices of individuals and families/carers
- 3.15 Information sharing protocols when supporting individuals living at home and the complexities of these when working with families/carers

You are able to work in ways that:

- 3.16 Recognise the valued roles that individuals have
- 3.17 Embed the Senses Framework in own practice
- 3.18 Contribute to the support of individuals to lead full and valued lives

- 3.19 Promote positive perceptions of individuals and families/carers who access care and support at home
- 3.20 Use methods to:
- find out about the daily lives, history and culture of individuals
  - identify how you can best support individuals to achieve what matters to them
- 3.21 Contribute to the identification of other sources of support that may help individuals achieve what matters to them
- 3.22 Contribute to the support of carers in their role
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#### Learning outcome:

4. Contribute to the development and implementation of plans that support what matters to individuals and their families/carers

#### Assessment criteria

You understand:

- 4.1 The importance of continually checking and feeding back on personal plans
- 4.2 How to clarify expectations for support for a valued range of meaningful activities with individuals and their families/carers
- 4.3 The importance of reading and recording **information** using agreed communication systems
- 4.4 How to consider and respond to requests to work outside of personal plans or agreed role
- 4.5 The importance of feeding back any concerns about changes in the circumstances of individuals and their families/carers

You are able to work in ways that:

- 4.6 Contribute to the development, review and evaluation of personal plans to reflect what is important for individuals
- 4.7 Take account of and record information in communication systems
- 4.8 Follow agreed ways of working when considering and responding to requests to work outside of personal plans or agreed role

#### Range

**Information** - Experiences, planned or unplanned activities supported, any practical tasks undertaken or needing to be undertaken, feedback from the individual, observations during the visit about the individual, any changes or concerns, contact with and information from family members/carers, medication, food and fluid intake, visitors

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#### Learning outcome:

5. Maintain security and safe working practice

#### Assessment criteria

You understand:

- 5.1 **General requirements** for entering and leaving the homes of individuals
  - 5.2 Actions to take if unable to gain entry to the homes of individuals
  - 5.3 Actions to take in response to hazards in the home
-

#### 5.4 Actions to take in the event of unexpected situations or emergencies

You are able to work in ways that:

- 5.5 Identify specific requirements and individual preferences for entering, leaving and securing the home
- 5.6 Follow general and specific requirements for entering, leaving and securing the home

#### Range

**General requirements:** how, when and who to notify of visit, means of identification on arrival, checking individual preferred method of access, respecting the individual's privacy and culture, use of entry systems, ways of ensuring security on departure

## Unit 231

## Contributing to the care and support of individuals living at home

### Supporting Information

#### ***Evidence requirements***

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

**Carers:** would include – any person over 18 who provides or who intends to provide care and support to another adult who requires care. This includes emotional care and support as well as physical. A person who is paid to provide care or does so as a voluntary worker is not considered a carer.

**Communication systems:** could include – daily logs, daily recording sheets, diaries, handover sheets, medication administration recording charts.

**Communities:** Communities are defined as communities that matter to people. They are not only about where a person lives, but include communities around culture, religion, sexual identity or personal interests and characteristics.

**Full and valued life** to include:

- Choice and control over both small day to day details and life-defining matters
- Social and economic well-being
- Engagement and participation in a valued range of meaningful activities and experiences
- Physical and mental health care
- Sexual relationships
- Sexual orientation
- Gender identity
- Social inclusion
- Relationships and friendships.

**Hazards:** aggressive or dangerous pets, infestations, unsafe physical environment, aggressive behaviour from others, discrimination from others.

**Others:** communities, neighbours, extended families, professionals.

**Personal plans** will provide:

- Information for individuals and their representatives of the agreed care and support and the manner in which this will be provided

- A clear and constructive guide for staff about the individual, their care and support needs and the outcomes they would like to achieve
- A basis for on-going review
- A means for individuals, their representatives and staff to measure progress and whether their personal outcomes are met.

**Professionals that provide support** could include:

- Occupational therapist
- Physiotherapist
- Podiatrist
- Dietician
- Speech and language therapists
- Rehabilitation officers
- GPs
- District nurses
- Older people's mental health teams
- Social workers
- Advocates
- Dentist
- Hygienist
- Optometrist
- Reablement worker.

**Senses Framework:**

- Security – to feel safe
- Belonging – to feel part of things
- Continuity – to experience links and connections
- Purpose – to have goals to aspire to
- Achievement – to make progress towards these goals
- Significance – to feel that you matter as a person.

**Sources of support:** friends/extended family, local community resources, networks, voluntary groups/ services, other formal services (health, housing, local authority), information and advice.

**Types of advocacy** to include:

- Self-advocacy
- Informal advocacy
- Collective advocacy
- Peer advocacy
- Citizen advocacy
- Independent volunteer advocacy
- Formal advocacy
- Independent professional advocacy.

**Types of care and support** could include:

- Carers
- Family and friends/community group/informal networks
- Care and support services arranged by local authority or health authority
- Care and support services arranged by the individual and/or family/carer, either self-funded or through direct payments
- Electronic assistive technology.

**Valued range of meaningful activities:** refers to the balance of activities that contribute to a good quality of life for individuals, incorporating vocational, domestic, personal, leisure, educational and social activities.

**Why individuals may need care and support at home** to include:

- Increased frailty and vulnerability
- Poor physical or mental health, a fall, stroke or other sudden change in health
- Carers no longer able to support without additional help
- Death of a spouse or partner
- Physical impairment
- Safeguarding issues.

### ***Related NOS***

- SCDHSC0343 Support individuals to live at home
- HSCSCD 0229 Maintain safety and security when accessing individual's homes

### ***Related legislation and guidance***

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

## Unit 232 Providing care and support for individuals living in care home settings

Level:	2
GLH:	45
Credit:	8
Unit Summary:	<p>This unit aims to support learners to develop the knowledge and skills needed to support individuals living in care home settings.</p> <p>In the context of this unit, the term 'individuals' refers to older adults living in care home settings.</p>

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### Learning outcome:

1. The role of care home settings in providing care and support for individuals

### Assessment criteria

You know:

- 1.1 Types of care home settings for older individuals
- 1.2 Reasons why individuals may move into a care home
- 1.3 Positive characteristics of care home settings
- 1.4 Professionals that may provide support to individuals in care home settings
- 1.5 The role of families in the on-going care and support of individuals

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### Learning outcome:

2. Contribute to support changes and transitions experienced by individuals

### Assessment criteria

You understand:

- 2.1 **Potential impacts** on individuals and their families of a move into a care home setting
- 2.2 The importance of individuals and their families knowing what to expect from a care home setting
- 2.3 The importance of the 'home' environment, personal space, personal possessions and privacy
- 2.4 The importance of individuals being supported to maintain their personal identity during times of change

You are able to work in ways that:

- 2.5 Contribute to support individuals to settle into their new home
- 2.6 Make individuals and their families feel welcome in the home
- 2.7 Contribute to support for individuals to manage transitions:
  - within the home

- between the home and other places

### Range

**Potential impacts** - positive impacts (support for engagement in a valued range of meaningful activities, relieves loneliness and isolation, health and care needs met in a safe environment), negative impacts (feeling of intrusion, loss of control, loss of belongings and own home, loss of valued role, loss of identity and sense of self, feeling of guilt)

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### Learning outcome:

3. Contribute to support of rights based approaches and positive outcomes

### Assessment criteria

You know:

- 3.1 What rights based approaches means in practice when supporting individuals in care home settings
- 3.2 The role of advocacy in supporting the rights of individuals living in care home settings
- 3.3 The impact of attitudes and values towards aging for individuals living in care home settings
- 3.4 How negative perceptions of individuals can be challenged
- 3.5 What is meant by the Senses Framework
- 3.6 Why it is important to recognise the valued roles that individuals have held and can continue to hold
- 3.7 How individuals can continue to contribute to their communities
- 3.8 What the right to a full and valued life means for individuals
- 3.9 Potential impacts of isolation and loneliness on individuals
- 3.10 Consequences for individuals if they are left for long periods without stimulation
- 3.11 The importance of individuals being able to continue taking risks in everyday life
- 3.12 Why individuals may be discouraged or prevented from taking risks
- 3.13 Links between positive risk taking and well-being
- 3.14 Ways of working with individuals to find out about their history, build relationships and develop a sense of belonging
- 3.15 The importance of supporting positive relationships between individuals with:
  - Other residents
  - Family and friends
  - Communities
  - Workers
- 3.16 The importance of personal appearance for an individual's sense of identity and well-being
- 3.17 How the **environment** can support positive outcomes

You are able to work in ways that:

- 3.18 Contribute to the development, review and evaluation of personal plans, to reflect what is important to individuals
- 3.19 Embed the Senses Framework in own practice
- 3.20 Use techniques with individuals to support reminiscence



- 3.21 Support individuals to participate in activities and experiences that are meaningful and enjoyable and reflect their valued roles
- 3.22 Contribute to supporting individuals to retain, make and develop positive relationships with:
- others living in the home
  - friends and family
  - others within the local community
- 3.23 Promote positive perceptions of individuals

### Range

**Environment** - the physical layout and design of the home, personal space and communal areas, homely, welcoming and comfortable surroundings, outdoor spaces

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### Learning outcome:

4. Contribute to supporting effective communication

### Assessment criteria

You know:

- 4.1 Methods and approaches that can be used to:
- address factors that impact on communication
  - encourage individuals to express their views and opinions

You are able to work in ways that:

- 4.2 Use methods and approaches that support effective communication
- 4.3 Follow personal plans in relation to communication for individuals
- 4.4 Use practical ways to promote the Active Offer
- 

### Learning outcome:

5. Contribute to support of health and well-being of individuals

### Assessment criteria

You know:

- 5.1 Health checks that individuals need to support their health and well-being when living in care home settings
- 5.2 Potential impacts of losing independence, mobility and skills
- 5.3 The importance of movement and maintaining and developing mobility to reduce the likelihood of falls
- 5.4 Equipment that can provide support for falls prevention
- 5.5 How to support individuals:
- with mobility
  - to manage pain and discomfort
  - to safely eat and drink
-

- with mouth care
- with management of continence

## 5.6 The importance of a positive dining experience for individuals

You are able to work in ways that:

- 5.7 Use aids, adaptations and equipment which support the health and well-being of individuals
- 5.8 Support individuals to safely navigate their environment
- 5.9 Minimise factors that may contribute to falls
- 5.10 Support a positive dining experience that:
  - encourages individuals to eat and drink
  - takes account of specific nutrition and hydration requirements of individuals
- 5.11 Follow personal plans to support individuals:
  - to manage pain and discomfort
  - with their mouth care
  - to manage their continence

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### Learning outcome:

## 6. Contribute to support for personal care and continence management

### Assessment criteria

You are able to work in ways that:

- 6.1 Support individuals to communicate their preferences about supporting their personal care and managing their continence
- 6.2 Support individuals with their personal care, use continence aids and make regular use of toilet facilities:
  - in line with their needs and preferences
  - in ways that maximise their independence, self-respect, dignity and privacy
- 6.3 Follow workplace policies and procedures for infection prevention and control when supporting individuals with personal care and management of their continence

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### Learning outcome:

## 7. Approaches to support palliative and end of life care

### Assessment criteria

You understand:

- 7.1 Workplace policies and procedures for supporting individuals with palliative and end of life care
- 7.2 The importance of following agreed plans for palliative and end of life care
- 7.3 The importance of treating individuals and their families sensitively in a dignified and respectful manner
- 7.4 The importance of dignity after death

## Unit 232

## Providing care and support for individuals living in care home settings

### Supporting Information

#### ***Evidence requirements***

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

**Aids, adaptations and equipment:** electronic assistive technology, personalised communication support, adaptations to the environment, visual aids, hearing aids, mobility aids.

**Agreed plans for palliative and end of life care** could include:

- Personal plans
- Advanced care plans
- Advanced directives.

**Consequences for individuals** if they are left for long periods without stimulation would include:

Physical:

- Muscle waste
- Heart atrophies
- Blood pressure rises
- Increased risk of skin damage/pressure ulcers.

Psychological:

- Listlessness and boredom
- Depression and lethargy
- Confusion
- Disorientation
- Loss of confidence and skills.

**Different types of care home settings** could include:

- Adult care homes
- Nursing homes
- Respite / short breaks
- 'Step up/step down'
- Extra care.

**Factors that impact on communication** to include:

- Sight loss
- Hearing loss

- Dementia
- Physical and mental health
- Language
- Environment
- Relationships.

**Full and valued life** to include:

- Choice and control over both small day to day details and life-defining matters
- Social and economic well-being
- Engagement and participation in a valued range of meaningful activities and experiences
- Physical and mental health care
- Sexual relationships
- Sexual orientation
- Gender identity
- Social inclusion
- Relationships and friendships
- Community connections
- Access to primary and specialist healthcare
- Support for faith and cultural links and practices
- Managing finances.

**Health checks** could include:

- Access to regular eye health, sight and hearing checks
- Dietetic advice and support
- Access to podiatry and dentistry services
- GP access and medicines support
- Specialist mental health support
- Health promotion and reablement support.

**Health conditions commonly associated with aging:** dementia, stroke, sensory loss, continence issues.

**Methods and approaches** could include:

- Checking understanding with the individual
- Talking slowly and clearly without environmental distractions
- Using picture, photos, electronic devices, symbols or objects of reference to support communication
- Supporting the use of language of choice, including using interpreters
- Body language and non-verbal communication
- Building trust
- Sign language.

**Other places:** hospital (admission/discharge), own home, step up/step down, care home to nursing home.

**Personal plans**<sup>1</sup> set out how the care of an individual will be provided. They are based on assessment information and care and support plans and will cover the personal wishes, aspirations and care and support needs of the individual.

**Positive characteristics** of a care home setting: welcoming, individualised personal space, support social interaction, offer a positive dining experience, provide opportunities for participation in meaningful activities and experiences, meet healthcare needs of individuals, promote dignity and respect of individuals.

**Positive dining experience** - to include:

- Environment – welcoming, accessible
- Choice of food
- Presentation of food
- Portion sizes
- Balanced, tasty, nutritional meals
- Participation in food preparation, selecting menus, setting tables etc.

**Practical ways** for the Active Offer to include:

- Non-fluent Welsh learners learning and using simple phrases
- The physical environment reflects and promotes Welsh culture and language
- Signage in the service helps to orientate Welsh-speaking users
- There are sufficient numbers of TVs and radios to allow people to watch/listen in the medium of Welsh
- Welsh language books, newspapers and magazines are, or can be made, available for Welsh-speaking users
- Pictures/photographs are available for use in activities and reminiscence work
- Notices, leaflets and other information is displayed and provided bilingually.

**Professionals that provide support** could include:

- Occupational therapist
- Physiotherapist
- Podiatrist
- Dietician
- Speech and language therapists
- Rehabilitation officers
- GPs
- District nurses
- Older people's mental health teams
- Social workers
- Advocates
- Dentist
- Hygienist
- Optometrist
- Reablement worker.

**Range of techniques** could include:

- Life story work
- Living in the moment

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<sup>1</sup> Statutory guidance for service providers and responsible individuals on meeting service standard regulations (Welsh Government 2017)

- Mindfulness
- Reminiscence.

#### **Senses Framework:**

- Security – to feel safe
- Belonging – to feel part of things
- Continuity – to experience links and connections
- Purpose – to have goals to aspire to
- Achievement – to make progress towards these goals
- Significance – to feel that you matter as a person.

#### **Support individuals to settle into their new home to include:**

- Helping individuals and their families understand what to expect
- Giving the opportunity to ask questions and express how they are feeling
- Being warm and friendly
- Introductions to workers and other people living in the home and getting to understand each other
- Encouraging visits from families and friends
- Helping the individual have an active part in the life of the home
- Making sure that the individual has their personal possessions around them.

#### **Types of advocacy to include:**

- Self-advocacy
- Informal advocacy
- Collective advocacy
- Peer advocacy
- Citizen advocacy
- Independent volunteer advocacy
- Formal advocacy
- Independent professional advocacy.

**Valued range of meaningful activities** refers to the balance of activities that contribute to a good quality of life for individuals, incorporating vocational, domestic, personal, leisure, educational and social activities.

#### **Why individuals may move into a care home to include:**

- Increased frailty and dependency
- Poor physical or mental health, a fall, stroke or other sudden change in health
- Changes in personal circumstances e.g. carers no longer able to cope at home
- Death of a spouse or partner.

#### **Related NOS**

- SCDHSC 0214 Support individuals to eat and drink
- SCDHSC 0215 Help individuals to maintain mobility
- SCDHSC 0218:Support individual's with their personal care needs
- SCDHSC 0219 Support individuals to manage continence
- SCDHSC 0210 Support individuals to participate in recreational activities
- SCDHSC 0216 Help address the physical comfort needs of individuals

### ***Related legislation and guidance***

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

## Unit 233

## Contributing to the support of individuals living with dementia

Level:	2
GLH:	45
Credit:	9
Unit Summary:	<p>This unit aims to support learners to develop the knowledge, understanding and skills needed to contribute to supporting individuals living with dementia.</p> <p>In the context of this unit, the term 'individuals' refers to individuals living with dementia from different age groups and individuals with a learning disability who are also living with dementia.</p>

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### Learning outcome:

1. Perceptions and perspectives of dementia

### Assessment criteria

You understand:

- 1.1 The importance of seeing the person first and not the dementia
- 1.2 How dementia can affect individuals and families/carers in different ways
- 1.3 How dementia is not a natural part of aging and can affect younger as well as older people
- 1.4 How the way that people perceive individuals living with dementia can impact on equality, diversity and inclusion
- 1.5 How negative perceptions about dementia can be challenged

You are able to work in ways that:

- 1.6 Recognise individual strengths and personal characteristics
- 1.7 Promote positive perceptions of individuals living with dementia
- 1.8 Challenge negative language, prejudice and discrimination towards individuals living with dementia

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### Learning outcome:

2. Contribute to the support of the health and well-being of individual's living with dementia

### Assessment criteria

You understand:

- 2.1 The major types of dementia, their differences and **commonalities**
- 2.2 Differences between dementia and other physical and mental health conditions
- 2.3 How lifestyle factors can impact on:



- the risk of developing dementia
  - delaying the onset of dementia
- 2.4 How dementia can mask underlying physical health issues
- 2.5 How physical illness can temporarily increase the symptoms of dementia
- 2.6 Ways of working that support:
- physical well-being and **areas of physical care**
  - mental health and well-being of individuals
- 2.7 The increased risk of individuals with a learning disability developing dementia
- 2.8 **Memory impairment** and its impact in dementia

You are able to work in ways that:

- 2.9 Respond sensitively to symptoms and presentation of dementia such as memory, judgement, language and orientation
- 2.10 Contribute to the support of individuals to maintain:
- Physical well-being and agreed areas of physical care
  - mental health and well-being
- 2.11 Promote healthy lifestyle choices for individuals

### Range

**Commonalities** - common symptoms and presentation of dementia, memory, judgement, language and orientation

**Areas of physical care** - management of infection, nutrition - diet and fluid, mobility and safe transfer, continence promotion, skin care and tissue viability, oral health, visual and auditory health, sexual health, sleep assessment and management of pain

**Memory impairment** - short term memory and the three main categories of long term memory (recalling facts, recalling events experiences and emotions, memory linked to motor function such as signing our name, driving a car)

### Learning outcome:

3. Contribute to support of individuals and families/carers to adapt to diagnosis and living with dementia

### Assessment criteria

You understand:

- 3.1 The importance of early diagnosis
- 3.2 **Potential impacts of diagnosis** on individuals and families/carers
- 3.3 Agencies and professionals that may provide support for people living with dementia
- 3.4 The importance of:
- information and advice to help individuals and their families/carers understand more about dementia
  - individuals and their families/carers being supported to maintain full and valued lives beyond the point of diagnosis
  - being able to adapt and respond to individuals and their families/carers as dementia progresses
  - planning for the future, including palliative and end of life care

You are able to work in ways that:

- 3.5 Recognise the impacts of diagnosis of dementia on individuals and their families/carers
- 3.6 Contribute to the support of individuals and families/carers as they adjust to living with dementia
- 3.7 Contribute to the identification of timely information and advice for individuals and their families/carers

### Range

**Potential impacts of diagnosis** - Risks to mental health and well-being, social isolation, relationship issues, personal losses experienced, not adjusting to diagnosis, fear

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### Learning outcome:

- 4. Contribute to rights based approaches and positive outcomes for individuals living with dementia

### Assessment criteria:

You understand:

- 4.1 What is meant by best interest decisions for individuals with dementia
- 4.2 The role of advocacy in supporting the rights of individuals and their families/carers
- 4.3 How to deal with conflicts between the views and choices of the individual, families/carers, and formal care and support
- 4.4 Why individuals living with dementia may be more vulnerable to harm and abuse
- 4.5 What the right to a full and valued life means for individuals
- 4.6 Why individuals living with dementia may be discouraged or prevented from taking risks
- 4.7 The importance of being able to continue taking risks in everyday life
- 4.8 Links between positive risk taking and well-being
- 4.9 What the 'right to walk' means and ways to support individuals to do this safely
- 4.10 Information sharing protocols when supporting individuals living with dementia and the complexities of these when working with families/carers

You are able to work in ways that:

- 4.11 Promote rights based approaches for individuals and their families/carers
  - 4.12 Work with the individual and their families/carers to identify resources and support that may be used to assist them to achieve positive outcomes
- 

### Learning outcome:

- 5. Contribute to the support of individuals and their families/carers to live well with dementia

### Assessment criteria

You understand:

- 5.1 Ways of working that build effective communication and relationships with individuals living with dementia and their families/carers
  - 5.2 What is meant by the Senses Framework
  - 5.3 How individuals can contribute to their community and enrich the lives of others as well as access care and support
  - 5.4 Ways of working that recognise and promote the roles that individuals hold and have held
-

- 5.5 How life story work can be used to help:
- reinforce the roles of individuals
  - build good working relationships with individuals
  - understand how to provide individualised care and support
  - interpret and respond to behaviours that may be perceived as challenging
- 5.6 The importance on supporting individuals to achieve the little things that matter as well as the big outcomes
- 5.7 The important role that families/carers and others have in the care and support of individuals
- 5.8 The role that people in the wider community play in the lives of individuals and their families/carers
- 5.9 How to support individuals and their families/carers to explore sources of support available to help achieve what matters to them
- 5.10 Why short breaks are important to individuals and their families/carers and how they can contribute to well-being and maintaining positive family relationships
- 5.11 The importance of the physical environment
- 5.12 Types of electronic assistive technology that can be used to enhance the independence, safety and well-being of individuals
- 5.13 The importance of continually checking and feeding back on personal plans
- 5.14 The importance of feeding back any concerns about changes in the circumstances of individuals and their families/carers

You are able to work in ways that:

- 5.15 Recognise the roles that individuals have held
- 5.16 Embed the Senses Framework in own practice with individuals and their families/carers
- 5.17 Use life story work to find out about the lives, history and culture of individuals
- 5.18 Contribute to the support of individuals to:
- have voice and control over their lives
  - participate in a valued range of meaningful activities
  - engage in creative activities that build on strengths and interests
  - maintain and develop positive reciprocal relationships
  - participate in their communities
  - lead full and valued lives
- 5.19 Contribute to the support of families/carers in care and support

### Range

**Physical environment** - Design and layout of spaces, colours, light and patterns, labelling – signposting to support independence, accessibility, light and sounds, adapting to meet the individual perception of person, quiet spaces, outdoor environment

## Unit 233

## Contributing to the support of individuals living with dementia

### Supporting Information

#### ***Evidence requirements***

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

**Electronic assistive technology:** the benefits of an early introduction of assistive technology, its limitations and constraints, how to ensure that decisions regarding assistive technology are outcome focused inclusive and transparent.

Electronic assistive technology could include: everyday devices (mobile phones, smart living controls, smart phones, smart TVs, games consoles, computers), devices designed to support specific health and social care needs (personal and activity alarms, electronic reminders and prompts, talking clocks, communication aids, smoke alarms, telecare alarms, fall detectors, GPS devices, health monitoring equipment, seizure monitoring).

**Full and valued life** to include:

- Choice and control over both small day to day details and life-defining matters
- Social and economic well-being
- Engagement and participation in a valued range of meaningful activities and experiences
- Physical and mental health care
- Sexual relationships
- Sexual orientation
- Gender identity
- Social inclusion
- Relationships and friendships
- Community connections
- Access to primary and specialist healthcare
- Support for faith and cultural links and practices
- Managing finances.

**Learned helplessness** is when people feel helpless to avoid negative situations because previous experience has shown them that they do not have control. This results in a negative cycle where they and others have low expectations of them that are reinforced by the person fulfilling these low expectations creating dependency, low self-esteem and lack of self-belief.

**Legal directives:** advance directives, power of attorney.

**Physical and mental health conditions:** delirium, depression, psychosis, urinary tract infection, dehydration, exhaustion, obsessive compulsive disorder.

**Restrictive interventions:** physical restraint, mechanical restraint, use of medication, psychosocial restraint (sanctions), time out or time away, environmental interventions.

**Restrictive practices:** are a wide range of activities that stop individuals from doing things that they want to do or encourages them do things that they don't want to do. They can be very obvious or very subtle. They should be understood as part of a continuum, from limiting choice, to a reactive response to an incident or an emergency, or if a person is going to seriously harm themselves or others.

**Senses Framework:**

- Security – to feel safe
- Belonging – to feel part of things
- Continuity – to experience links and connections
- Purpose – to have goals to aspire to
- Achievement – to make progress towards these goals
- Significance – to feel that you matter as a person.

**Valued range of meaningful activities:** refers to the balance of activities that contribute to a good quality of life for individuals, incorporating vocational, domestic, personal, leisure, educational and social activities.

***Related legislation and guidance***

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

## Unit 234

## Contributing to the support of individuals with the use of electronic assistive technology

Level:	2
GLH:	10
Credit:	2
Unit Summary:	This unit aims to support learners to develop the knowledge, skills and confidence, to contribute to the support for individuals with the use of electronic assistive technology.

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### Learning outcome:

1. Confidence in the use of electronic assistive technology

### Assessment criteria

You know:

- 1.1 How technology is part of everyday life and can **transform the lives** of individuals and families/carers
- 1.2 Own role for supporting the use of electronic assistive technology and how and when to seek additional support
- 1.3 How to support the safe use of electronic assistive technology
- 1.4 Actions to take in the event of a failure/breakdown of electronic assistive technology

You are able to work in ways that:

- 1.5 Support individuals and families/carers to **safely use** electronic assistive technology

### Range

**Transform the lives** - supports participation in a valued range of meaningful activities, supporting independence, learning and development, well-being, quality of life and access to services and information

**Safely use** - follow instructions for use and maintenance, safely charge, switch on and off, use basic functions, security measures in place when using internet and social media

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### Learning outcome:

2. Rights, values and electronic assistive technology

You know:

- 2.1 How electronic assistive technology can promote and protect an individual's well-being and rights
- 2.2 How electronic assistive technology can support positive risk taking

### 2.3 The importance of obtaining **consent** for the use of electronic assistive technology

You are able to work in ways that:

2.4 Respect and promote individuals and their families/carers dignity, independence, privacy and confidentiality when supporting the use of electronic assistive technology

2.5 Use agreed processes to obtain consent for the use of electronic assistive technology

#### Range

**Consent** - informed consent from the individual on the use of electronic assistive technology and the manner in which information is gathered, stored and used or agreed processes are followed where an individual is not able to provide informed consent

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#### Learning outcome:

3. Contributing to assessment and review of electronic assistive technology

#### Assessment criteria

You know:

3.1 Own and **others'** role in contributing to the assessment and review of the use of electronic assistive technology

3.2 How the use of electronic assistive technology fits within an overall plan of support for individuals

3.3 How the use of electronic assistive technology can provide solutions that help individuals achieve positive outcomes

You are able to work in ways that:

3.4 Use a co-productive approach to contribute to the assessment and review of the use of electronic assistive technology

3.5 Contribute to the implementation of a plan for the use of electronic assistive technology

3.6 Apply the principles and values of health and social care when supporting the assessment, planning and review of the use of electronic assistive technology

#### Range

**Others** - others who have a particular role or expertise in electronic assistive technology, social workers, health professionals, the individual, families / carers,

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#### Learning outcome:

4. Remote or virtual monitoring and response systems

#### Assessment criteria

You know:

4.1 The purpose of services that use monitoring and response systems

4.2 How services that use monitoring and response systems work in collaboration with other services

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## Unit 234

# Contributing to the support of individuals with the use of electronic assistive technology

## Supporting Information

### ***Evidence requirements***

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack

### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

**Electronic assistive technology:** In this unit, the term electronic assistive technology is used to cover everyday devices for example: mobile phones, smart living controls, smart phones, smart TVs, games consoles, computers and devices designed to support specific health and social care needs for example: personal and activity alarms, electronic reminders and prompts, talking clocks, communication aids, smoke alarms, telecare alarms, fall detectors, GPS devices, health monitoring, seizure monitoring.

**Valued range of meaningful activities** refers to the balance of activities that contribute to a good quality of life for individuals, incorporating vocational, domestic, personal, leisure, educational and social activities.

### ***Related NOS***

- SFHCHS239 Enable individuals to use assistive devices and assistive technology
- SFHCHS140 Select assistive devices or assistive technology to meet an individual's needs

### ***Related legislation and guidance***

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.



## Unit 235

## Contributing to the support of individuals to achieve their reablement outcomes

<b>Level:</b>	2
<b>GLH:</b>	20
<b>Credit:</b>	3
<b>Unit Summary:</b>	This unit aims to support learners to develop introductory knowledge and skills required to support others within the delivery of reablement.

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### Learning outcome:

1. The purpose of reablement

### Assessment criteria

You know:

- 1.1 The concept and principles of reablement
- 1.2 Potential benefits of reablement for individuals and their families/carers
- 1.3 The importance of timely access to reablement services
- 1.4 Types of activities that are used for reablement outcomes
- 1.5 The roles of professionals providing support for reablement activities

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### Learning outcome:

2. Contribute to supporting individuals to engage in activities that support reablement outcomes

### Assessment criteria

You understand:

- 2.1 The importance of using a strengths-based approach that recognises and builds on the skills of individuals for reablement activities
- 2.2 How loss of independence can affect the confidence, identity, self-esteem and sense of self of individuals
- 2.3 How reablement can support individuals to regain and develop independence skills
- 2.4 The importance of families/carers in the recovery and reablement process

You are able to work in ways that:

- 2.5 Follow plans to support active participation in a valued range of meaningful activities assisting individuals to take as much responsibility as possible for:
  - the use of current skills and abilities
  - regaining former skills
  - acquiring new skills

2.6 Undertake delegated activities within accountability of own role

2.7 Take account of the difficulties that individuals are experiencing and use positive encouragement to support progress

2.8 Contribute to the review and evaluation of plans for reablement outcomes

## Unit 235            Contributing to the support of individuals to achieve their reablement outcomes

### Supporting Information

#### ***Evidence requirements***

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

**Recovery:** building a meaningful and satisfying life, as defined by the person themselves, whether or not there are ongoing or recurring symptoms or problems. Recovery represents a movement away from pathology, illness and symptoms to health, strength and wellness.

**Valued range of meaningful activities:** refers to the balance of activities that contribute to a good quality of life for individuals, incorporating vocational, domestic, personal, leisure, educational and social activities.

#### ***Related NOS***

- SCDHSC0027 Support individuals in their daily living
- SCDHSC0344 Support individuals to retain, regain and develop skills to manage their daily living

#### ***Related legislation and guidance***

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

## Unit 236

## Contributing to the support of individuals who misuse substances

Level:	2
GLH:	30
Credit:	4
Unit Summary:	<p>This unit aims to support learners to develop the knowledge, understanding and skills needed to contribute to the support of individuals who misuse substances.</p> <p>In the context of this unit, the term 'individual' refers to adults or young people who use/misuse substances.</p>

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### Learning outcome:

1. Substance use and misuse

### Assessment criteria

You know:

- 1.1 Key legislation, national policy, guidance and standards that underpin the provision of substance misuse services
- 1.2 The types of substances individuals may use:
  - their appearance
  - their effects
  - associated risks
  - routes of administration
  - legal status
- 1.3 Clinical classifications of substances
- 1.4 Different **categories of substance use**
- 1.5 The meaning of the term 'substance misuse'

You are able to work in ways that:

- 1.6 Take account of specific legislation, national policy, guidance and standards for substance misuse services

### Range:

**Categories of substance use** - experimental, recreational, dependent/problematic

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### Learning outcome:

2. Contribute to interventions for supporting individuals experiencing substance misuse to achieve positive outcomes

## Assessment criteria

You know:

- 2.1 The range of interventions that can be used with individuals
- 2.2 Services and professionals who can provide additional information, advice and support to individuals about substance misuse, and interventions that can help
- 2.3 How to access additional support for individuals for interventions
- 2.4 Protocols for gaining and confirming consent from individuals when sharing information with:
  - other services and professionals
  - families/carers

You are able to work in ways that:

- 2.5 Support the individual to identify:
  - concerns about their use or misuse of substances
  - what they would like to achieve and changes that may need to take place to help them do this
  - additional resources and support that may be used to assist them to achieve positive outcomes
- 2.6 Follow organisational policies and procedures to refer individuals to other services where additional support is needed

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## Learning outcome:

- 3. Co-occurring mental health and substance misuse issues

## Assessment criteria

You understand:

- 3.1 What is meant by the term 'co-occurring mental health and substance misuse'
- 3.2 Mental health problems associated with substance misuse
- 3.3 Issues faced by individuals with both mental ill-health and substance misuse

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## Learning outcome:

- 4. Perceptions and perspectives of individuals who misuse substances

## Assessment criteria

You know:

- 4.1 Stigma associated with substance misuse
- 4.2 **Potential impacts** of societal attitudes and values on individuals
- 4.3 How gender, ethnicity and social, cultural and religious environments may impact on individuals and the support they access

You are able to work in ways that:

- 4.4 Promote positive perceptions of and attitudes to individuals who misuse substances

## Range

**Potential impacts** - on equality, diversity and inclusion compounding the difficulties that the individual is experiencing (exclusion, socio-economic, education, employment, independence, emotional and physical well-being, life choices)

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**Learning outcome:**

5. Managing risky situations

**Assessment criteria**

You understand:

5.1 Actions to take in the event of **risky situations**

**Range**

**Risky situations** - threatening, aggressive, inappropriate or violent behaviour, alcohol withdrawal, overdose, needle stick injuries

## Unit 236

## Contributing to the support of individuals who misuse substances

### Supporting Information

#### ***Evidence requirements***

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack.

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

#### **Clinical classifications of substances:**

Stimulants, depressants, analgesics, hallucinogens.

**The types of substances individuals may use:** could include alcohol, cannabis, cocaine, amphetamine, heroin, solvents and gases, benzodiazepines, synthetic cannabinoids, ketamine, MDMA, image and performance enhancing drugs.

Substances may have a range of different names, e.g. Cannabis – weed/ hash/ dope/ pot/ ganja.

#### ***Related NOS***

- SFHAI2 Help individuals address their substance use through an action plan
- SFJCJGE13 Carry out initial assessments to identify and prioritise the needs of individuals who misuse substances

#### ***Related legislation and guidance***

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

## Unit 277

## Contribute to the care and support of individuals accessing day services

Level:	2
GLH:	45
Credit:	7
Unit Summary:	<p>This unit aims to support learners to develop the knowledge, understanding and skills needed to contribute to the care and support of individuals who access day services.</p> <p>In the context of this unit the term 'individual' refers to 'individuals who access or use day services'.</p>

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### Learning outcome:

1. The role of day services in providing care and support for individuals

### Assessment criteria

You know:

- 1.1 Types of care and support individuals may access through day services
- 1.2 Reasons why individuals may access day services
- 1.3 The potential of day services and benefits of supporting individuals to access these
- 1.4 The range of agencies and professionals who may provide support to individuals in day services
- 1.5 The contribution of families/carers for the on-going care and support of individuals and how this interacts with day service provision
- 1.6 The role of day services in supporting individuals with **change and transitions**

### Range

**Change and transitions** – accessing a new service/ changing service, moving from one place to another/ one activity to another, change in circumstances

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### Learning outcome:

2. Contribute to support for rights based approaches and positive outcomes for individuals who are accessing day services

### Assessment criteria

You know:

- 2.1 What rights based approaches means in practice when supporting individuals accessing day services
  - 2.2 Ways of working to build relationships with individuals and find out about their daily lives, history and culture
-



- 2.3 The importance of individuals being able to continue to take risks in everyday life
- 2.4 Links between positive risk taking and well-being
- 2.5 The role of advocacy in supporting the rights of individuals accessing day services
- 2.6 How the way others perceive individuals and their families/carers may be influenced by the fact that they access care and support
- 2.7 How negative perceptions of individuals and their families/carers can be challenged
- 2.8 The importance of the use of language and how this can impact on the way individuals are perceived
- 2.9 The potential impact of isolation and loneliness on individuals
- 2.10 Consequences for individuals if they are left for long periods without stimulation
- 2.11 What is meant by the 'Senses Framework'
- 2.12 What the right to a full and valued life means for individuals
- 2.13 Why it is important to recognise the valued roles that individuals have held and can continue to hold
- 2.14 How individuals can contribute to their communities
- 2.15 How to support individuals to develop relationships with others accessing day services and / or others in the community
- 2.16 Ways of working to build positive, supportive relationships with families/carers
- 2.17 How to support individuals and their families/carers to explore other sources of support available to help them achieve what matters to them
- 2.18 How to deal with conflicts between the views and choices of individuals and
  - their families/carers
  - the delivery of day service
- 2.19 **Information sharing protocols** when supporting individuals accessing day services and the complexities of these when communicating with families/carers

### Range

**Information sharing protocols** – including consent

You are able to work in ways that:

- 2.20 Recognise the valued roles individuals have
- 2.21 Embed the Senses Framework in own practice
- 2.22 Contribute to the support of individuals to lead full and valued lives
- 2.23 Support individuals to participate in activities and experiences that are meaningful and enjoyable and reflect their valued roles
- 2.24 Promote positive perceptions of individuals and families/carers who access care and support from day services
- 2.25 Use methods to:
  - find out about the daily lives, history and culture of individuals
  - identify how you can best support individuals to achieve what matters to them
  - encourage individuals to express their views and opinions
  - recognise and build on the strengths of individuals
- 2.26 Contribute to the identification of other sources of support that may help individuals achieve what matters to them

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### Learning outcome:

3. Contribute to the development and implementation of plans that support what matters to individuals

### Assessment criteria:

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You understand:

- 3.1 What co-production means in the context of day services
- 3.2 The importance of continually checking and feeding back on personal plans with individuals
- 3.3 How to clarify expectations for support for a valued range of meaningful activities with individuals and their families/carers
- 3.4 The importance of feeding back any concerns about changes in the circumstances of individuals and / or their families/carers
- 3.5 Actions to take where the service is not able to support an individual to meet their personal outcomes or goals

You are able to work in ways that:

- 3.6 Contribute to the development, implementation, review and evaluation of personal plans to reflect what is important for individuals
- 3.7 Take account of and record **information** in communication systems

### Range

**Information** - Experiences, planned or unplanned activities supported, any practical tasks undertaken or needing to be undertaken, feedback from the individual, observations and reflections during day services with the individual, any changes or concerns, contact with and information from family members/carers, medication, food and fluid intake

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### Learning outcome:

- 4 Contribute to support which promotes, develops and maintains the independence skills of individuals

### Assessment criteria

You understand:

- 4.1 What is meant by the term 'outcomes focused' when supporting individuals
- 4.2 The importance of ensuring activities are 'outcomes focused'
- 4.3 Ways of working which help build confidence and encourage individuals to try new activities
- 4.4 Why it is important to promote, develop and maintain the independence skills of individuals
- 4.5 The range of independence skills individuals may need and/or wish to develop or maintain and how to ensure they are fully involved in identification of these
- 4.6 How to support individuals to develop new skills
- 4.7 How to encourage individuals to share their skills with others

You are able to work in ways that:

- 4.8 Use 'outcome focused' activities to support the development of individual's skills
- 4.9 Encourage individuals to try new activities and develop skills
- 4.10 Use observation and feedback from individuals to establish:
  - how well they enjoyed the activity
  - the level of support needed to participate in the activity
  - whether the activity achieved the identified outcomes
  - what may need to change to support active participation in the activity
  - the identification of new goals and activities

## Unit 277

## Contribute to the care and support of individuals accessing day services

### Supporting Information

#### ***Evidence requirements***

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack.

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

**Communities:** Communities are defined as communities that matter to people. They are not only about where a person lives, but include communities around culture, religion, sexual identity or personal interests and characteristics.

**Consequences** for individuals if they are left for long periods without stimulation would include:

Physical:

- Muscle waste
- Heart atrophies
- Blood pressure rises
- Increased risk of skin damage/pressure ulcers

Psychological:

- Listlessness and boredom
- Depression and lethargy
- Confusion
- Disorientation
- Loss of confidence and skills

Behavioural:

Challenging behaviour may include behaviours that are:

- Repetitive / obsessive
- Withdrawn
- Aggressive
- Self-injurious
- Disruptive
- Anti-social or illegal
- Verbally abusive

**Full and valued life** to include:

- Choice and control over both small day to day details and life-defining matters
- Social and economic well-being
- Engagement and participation in a **valued range of meaningful activities** and experiences
- Physical and mental health care
- Sexual relationships
- Sexual orientation
- Gender identity
- Social inclusion
- Relationships and friendships
- Community connections
- Access to primary and specialist healthcare
- Support for faith and cultural links and practices
- Managing finances

**Personal plans** will provide:

- Information for individuals and their representatives of the agreed care and support and the manner in which this will be provided
- A clear and constructive guide for staff about the individual, their care and support needs and the outcomes they would like to achieve
- A basis for on-going review
- A means for individuals, their representatives and workers to measure progress and whether their personal outcomes are met.

The **range of independence skills** could include food and drink preparation, managing finances, independent travel, personal care

**Senses Framework:**

- Security – to feel safe
- Belonging – to feel part of things
- Continuity – to experience links and connections
- Purpose – to have goals to aspire to
- Achievement – to make progress towards these goals
- Significance – to feel that you matter as a person.

**Sources of support:** friends/extended family, local community resources, networks, voluntary groups/ services, other formal services (health, housing, local authority), information and advice.

Types of **advocacy** to include:

- Self-advocacy
- Informal advocacy
- Collective advocacy
- Peer advocacy

- Citizen advocacy
- Independent volunteer advocacy
- Formal advocacy
- Independent professional advocacy.

**Valued range of meaningful activities:** refers to the balance of activities that contribute to a good quality of life for individuals, incorporating vocational, domestic, personal, leisure, educational and social activities.

Why individuals may access care and support from days services to include:

- Building relationships
- Access new opportunities
- Companionship
- Development of new skills
- Maintain independence
- Accessing a change of environment / Community access
- Increased frailty and vulnerability
- Poor physical or mental health, a fall, stroke or other sudden change in health
- Carers no longer able to support without additional help
- Death of a spouse or partner
- Physical impairment
- Learning disability
- Safeguarding issues

#### **National Occupational Standards**

- SCDHSC 0210 Support individuals to participate in recreational activities
- SCDHSC 0211 Support individuals to take part in development activities

#### ***Related legislation and guidance***

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

## Unit 278

## Supporting the digital inclusion of individuals

Level:	2
GLH:	15
Credit:	3
Unit Summary:	<p>This unit aims to support learners to develop the knowledge, understanding and skills needed to support the digital inclusion of individuals.</p> <p>In the context of this unit, the term 'individuals' refers to adults who access care and support services.</p>

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### Learning outcome:

1. Know how digital inclusion can support the health and well-being of individuals

### Assessment criteria

You know:

- 1.1 What is meant by the term 'digital inclusion'
- 1.2 The benefits of digital inclusion
- 1.3 How digital inclusion can **transform the lives** of individuals and / or their families / carers and support them to achieve their personal outcomes
- 1.4 What is meant by the term 'digital exclusion'
- 1.5 Factors which may lead to digital exclusion

### Range

**Transform the lives** - supports participation in a valued range of meaningful activities, relationships and social interactions, supporting independence, learning and development, health and well-being, quality of life and access to services and information

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### Learning outcome:

2. Develop own and individual's confidence in the safe use of digital technology

### Assessment criteria

You know:

- 2.1 Terms used in relation to digital technology and what these mean
  - 2.2 The range of digital technology which may be used by individuals and their families to support their well-being and the achievement of personal outcomes
  - 2.3 How and where to find out more about digital technology
  - 2.4 Own role for supporting the use of digital technology
  - 2.5 The skills needed to support digital inclusion:
-

- **communicating**
- **handling information and content**
- **transacting**
- **problem solving**

2.6 How to support the **safe use** of digital technology

2.7 How to ensure privacy and confidentiality when supporting individuals and / or their families / carers with digital technology

2.8 How **accessibility settings** can make digital technology easier for individuals to use

2.9 How to motivate individuals and / or their families / carers to use digital technology

2.10 Actions to take where you have concerns about the use of digital technology

You are able to work in ways that:

2.11 Reflect on and evaluate own skills for the support of the safe use of digital technology

2.12 Show how you use the skills needed to support the safe use of digital technology:

- **Communicating**
- **handling information and content**
- **transacting**
- **problem solving**

2.13 Use a range of methods to motivate individuals and / or their families / carers to use digital technology

2.14 Respect and promote individuals and / or their families / carers rights, dignity, independence, privacy and confidentiality when supporting the use of digital technology

2.15 Support the active participation of individuals with the use of digital technology

### Range

**Accessibility settings** – making text bigger, changing display or text colour, magnifier, screen readers, using voice over

**Communicating** – communicate, collaborate and share online

**Handling information and content** – find, manage and store digital information and content securely

**Problem solving** – find solutions to problems using digital tools and online services

**Safe use** – security measures when using the internet, Apps and social media

**Transacting** – apply for services, buy and sell, and manage transactions online

### Supporting Information

**Benefits of digital inclusion** could include:

- Reduced isolation and loneliness
- Improved communication, social interaction / access to groups and networks
- Access to information
- Time and costs savings through accessing services digitally and buying goods online
- Improved self-care for minor ailments
- Improved self-management of long-term health conditions

**Factors which may lead to digital exclusion** could include:

- Lack of skills / confidence
- Lack of access to internet and / or devices
- Lack of motivation
- Language and access to language – including BSL, Welsh
- Age (access for older people decreases with age)
- Disability
- Poor health
- Poverty / deprivation

**Terms used in relation to digital technology** could include:

- Apps
- Authenticator Apps / 2-step verification
- Bookmarks
- Cloud services
- Cookies
- Data
- Device
- Digital footprint
- Downloads
- Email
- Google it
- Google maps
- Mouse / mouse pad
- Password
- Pop ups
- Scams
- Screen reader
- Search engine



- Settings
- Social media
- Swipe
- Tablet
- Tap/click
- Touchscreen
- Trustworthy website
- Updates
- Uploads
- Username
- Virus
- Web browser
- Webchat
- Website
- Wi-Fi network

**Valued range of meaningful activities** refers to the balance of activities that contribute to a good quality of life for individuals, incorporating vocational, domestic, personal, leisure, educational and social activities.

### ***Evidence requirements***

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack.

### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

### ***Related legislation and guidance***

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

## Unit 338

## Promoting support for individuals with a learning disability and/or autism

<b>Level:</b>	3
<b>GLH:</b>	40
<b>Credit:</b>	8
<b>Unit Summary:</b>	<p>This unit aims to support learners to develop the knowledge, understanding and skills needed to support autistic individuals and/or individuals with a learning disability to lead full and valued lives.</p> <p>In the context of this unit, the term 'individual' refers to autistic individuals and/or individuals with learning disabilities.</p>

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### Learning outcome:

1. Perceptions and perspectives of learning disability and autism

### Assessment criteria

You understand:

- 1.1 What is meant by the terms 'learning disability' and 'autism'
- 1.2 The **prevalence of learning disability and autism**
- 1.3 Different types of learning disability and their potential causes
- 1.4 The main characteristics of autism and what is meant by the 'dyad of impairments'
- 1.5 Why it is important that each individual with a learning disability or who is on the autistic spectrum is recognised for their own individual abilities, needs, strengths, gifts and talents
- 1.6 Medical and social models of disability
- 1.7 Social and medical perspectives of learning disability and autism, and how these have evolved and changed over time
- 1.8 **Potential impacts** of societal attitudes and values on individuals
- 1.9 How attitudes and services have changed over time as a result of social policy and legislation
- 1.10 Impacts (positive and negative) of being labelled as having a learning disability/autism
- 1.11 Why autism can sometimes be a hidden disability and how this can impact on individuals
- 1.12 Why the life choices of individuals with a learning disability/autism may be more limited than those of the general population and how policy and service provision aims to address this imbalance
- 1.13 How gender and ethnicity, and social, cultural and religious environments may impact on individuals and the support that they access
- 1.14 The role of external agencies and others in changing attitudes, policies and practice

You are able to work in ways that:

- 1.15 Use methods to support individuals that take account of:
  - the characteristics of the disability

- any barriers they are experiencing
- their individuality and personal preferences

1.16 Promote positive perceptions of, and attitudes to individuals with a learning disability/autism

1.17 Actively challenge prejudice, stereotypical images, discrimination and negative attitudes towards individuals with a learning disability/autism

### Range

**Prevalence of learning disability and autism** - individuals with a learning disability who are autistic, autistic individuals who have a learning disability, autistic individuals who have no learning disability, individuals with a learning disability who are not autistic

**Potential impacts** - on equality, diversity and inclusion compounding the difficulties that the individual is experiencing (exclusion, socio-economic, education, employment, independence, emotional and physical well-being, life choices)

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### Learning outcome:

2. Support rights based approaches, positive relationships and community participation

### Assessment criteria

You understand:

- 2.1 How the UN Convention of Rights of Persons with Disabilities supports a rights based approach
- 2.2 What the right to a full and valued life means for individuals
- 2.3 What is meant by the term 'valued role'
- 2.4 The importance of having a valued role and sense of purpose for an individual's well-being
- 2.5 The importance of community participation and positive reciprocal relationships for well-being
- 2.6 How individuals can contribute to their community and enrich the lives of others
- 2.7 How to support individuals to understand the concept of friendship
- 2.8 What is meant by 'circle of support' and how this can be used to support the well-being of individuals
- 2.9 How to address potential barriers that hinder:
  - community participation
  - positive reciprocal relationships
- 2.10 Links between positive risk taking and responsibilities, voice and control, and social inclusion
- 2.11 The importance of risk taking in everyday life for individuals
- 2.12 Why individuals may have been, or may be discouraged or prevented from taking risks
- 2.13 Different types of advocacy and how these can be used to support the rights of individuals

You are able to work in ways that:

- 2.14 Embed a co-productive, rights based approach to support individuals to:
  - have voice and control over their lives
  - participate in a valued range of meaningful activities
  - maintain and develop positive reciprocal relationships

- participate in their communities
- lead full and valued lives
- manage dilemmas that arise when balancing their rights to take risks with their safety and well-being

## 2.15 Support individuals to take informed risk

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### Learning outcome:

#### 3. Support effective communication

### Assessment criteria

You understand:

- 3.1 The range of communication methods and approaches that can be used to support individuals
- 3.2 The importance of providing the correct level of information for individuals
- 3.3 Sources of information, advice and support for the development of communication skills
- 3.4 The importance of using and adapting language and methods of communication that are both age and ability appropriate
- 3.5 How previous experiences, additional conditions and first language may influence an individual's willingness and ability to communicate
- 3.6 How behaviour may be used as a form of communication

You are able to work in ways that:

- 3.7 Use a range of communication methods and approaches to support individuals
  - 3.8 Adapt methods of communication to meet the needs of individuals
  - 3.9 Contribute to the development of communication plans for individuals
  - 3.10 Embed a co-productive approach when working with others to evaluate a range of methods used to support their communication
- 

### Learning outcome:

#### 4. Support the use of person-centred planning and Active Support

### Assessment criteria

You understand:

- 4.1 The purpose and components of person-centred planning and how this is supported by the key worker
  - 4.2 How person-centred planning is used to help individuals to achieve what is important to them and to lead full and valued lives
  - 4.3 The importance of involving families, carers, friends and siblings in person-centred planning
  - 4.4 The **components of Active Support**, and how the model translates values into person-centred practice and the achievement of well-being
  - 4.5 Psychological consequences for individuals if they are left for long periods without stimulation or engagement
  - 4.6 The concept of 'learned helplessness', and how person-centred planning and Active Support aims to address this
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- 4.7 How to support autistic individuals to balance the need for routines with opportunities to experience different activities and build relationships
- 4.8 The importance of using a strengths-based approach to build skills, confidence, self-esteem and develop relationships
- 4.9 How electronic assistive technology can be effectively used to support independence, safety and well-being of individuals

You are able to work in ways that:

- 4.10 Use a co-productive approach to support individuals to participate in the person-centred planning process
- 4.11 Implement the Active Support Model
- 4.12 Follow plans for individuals
- 4.13 Contribute to the review and evaluation of plans

### Range

**Components of Active Support** - daily plans and levels of participation, levels of help or support and assistance, positive interaction, positive reinforcement, valued range of meaningful activities

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### Learning outcome:

#### 5. Sexuality and sexual health

### Assessment criteria:

You understand:

- 5.1 The importance of sexuality, sexual identity and sexual health for individuals
  - 5.2 Factors that can impact on the sexual development and expression of sexuality of individuals
  - 5.3 How individuals can be supported:
    - to understand and express their sexual identity
    - to understand the importance of meaningful relationships in relation to their sexuality
    - to stay safe sexually
- 

### Learning outcome:

#### 6. Health conditions and the importance of health checks

### Assessment criteria:

You understand:

- 6.1 **Health conditions** commonly associated with learning disability
  - 6.2 The rights of individuals to have equal access to healthcare and end of life care
  - 6.3 The challenges in accessing appropriate end of life care for individuals
  - 6.4 The importance of health promotion and early intervention to reduce the risk of ill health
  - 6.5 What should be included in an annual health check and why these are important
  - 6.6 Responsibilities for arranging and carrying out annual health checks
-

- 6.7 How individuals can be supported to understand the importance of an annual health check
- 6.8 What needs to be considered when individuals need to undertake healthcare or medical treatment including:
- how they are supported
  - their capacity to consent
  - how to work with other professionals
  - the duty of generic health services to make reasonable adjustments for individuals
  - how to action outcomes

You are able to work in ways that:

6.9 Support health promotion and early intervention to reduce the risk of ill health

6.10 Support individuals to access and undertake:

- healthcare checks
- a range of healthcare

6.11 Follow up identified actions resulting from health checks

### Range

**Health conditions** - Epilepsy, sensory loss, mental ill health, early onset dementia and general physical health

## Unit 338

## Promoting support for individuals with a learning disability and/or autism

### Supporting Information

#### ***Evidence requirements***

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack.

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

**Active participation**<sup>2</sup> is a way of working that regards individuals as active partners in their own care or support rather than passive recipients. Active participation recognises each individual's right to participate in the activities and relationships of everyday life as independently as possible.

**Active Support Model:** The Active Support Model is a person-centred model of how to interact with individuals combined with a daily planning system that promotes participation and enhances quality of life to establish the level of participation in activities and the level of support needed to develop the skills needed to engage in these as independently as possible. To include:

- Daily plans and levels of participation
- Levels of help or support and assistance
- Positive interaction
- Positive reinforcement
- Skills teaching
- Task analysis
- Valued range of meaningful activities.

**Annual health check:** would include health checks designed for individuals with learning disabilities undertaken by GPs or other health professionals. These would focus on known health issues for individuals with learning disabilities e.g. impacted ear wax, vision/auditory checks and are designed to address health inequalities.

#### **Challenges that may occur in supporting community participation:**

- support available
- cost
- access
- segregated activities
- attitudes, beliefs, pre-conceived ideas and behaviours of others
- communication abilities

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<sup>2</sup> National Occupational Standards for health and social care

- personal appearance
- ability
- lack of understanding of the concept of friendship.

**Communication plans:** would include individualised guidance, these may be known as communication plans, profiles or passports.

**Daily plans and levels of participation:** set out the daily routine of an individual with opportunities that ensure a valued range of activities throughout the day, avoiding lengthy periods of disengagement. The plans are monitored, reviewed and evaluated to establish the level of participation in activities and the level of support needed to develop the skills needed to engage in these as independently as possible.

**Electronic assistive technology:** including how to ensure that decisions regarding assistive technology are outcome focused inclusive and transparent.

Electronic assistive technology could include: everyday devices (mobile phones, smart living controls, smart phones, smart TVs, games consoles, computers), devices designed to support specific health and social care needs (personal and activity alarms, electronic reminders and prompts, talking clocks, communication aids, smoke alarms, telecare alarms, fall detectors, GPS devices, health monitoring equipment, seizure monitoring).

**Factors that can impact:** on the sexual development and expression of sexuality: socio-cultural influences, attitudes and beliefs, stereotypical assumptions, services/professionals being risk averse, safeguarding issues, mental capacity, sex education, genetics.

**Full and valued life** could include:

- Choice and control over both small day to day details and life-defining matters
- Education and training
- Employment
- Social and economic well-being
- Engagement and participation in a **valued range of meaningful activities**
- Physical and mental health care
- Access to primary and specialist healthcare
- Parenthood
- Sexual relationships
- Sexual orientation
- Gender identity
- Support for faith and cultural links and practices
- Housing and accommodation
- Social inclusion and community connections
- Relationships and friendships.

**Learned helplessness:** is when people feel helpless to avoid negative situations because previous experience has shown them that they do not have control. This results in a negative cycle where they and others have low expectations of them that are reinforced by the person fulfilling these low expectations creating dependency, low self-esteem and lack of self-belief.



**Levels of help or support and assistance:** refers to graduated levels of assistance, from simple verbal reminders providing the lowest level of support to actual physical guidance providing the highest level. Assistance should be given flexibly according to the individual's need for help, and should be focused on encouraging as much independence as possible.

**Person-centred planning process** to include how individuals can be supported:

- to express their opinions
- to identify what matters to them and what they would like to achieve, including:
  - how to balance what is important to and what is important for them
  - how they would like to do this
  - how they will be able to tell whether they have achieved their goals
- to identify who they would like to be involved and at what stage
- to identify how, where and when their person-centred planning should take place
- to identify how their person-centred planning should be recorded.

**Personal plans**<sup>3</sup> set out how the care of an individual will be provided. They are based on assessment information and care and support plans and will cover the personal wishes, aspirations and care and support needs of the individual.

**Personal plans** will provide:

- Information for individuals and their representatives of the agreed care and support and the manner in which this will be provided
- A clear and constructive guide for staff about the individual, their care and support needs and the outcomes they would like to achieve
- A basis for ongoing review
- A means for individuals, their representatives and staff to measure progress and whether their personal outcomes are met.

**Planning process:** would include identifying goals or outcomes and enabling participation in activities; monitoring, reviewing and evaluating plans.

**Plans:** personal plans, daily plans, skills teaching plans.

**Positive interaction:** refers to supportive interaction using the levels of assistance, task analysis and positive reinforcement that helps an individual to participate in constructive activity.

**Positive reinforcement:** refers to what an individual gains from undertaking a specific task. These can include naturally occurring rewards (e.g. drinking a cup of tea the individual has just made) or other things the individual particularly likes (e.g. praise and attention or a preferred activity) as an encouragement or reward for participating in a specified activity.

**Psychological consequences i.e.:**

- Listlessness and boredom
- Depression and lethargy
- Confusion

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<sup>3</sup> Statutory guidance for service providers and responsible individuals on meeting service standard regulations (Welsh Government 2017)

- Disorientation
- Loss of confidence and skills.

**Range of communication methods** could include: photos, pictures, signs, gestures, objects of reference, PECS, Makaton, BSL, flash cards, key words and meanings, visual planners.

**Sensory sensitivity:** sight, sound, smell, taste, touch, balance, body awareness, synaesthesia.

**Skills teaching:** refers to the identification of task or activity to be achieved, a task analysis, assessment of current skills and skills that would need to be developed, the levels of help needed to develop the skills needed to undertake the task or activity and, information on when, where and by whom the skills teaching will take place and how progress will be reviewed and evaluated to inform further skills teaching.

**Task analysis:** refers to breaking down tasks into small, manageable steps as in recipes or DIY guides. The size of each step or number of steps for a specific task should vary according to the individual's ability or need for support.

**The dyad of impairments** has two categories instead of three, so a triad (triangle of issues) of impairments is replaced by a dyad (2 pillars of issues) of impairment. These are persistent difficulties with social communication and social interaction in multiple contexts (combining social communication and social interaction) and restricted and repetitive patterns of behaviours, interests or activities (this includes sensory issues), that limit and impair everyday functioning.

**Types of advocacy** to include:

- Self-advocacy
- Informal advocacy
- Collective advocacy
- Peer advocacy
- Citizen advocacy
- Independent volunteer advocacy
- Formal advocacy
- Independent professional advocacy.

**Valued roles** e.g.

- Carer
- Employee
- Householder
- Parent
- Student
- Volunteer.

**Why autism can sometimes be a hidden disability:** where for some people on the autistic spectrum there are no obvious visible characteristics.

### ***Related legislation and guidance***

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

## Unit 339 behaviour support

## Promoting positive approaches for

Level:	3
GLH:	40
Credit:	6
Unit Summary:	<p>The unit aims to support learners develop the knowledge, understanding and skills needed to support individuals to develop positive behaviour and reduce the use of restrictive practice</p> <p>In the context of this unit, the term 'individual' refers to adults or children and young people.</p>

### Learning outcome:

1. How legislation, national policies, codes of conduct and practice underpin positive approaches to reduce restrictive practices and support positive behaviour

### Assessment criteria

You understand:

- 1.1 What is meant by the term 'challenging behaviour' and the importance of seeing the person first and not the behaviour
- 1.2 Specific legislation, national policies and guidance for the use of restrictive interventions
- 1.3 When and how restrictive practices and **restrictive interventions** can be used
- 1.4 Why it is important to always use the least restrictive option
- 1.5 Safeguards that need to be in place for the use of restrictive interventions
- 1.6 Circumstances when restrictive interventions should not be used
- 1.7 Why punishment or seclusion should never be used
- 1.8 The importance of an **ethical, values-based approach** and how this relates to positive approaches for behaviour support
- 1.9 How the key principles of the Social Services and Well-being (Wales) Act help to underpin positive approaches to reduce restrictive practices
- 1.10 How positive approaches to reduce the need for restrictive practices, have developed over time, as a result of social policy, legislation and reviews

You are able to work in ways that:

- 1.11 Implement an ethical, values-based approach in the use of restrictive practices and restrictive interventions
- 1.12 Adhere to legislative requirements, policies and guidance for the use of restrictive interventions

### Range

**Restrictive interventions** - physical restraint, mechanical restraint, use of medication, psychosocial restraint (sanctions), time out or time away, environmental interventions

**Ethical, values-based approach** – person-centred practice, inclusion, participation, asset/strengths-based approach, strong networks and relationships, choice, dignity and respect, the importance of adopting the least restrictive approach

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#### Learning outcome:

2. Factors that can influence behaviour

#### Assessment criteria

You understand:

- 2.1 The behavioural model
  - 2.2 Factors that may shape the behaviour of individuals
  - 2.3 How the fundamentals of behaviour relate to everybody, not just individuals accessing care and support
- 

#### Learning outcome:

3. The importance of individuals having a voice in, and control over, achieving outcomes that support their well-being

#### Assessment criteria

You understand:

- 3.1 Why voice and control is important
- 3.2 The potential impact on individuals of not being listened to or feeling that they do not have a say or any control over events affecting them
- 3.3 Ways of working that support voice and control of individuals
- 3.4 The importance of:
  - working with individuals to establish what they want from their service and the best way for this to happen
  - individuals being able to make choices both about small day to day things as well as life defining decisions
  - individuals being able to make mistakes and learn from them
  - enabling individuals to maximise their participation in the development and management of their personal plan and behaviour support plan
  - developing a range of ways in which individuals can give feedback on the services and support they receive
  - enabling individuals to participate in the development of the service as equal partners

You are able to work in ways that:

- 3.5 Use strategies to promote and support the voice and control of individuals
  - 3.6 Embed a co-productive approach that supports individuals to participate in, and give feedback on, the way that their care and support is delivered
-

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### Learning outcome:

4. How prevention and early intervention can reduce the need for restrictive interventions and support positive behaviour

### Assessment criteria

You understand:

- 4.1 What prevention and early intervention means in relation to using positive approaches to reduce the use of restrictive interventions
- 4.2 The **range of primary prevention strategies and early interventions** to support positive behaviour
- 4.3 **Models and frameworks** that support positive approaches to reduce the use of restrictive practices and interventions

You are able to work in ways that:

- 4.4 Embed a range of primary prevention strategies and early intervention in your practice
- 4.5 Use agreed models and frameworks for behaviour support

### Range

**Range of primary prevention strategies and early interventions** - changing or avoiding triggers that lead to behaviours that challenge, changing the environment in which an individual lives or spends time to meet their needs, participation in a valued range of meaningful activities to help individuals achieve outcomes that are important to them, changing reinforcements that maintain behaviours that challenge, providing support at the right level to assist individuals to increase their independence and ability to cope, offering reassurance and support to reduce feelings of anxiety or distress

**Models and frameworks** - Active Support, Restorative Practice, Positive Behavioural Support

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### Learning outcome:

5. Support individuals to develop positive behaviour

### Assessment criteria

You understand:

- 5.1 The relationship between positive and proactive approaches and person-centred practice
- 5.2 The importance of being clear about expectations and setting personal development goals that support positive behaviour
- 5.3 Why it is important to include individuals in setting behavioural goals
- 5.4 How to support individuals to develop an understanding of:
  - why goals and boundaries for behaviour need to be set
  - why they behave in a certain way
  - when behaviour may be acceptable and unacceptable
  - the potential consequences of behaviour
  - the benefits of positive behaviour for both themselves and others
- 5.5 Why it is important for others to develop an understanding of the individual's behaviour and the need for consistent support strategies

You are able to work in ways that:

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- 5.6 Use positive and proactive approaches to support the development of positive behaviour
  - 5.7 Support individuals to develop an understanding of their behaviour in accordance with their ability
  - 5.8 Use a co-productive approach with individuals to set and review personal development goals and agree boundaries for positive behaviour
- 

#### Learning outcome:

- 6. Promote multi-agency collaboration and partnership working

#### Assessment criteria

You are able to work in ways that:

- 6.1 Embed the principles of effective partnership working in your practice
  - 6.2 Develop, share and agree plans and approaches for behaviour support in accordance with role and responsibilities
  - 6.3 Share with others the outcomes of reviews and assessments, including risk assessments
- 

#### Learning outcome:

- 7. Support individuals and others following incidents of behaviours that challenge

#### Assessment criteria

You understand:

- 7.1 The importance of offering support and debriefing:
  - for incidents of behaviours that challenge
  - in all situations where restrictive interventions have been used
- 7.2 How individuals, workers and others should be supported following an incident of behaviours that challenge

You are able to work in ways that:

- 7.3 Implement techniques for debriefing and provide support following incidents of behaviours that challenge
  - 7.4 Reflect on learning from incidents of behaviours that challenge and implement any changes needed to support approaches to practice
- 

#### Learning outcome:

- 8. Review positive approaches and the use of restrictive practices and interventions

#### Assessment criteria

You understand:

- 8.1 Why it is important to monitor and review positive approaches and the use of restrictive practices/interventions
  - 8.2 How to use **methods** that support the review of positive approaches and restrictive practices/interventions
  - 8.3 How to use data to reduce the use of restrictive practices/interventions
-

#### 8.4 How to access additional support for individuals, workers and carers following reviews

You are able to work in ways that:

- 8.5 Embed a co-productive approach to monitor and review positive approaches and the use of restrictive practices and implement any changes needed

#### Range

**Methods** - recording information, analysing records of antecedents, behaviour and consequences, data informed decision making



## Unit 339

## Promoting positive approaches for behaviour support

### Supporting Information

#### ***Evidence requirements***

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

**Challenging behaviour** may include behaviours that are:

- Repetitive / obsessive
- Withdrawn
- Aggressive
- Self-injurious
- Disruptive
- Anti-social or illegal
- Verbally abusive.

**Factors** that may lead to individuals having difficulties with their behaviour could include: Adverse childhood experiences, attachment difficulties, sensory loss, an acquired brain injury or other neurological condition, physical causes or a response to pain or ill health, communication difficulties, poor parenting, inconsistent or inappropriate responses to behaviour, stereotypical expectations of others, unachievable expectations of others, environment, response to circumstances, events and feelings including fear and anxiety, transitions, loss, abuse, inappropriate care, demands to do something that the individual does not want to do, being ignored.

#### **Frameworks/models:**

##### a) Active Support

- What is meant by 'active support'
- How the Active Support model translates values into person-centred practice
- The different components of Active Support including:
- Daily plans and active participation
- Levels of help or support and assistance
- Positive interaction
- Positive reinforcement
- Skills teaching
- Task analysis
- Valued range of meaningful activities.

##### b) Restorative approaches

- What is meant by 'restorative approaches'
- Restoration – the primary aim of restorative approach is to address and repair harm
- Voluntarism – participation in restorative processes is voluntary and based on informed choice
- Neutrality – restorative processes are fair and unbiased towards participants
- Safety – processes and practice aim to ensure the safety of all participants and create a safe space for the expression of feelings and views about how harm has been caused
- Accessibility – restorative processes are non-discriminatory and available to all those affected by conflict and harm
- Respect – restorative processes are respectful of the dignity of all participants and those affected by the harm caused.

#### c) Positive Behavioural Support

- What is meant by 'positive behavioural support'
- The components of the positive behavioural support model to include:
  - Value based approaches
  - Theory and evidence base
  - Functional analysis
  - Primary prevention
  - Secondary prevention
  - Reactive strategies
- Why a values led approach is important for positive behavioural support
- Why punishment has no place in PBS
- Why it is important to understand what someone is feeling and why they are behaving as they are (functions of their behaviour)
- The difference between form (the behaviour) and function (the reason for that behaviour)
- The 4 common functions of challenging behaviour: social attention; avoidance/escape; access to tangibles; sensory stimulation
- The components of a behaviour support plan
- The importance of debriefing following an incident of challenging behaviour
- The components of debriefing sessions following incidents of challenging behaviour.

#### **How individuals should be supported following an incident to include:**

- Returning to a calm state
- Reflection on how they were feeling prior to and directly before the incident;
- the behaviour itself, the consequences of the behaviour and how they felt afterwards
- What would have helped them to achieve a more positive outcome.

#### **How workers, carers and others involved should be supported following an incident to include:**

- Emotional support
- First aid if needed
- Time away
- Quiet time

- Personal reflection
- Opportunities to express how they are feeling
- Additional training.

**Others** could include: families/carers, professionals/workers involved in the care and support of the individual.

**Principles of effective partnership working** to include:

- Trust between all involved in a person's care and support
- Consistency of support
- A clear understanding of one's own and each other's roles and responsibilities
- A clear understanding of people's rights and entitlements and that these must be exercised appropriately
- Confidentiality and information sharing
- Effective and appropriate communication.

**Relationship between positive and proactive approaches and person-centred practice:**

- Getting to know an individual
- Respecting and valuing an individual's history and background and understanding their likes and dislikes, and their preferred communication and support structures
- Understanding the impact of the environment on behaviour and using this to support an individual consistently
- Developing and monitoring plans which outline an individual's needs, desired well-being outcomes and how they will be supported to achieve these.

**Restrictive interventions:** are part of a continuum of restrictive practices and, unless part of an agreed behaviour plan, should only ever be used as an immediate and deliberate response to behaviours that challenge or to manage a situation where there is a real possibility of harm if no action is taken. Restrictive interventions must never be used to punish, to inflict pain, suffering, humiliating or to achieve compliance.

**Restrictive practices:** are a wide range of activities that stop individuals from doing things that they want to do or encourages them to do things that they don't want to do.

**Valued range of meaningful activities:** refers to the balance of activities that contribute to a good quality of life for individuals, incorporating vocational, domestic, personal, leisure, educational and social activities.

**Ways of working that support the voice and control of individuals:**

a) **Communication:**

The importance of:

- Involving individuals in decisions which affect their lives
- Asking individuals what they want in ways they understand
- Listening carefully and actively
- Using appropriate non-verbal communication techniques
- Always making time for the individual to communicate
- Managing the environment to facilitate effective communication
- Speaking clearly and not giving too much information or asking too many questions

- Being reassuring and non-threatening in your expressions and tone
- Being supportive and encouraging and avoiding negative statements
- Using the individual's past experience and life story to support communication
- Understanding how particular conditions may affect communication
- Making sure a detailed description of how best to communicate with individuals is included in their records.

**b) Individuals being able to influence the way that their services and support are accessed and delivered:**

The importance for individuals of:

- Being able to make choices about both small day to day things as well as life defining decisions
- Having sufficient time to be fully involved in the decision making process
- Positive use of risk assessments positively to balance rights, responsibilities and perceived risks
- Being able to make mistakes and learn from them
- Influencing advance directives and crisis plans
- Agreeing, where possible, any restrictive practices that are to be used
- Being able to speak for themselves about their services and support or to have someone advocate on their behalf
- Having access to advice and information in a format and style they can understand
- Knowing what to expect from workers in relation to their conduct and practice
- Knowing how to make a complaint or compliment about the service.

**c) Understanding the meaning of behaviour:**

How behaviour can:

- Serve as an important function
- Be a form of communication
- Be affected by the individual feeling frustrated at not being able to understand others or make themselves understood
- Be influenced by your/other people's response to an individual's actions
- Be influenced by factors in the environment
- Have underlying physical causes/be a response to pain, ill health, sensory loss, an acquired brain injury or other neurological condition
- Be a response to circumstances, events and feelings including fear and anxiety, transitions, loss, abuse, inappropriate care, demands to do something that the individual does not want to or is not able to do or being ignored, etc.
- How the fundamentals of behaviour relate to everybody – not just individuals who are accessing care and support.

**When and how restrictive interventions can be used:** If restrictive interventions are used in an emergency or where an individual is intending to seriously harm themselves or others, they should always:

- Be used for no longer than necessary
- Be proportionate to the risk and the least restrictive option
- Be legally and ethically justifiable

- Be well thought through and considered when all other options have been tried or are impractical
- Be made in a manner transparent to all with clear lines of accountability in place
- Be openly acknowledged and never hidden
- Be determined by local policy and procedures
- Be recorded accurately and appropriately
- Be monitored, planned and reviewed to find a more positive alternative for the longer term
- Include debriefing and support to all involved.

Restrictive interventions, other than those used in an emergency, should always be planned in advance, and agreed by a multidisciplinary team and, wherever possible, the individual and included in their behaviour and support plan.

### ***Related NOS***

- SCDHSC0336 Promote positive behaviour

### ***Related legislation and guidance***

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

## Unit 340

### health

## Supporting individuals living with mental ill-

Level:	3
GLH:	40
Credit:	7
Unit Summary:	<p>The unit covers the knowledge, understanding and practical skills required to support an individual living with mental ill-health</p> <p>Throughout this unit references to 'individual' mean individuals living with mental ill-health</p>

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#### Learning outcome:

1. Mental ill-health and associated factors

#### Assessment criteria

You understand:

- 1.1 Types of mental health problems that individuals may experience
- 1.2 Prevalence and demographics of mental ill-health in the population
- 1.3 The importance of taking a holistic view of mental ill-health that focuses on the person and not just their symptoms
- 1.4 The **potential impacts** for individuals of getting a diagnosis for the mental ill-health they are experiencing
- 1.5 Factors that may result in individuals experiencing a period of mental ill-health

#### Range

**Potential impacts** - positive and negative

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#### Learning outcome:

2. Rights based approaches

#### Assessment criteria

You understand:

- 2.1 Key legislation, national policies, guidance and standards that underpin the provision of mental health care and support, including families/carers
  - 2.2 How the UN Convention of Rights of Persons with Disabilities supports a rights based approach
  - 2.3 Stigma associated with mental ill-health
  - 2.4 **Potential impacts** of societal attitudes and values on individuals
  - 2.5 The role of advocacy in supporting the rights of individuals and their families/carers
  - 2.6 How to use a rights based approach to support individuals
-

- 2.7 What the right to a full and valued life means for individuals and how this can be supported
- 2.8 What is meant by the term 'valued role'
- 2.9 The positive impact that having a valued role can have on an individual's well-being and how they are perceived and treated by others in society
- 2.10 The importance of community participation and reciprocal relationships on well-being
- 2.11 Links between positive risk taking and responsibilities, choice, voice and control, and social inclusion
- 2.12 The importance of positive risk taking in everyday life for individuals
- 2.13 Why individuals living with mental ill-health may have been, or may be discouraged or prevented from taking risks
- 2.14 How gender and ethnicity, and social, cultural and religious environments may impact on individuals and the support they access
- 2.15 Protocols for gaining and confirming consent:
  - Individuals and families/carers when sharing information with services and professionals
  - Individuals when sharing information with families/carers
- 2.16 How to deal with conflicts between the views and choices of individuals and families/carers

You are able to work in ways that:

- 2.17 Take account of specific legislation, national policy, guidance and standards for mental health
- 2.18 Use rights based approaches to support individuals
- 2.19 Support individuals to take informed risk
- 2.20 Promote positive perceptions of and attitudes to individuals living with mental ill-health
- 2.21 Actively challenge prejudice, stereotypical assumptions, discrimination and negative attitudes towards individuals living with mental ill-health

### Range

**Potential impacts** - on equality, diversity and inclusion compounding the difficulties that the individual is experiencing (exclusion, socio-economic, education, employment, independence, emotional and physical well-being, life choices)

### Learning outcome:

#### 3. Treatment and support for recovery

### Assessment criteria

You understand:

- 3.1 The Recovery Model
- 3.2 Treatment that is available to support recovery of individuals
- 3.3 The benefits of social prescribing for individuals
- 3.4 Professionals and services available to provide treatment and support

You are able to work in ways that:

- 3.5 Embed the Recovery Model in your work

- 3.6 Support individuals to develop resilience
  - 3.7 Support individuals to access and use agreed treatment that will help:
    - to cope with the symptoms of their mental health
    - their recovery process
- 

#### Learning outcome:

- 4. Support individuals living with mental ill-health to achieve positive outcomes

#### Assessment criteria

You understand:

- 4.1 Own role in the **planning process** with individuals
- 4.2 The difference in outcomes that may occur between focusing on an individual's strengths and aspirations rather than their needs only
- 4.3 How to clarify expectations with individuals the support they need to engage in a valued range of meaningful activities and their recovery

You are able to work in ways that:

- 4.4 Embed a co-productive approach with individuals in the planning process
- 4.5 Support individuals to engage in a valued range of meaningful activities in ways that promote their independence and recovery
- 4.6 Work with the individual to identify additional resources and support that may be used to assist them to achieve positive outcomes

#### Range

**Planning process** - plans could be either a Care and Treatment Plan under the mental health measure, or a Care and Support Plan under the Social Services and Well-being Act. These would include identifying goals or outcomes and enabling participation in activities; treatment, monitoring, reviewing and evaluating plans

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#### Learning outcome:

- 5. Co-occurring mental health and substance misuse issues

#### Assessment criteria

You understand:

- 5.1 What is meant by the term 'co-occurring mental health and substance misuse'
  - 5.2 Mental health problems associated with substance misuse
  - 5.3 Issues faced by individuals with both mental ill-health and substance misuse
  - 5.4 How to support individuals who are experiencing co-occurring mental health and substance misuse issues
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#### Learning outcome:

- 6. Managing crisis situations
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## Assessment criteria

You understand:

6.1 Types of **crisis situations** that may occur and actions that should be taken

### Range

**Crisis situations** - threatening, aggressive, inappropriate or violent behaviour, overdose, significant self-harm, suicidal thoughts, psychosis

## Unit 340

## Supporting individuals living with mental ill-health

### Supporting Information

#### ***Evidence requirements***

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

#### **Factors that may result in a period of mental ill-health:**

There are three main categories - biological, psychological and environmental/social and they could include:

- childhood abuse, trauma, or neglect
- domestic violence, bullying or other abuse experienced as an adult
- social isolation or loneliness
- experiencing discrimination and stigma
- social disadvantage, poverty or debt
- bereavement
- severe or long-term stress
- having a long-term physical health condition
- unemployment or losing a job
- homelessness or poor housing
- being a long-term carer for someone
- drug and alcohol misuse
- significant trauma as an adult, such as military combat, being involved in a serious incident, or being the victim of a violent crime
- physical causes – for example, a head injury or a neurological condition such as epilepsy can have an impact on behaviour and mood. (It's important to rule out potential physical causes before seeking further treatment).
- Pregnancy and post-partum period
- gender identity

Although lifestyle factors including work, diet, drugs and lack of sleep can all affect mental health, if individuals experience a mental health problem there are usually other factors as well.

**Social prescribing:** Doctors, GPs, nurses and other health professionals can refer people to a range of local, non-clinical services e.g. exercise classes or group learning. It seeks to address people's needs holistically; recognising a range of social, environmental and economical factors.

#### **The Recovery Model:**

Recovery is often referred to as a process, outlook, vision, conceptual framework or guiding principle. The recovery process:

- provides a holistic view of mental illness that focuses on the person, not just their symptoms
- believes recovery from severe mental illness is possible
- is a journey rather than a destination
- does not necessarily mean getting back to where you were before
- happens in 'fits and starts' and, like life, has many ups and downs
- calls for optimism and commitment from all concerned
- is profoundly influenced by people's expectations and attitudes
- requires a well organised system of support from family, friends or professionals
- requires services to embrace new and innovative ways of working.

The recovery model aims to help people with mental health problems to look beyond mere survival and existence. It encourages them to move forward, set new goals and do things and develop relationships that give their lives meaning.

Recovery emphasises that, while people may not have full control over their symptoms, they can have full control over their lives. Recovery is not about 'getting rid' of problems. It is about seeing beyond a person's mental health problems, recognising and fostering their abilities, interests and dreams.

Mental illness and social attitudes to mental illness often impose limits on people experiencing mental ill-health. Health professionals, friends and families can be overly protective or pessimistic about what someone with a mental health problem will be able to achieve. Recovery is about looking beyond those limits to help people achieve their own goals and aspirations.

Recovery can be a voyage of self-discovery and personal growth. Experiences of mental illness can provide opportunities for change, reflection and discovery of new values, skills and interests.

Research has found that important factors on the road to recovery include:

- good relationships
- financial security
- satisfying work
- personal growth
- the right living environment/ accommodation
- developing one's own cultural or spiritual perspectives
- developing resilience to possible adversity or stress in the future.

Further factors highlighted by people as supporting them on their recovery journey include:

- being believed in
- being listened to and understood
- getting explanations for problems or experiences
- having the opportunity to temporarily resign responsibility during periods of crisis.
- having the right treatment and support.

In addition, it is important that anyone who is supporting someone during the recovery process encourages them to develop their skills and supports them to achieve their goals.

Links between recovery and social inclusion:

There is a strong link between the recovery process and social inclusion. A key role for services is to support people to regain their place in the communities where they live and take part in mainstream activities and opportunities along with everyone else. There is a growing body of evidence that demonstrates that taking part in social, educational, training, volunteering and employment opportunities can support the process of individual recovery.

**Treatment:** could include: therapeutic activities (relaxation, mindfulness, using outdoor environment), physical care (sleep, avoiding recreational drugs and alcohol, taking care of personal appearance and hygiene, healthy eating, physical activity), talking therapies (Cognitive Behavioural Therapy), Medication (anti-depressants, sleeping pills and minor tranquillizers, anti-psychotics, mood stabilizers), arts and creative therapies, complementary and alternative therapies, group work, peer support.

Individuals who are accessing care and support under part 2 of the Mental Health Measure will have the right to a Care and Treatment Plan.

**Types of advocacy:**

- Self-advocacy
- Informal advocacy
- Collective advocacy
- Peer advocacy
- Citizen advocacy
- Independent volunteer advocacy
- Formal advocacy
- Independent professional advocacy
- Independent mental health advocacy
- Independent mental capacity advocacy.

**Types of mental health problems** could include:

- Anger
- Anxiety and panic attacks
- Bipolar disorder
- Body dysmorphic disorder
- Borderline personality disorder
- Depression
- Dissociative disorders
- Drugs – recreational drugs and alcohol
- Eating problems
- Hearing voices
- Hoarding
- Hypomania and mania
- Loneliness
- Obsessive-compulsive disorder
- Panic attacks
- Paranoia
- Personality disorders
- Phobias
- Postnatal depression and perinatal mental health
- Post-traumatic stress disorder

- Premenstrual dysphoric disorder
- Psychosis
- Schizoaffective disorder
- Schizophrenia
- Seasonal affective disorder
- Self-esteem
- Self-harm
- Sleep problems
- Stress
- Suicidal feelings
- Tardive dyskinesia.

**Valued range of meaningful activities:** refers to the balance of activities that contribute to a good quality of life for individuals, incorporating vocational, domestic, personal, leisure, educational and social activities.

### ***Related NOS***

- SFHMH14 Identify potential mental health needs and related issues
- SFHMH18 Identify the physical health needs of individuals with mental health needs

### ***Related legislation and guidance***

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

## Unit 341 impairment

## Supporting individuals with a physical

<b>Level:</b>	3
<b>GLH:</b>	25
<b>Credit:</b>	4
<b>Unit Summary:</b>	<p>This unit aims to support the learner to develop the knowledge, understanding and skills needed to support individuals with a physical impairment.</p> <p>Throughout this unit references to 'individual' mean individuals with a physical impairment</p>

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### Learning outcome:

1. The concept of disability and physical impairment

### Assessment criteria

You understand:

- 1.1 What is meant by the terms 'disability', 'disabled' and 'physical impairment'
- 1.2 What is meant by the terms 'congenital', 'acquired', 'neurological' and 'progressive' when used in relation to physical impairment
- 1.3 The importance of recognising the centrality of the individual rather than the impairment
- 1.4 The impacts (positive and negative) of being labelled as having a physical impairment

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### Learning outcome:

2. Rights based approaches

### Assessment criteria

You understand:

- 2.1 How the UN Convention of Rights of Persons with Disabilities supports a rights based approach
- 2.2 How societal attitudes and values towards individuals with physical impairment impact on equality, diversity and inclusion
- 2.3 The role of advocacy in supporting the rights of individuals
- 2.4 How to use a rights based approach to support individuals
- 2.5 What the right to a full and valued life means for individuals and how this can be supported
- 2.6 What is meant by the term 'valued role'
- 2.7 The positive impact that having a valued role can have on an individual's well-being and how they are perceived and treated by others in society
- 2.8 The difference between physical presence and participation
- 2.9 The importance of community participation and reciprocal relationships on well-being

- 2.10 Links between positive risk taking and responsibilities, choice, voice and control, and social inclusion
- 2.11 The importance of risk taking in everyday life for individuals
- 2.12 Why individuals with physical impairment may have been, or may be discouraged or prevented from taking risks
- 2.13 **Potential impacts of social and environmental barriers** on an individual with a physical disability
- 2.14 How gender, ethnicity and social, cultural and religious environments may impact on individuals with physical impairment and the support they access

You are able to work in ways that:

- 2.15 Use rights based approaches to support individuals
- 2.16 Support individuals to take informed risk
- 2.17 Promote positive perceptions of and attitudes to individuals with physical impairment
- 2.18 Actively challenge prejudice, stereotypical assumptions, discrimination and negative attitudes towards individuals with physical impairment

### Range

**Potential impacts** - exclusion, socio-economic, education, employment, mobility, independence, emotional and physical well-being, mental health, life choices

**Social and environmental barriers** - stereotypical attitudes, negative/offensive language, physical and organisational barriers

### Learning outcome:

- 3. Support individuals with a physical impairment to achieve positive outcomes

### Assessment criteria

You understand:

- 3.1 Own role in the **planning process** with individuals
- 3.2 The difference in outcomes that may occur between focusing on an individual's strengths and aspirations rather than their needs only
- 3.3 How to clarify expectations with individuals and the support they need to engage in a valued range of meaningful activities

You are able to work in ways that:

- 3.4 Embed a co-productive approach with individuals in the planning process
- 3.5 Support individuals to engage in a valued range of meaningful activities in ways that promote independence
- 3.6 Work with the individual to identify resources and support that may be used to assist them to achieve positive outcomes

### Range

**Planning process** - would include identifying goals or outcomes and enabling participation in activities; monitoring, reviewing and evaluating plans

## Unit 341

## Supporting individuals with a physical impairment

### Supporting Information

#### ***Evidence requirements***

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit

People are “**disabled**” through lack of access to buildings, information, communication or personal support or by the attitudes of others.

**Disability:** The loss or limitation of opportunities to take part in society on an equal level with others due to institutional, environmental and attitudinal barriers.

**Physical impairment:** An injury, illness, or congenital condition that causes or is likely to cause a long-term effect on physical appearance and/or limitation of function within the individual that differs from the commonplace.

**Valued range of meaningful activities** refers to the balance of activities that contribute to a good quality of life for individuals, incorporating vocational, domestic, personal, leisure, educational and social activities.

#### ***Related legislation and guidance***

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.



## Unit 342 Supporting individuals with an acquired brain injury

<b>Level:</b>	3
<b>GLH:</b>	40
<b>Credit:</b>	8
<b>Unit Summary:</b>	<p>This unit aims to support learners to develop the knowledge, understanding and skills needed to support individuals with acquired brain injuries.</p> <p>In the context of this unit, the term 'individual' refers to individuals with an acquired brain injury.</p>

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### Learning outcome:

1. Rights based approach

### Assessment criteria

You understand:

- 1.1 How the UN Convention of Rights of Persons with Disabilities supports a rights based approach
- 1.2 The medical and social models of disability
- 1.3 Why acquired brain injury is sometimes described as a hidden disability
- 1.4 How to use a rights based approach to support individuals
- 1.5 What the right to a full and valued life means for individuals
- 1.6 What is meant by the term 'valued role'
- 1.7 The importance of having a valued role and sense of purpose on well-being
- 1.8 Links between positive risk taking and responsibilities, choice, voice and control, and social inclusion
- 1.9 The importance of risk taking in everyday life for individuals
- 1.10 Why individuals may have been, or may be discouraged or prevented from taking risks
- 1.11 How lack of insight resulting from acquired brain injury may impact on an individual's ability to take risk
- 1.12 The role of advocacy in supporting the rights of individuals
- 1.13 The importance of family-centred approaches to support individuals

You are able to work in ways that:

- 1.14 Use rights based approaches to support individuals
- 1.15 Support individuals to take informed risk, taking account of any lack of insight and what the individual wants to achieve

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### Learning outcome:

2. Acquired brain injury and potential impacts on individuals and their families

## Assessment criteria

You understand:

- 2.1 **Types and causes** of acquired brain injury
- 2.2 How neurological pathways can change as a result of an acquired brain injury
- 2.3 **Potential impacts** of an acquired brain injury on individuals
- 2.4 How the potential impacts of an acquired brain injury may affect:
  - the individual
  - their role
  - their families
  - their relationships

You are able to work in ways that:

- 2.5 Support individuals and their families to adjust to change
- 2.6 Take account of the impacts that an individual is experiencing

## Range

**Types and causes** - traumatic brain injury, other forms of acquired brain injury

**Potential impacts** - physical, cognitive, emotional and behavioural

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## Learning outcome:

- 3. Support effective communication

## Assessment criteria

You understand:

- 3.1 The range of communication methods and approaches that can be used to support individuals
- 3.2 The importance of providing the correct level of information for individuals
- 3.3 Sources of information, advice and support for the development of communication skills
- 3.4 The importance of using and adapting language and methods of communication that are both age and ability appropriate
- 3.5 How previous experiences, additional conditions and first language may influence an individual's willingness and ability to communicate
- 3.6 How behaviour may be used as a form of communication
- 3.7 Communication and cognitive communication difficulties that may be experienced by individuals

You are able to work in ways that:

- 3.8 Use a range of communication methods and approaches to support individuals
- 3.9 Adapt methods of communication to meet the needs of individuals
- 3.10 Contribute to the development of communication plans for individuals
- 3.11 Embed a co-productive approach when working with others to evaluate a range of methods used to support their communication

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### Learning outcome:

## 4. Support rehabilitation, reablement and ongoing support for individuals

### Assessment criteria

You understand:

- 4.1 Benefits of rehabilitation, reablement and on-going support
- 4.2 The range of professionals/agencies involved in rehabilitation, reablement and ongoing support for:
  - individuals at different stages of recovery
  - different aspects of acquired brain injury
- 4.3 The boundaries of own role when undertaking tasks that have been delegated by other professionals for the rehabilitation, reablement and on-going support of individuals
- 4.4 Why it is important to understand lack of insight and fatigue when supporting individuals with rehabilitation, reablement activities and on-going support
- 4.5 How rehabilitation, reablement and ongoing support can help the brain develop new neurological pathways and alternative ways of working
- 4.6 How electronic assistive technology can be effectively used to enhance the independence, safety and well-being of individuals
- 4.7 The importance of using a strengths-based approach to build skills, confidence and self-esteem
- 4.8 Strategies, **models and approaches** to support:
  - physical recovery
  - cognitive skills
  - emotional well-being
  - positive and constructive behaviour
- 4.9 The need to maintain motivation, celebrate individual successes and understand 'learned helplessness'
- 4.10 Ways that well-being can be actively promoted and supported for individuals
- 4.11 The importance of developing good relationships for supporting the use of positive approaches with individuals

You are able to work in ways that:

- 4.12 Use a co-productive approach to implement a range of strategies to support an individual's:
  - physical recovery
  - cognitive skills
  - emotional well-being
  - positive and constructive behaviour
- 4.13 Assist individuals to use person-centred planning processes to set goals that support their recovery and ability to lead full and valued lives
- 4.14 Promote active participation in a valued range of meaningful activities, supporting the individual to take as much responsibility as possible for:
  - the use of their current skills and abilities
  - regaining former skills
  - acquiring new skills

4.15 Support individuals to maintain and develop friendships and participate in their communities

**Range**

**Models and approaches** - person-centred planning, Active Support Model

## Unit 342 brain injury

## Supporting individuals with an acquired

### Supporting Information

#### ***Evidence requirements***

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

As part of the delivery of this unit, learners need to be provided with an overview of **Diabetes Insipidus**. Whilst this is an unrelated condition to Diabetes Mellitus; the two conditions are sometimes confused, therefore an overview of Diabetes Insipidus (causes and effects, including its association with Acquired Brain Injuries) would be useful. Guidance on Diabetes Insipidus can be found through the following websites:

- <https://www.pituitary.org.uk/media/386047/To-A-E-and-hospital-ward-staff---Diabetes-Insipidus-patient-Oct-2014-PM.pdf>
- <https://www.pituitary.org.uk/information/publications/conditions-and-procedures/diabetes-insipidus-booklet/>

**Active Support Model:** a person-centred model of how to interact with individuals combined with a daily planning system that promotes participation and enhances quality of life to establish the level of participation in activities and the level of support needed to develop the skills needed to engage in these as independently as possible. To include:

- Daily plans and levels of participation
- Levels of help or support and assistance
- Positive interaction
- Positive reinforcement
- Skills teaching
- Task analysis
- Valued range of meaningful activities.

**Cognitive communication difficulties** could include:

- Attention and concentration difficulties
- Memory problems
- Literal interpretation
- Re-emergence of first language
- Reduced reasoning and problem-solving skills
- Cognitive fatigue
- Slowed speed of information processing
- Impaired social communication skills.

**Communication difficulties** could include:

- Aphasia

- Receptive aphasia
- Reading problems
- Expressive aphasia
- Writing problems
- Dysarthria
- Dyspraxia of speech.

**Electronic assistive technology:** the benefits of an early introduction of assistive technology, its limitations and constraints, how to ensure that decisions regarding assistive technology are outcome focused inclusive and transparent.

Electronic assistive technology could include: everyday devices (mobile phones, smart living controls, smart phones, smart TVs, games consoles, computers), devices designed to support specific health and social care needs (personal and activity alarms, electronic reminders and prompts, talking clocks, communication aids, smoke alarms, telecare alarms, fall detectors, GPS devices, health monitoring equipment, seizure monitoring).

**Full and valued life** would include:

- Choice and control over both small day to day details and life-defining matters
- Education and training
- Employment
- Social and economic well-being
- Engagement and participation in a valued range of meaningful activities
- Physical and mental health care
- Parenthood
- Sexual relationships
- Sexual orientation
- Gender identity
- Housing and accommodation
- Social inclusion
- Relationships and friendships.

**Hidden disability:** for some individuals with acquired brain injury and there are no obvious visible characteristics.

**Lack of insight:** difficulties in accurately perceiving and interpreting one's own and other people's behaviour and feelings. The individual may have unrealistic views of themselves and may not appreciate that they have certain problems. This may lead to unattainable goals being set which can lead to failure and frustration or unsafe risks being taken as the individual does not recognise the risk itself.

**Learned helplessness:** when people feel helpless to avoid negative situations because previous experience has shown them that they do not have control. This results in a negative cycle where they and others have low expectations of them that are reinforced by the person fulfilling these low expectations creating dependency, low self-esteem and lack of self-belief.

**Other forms of acquired brain injury** would include: tumour, stroke, brain haemorrhage, encephalitis.

**Person-centred planning process** to include individuals:

- How they can be supported to express their opinions
- Identifying what matters to them and what they would like to achieve
- How they would like to do this
- How big or long-term goals can be broken down into smaller achievable steps or goals
- How to take account of fatigue when planning how to meet goals
- How they will be able to tell whether they have achieved their goals
- How individuals can be supported to recognise and celebrate the achievement of goals
- Why it is important to use a strengths-based approach with individuals to build upon what the person is able to do
- Who they would like to be involved and at what stage
- How to involve families of other key people in supporting the individual to achieve their goals
- How, where and when their person-centred planning should take place
- How their person-centred planning should be recorded.

### **Potential impacts of acquired brain injury**

Physical to include:

- Mobility
- Spasticity
- Weakness or paralysis
- Ataxia
- Sensory impairment
- Fatigue
- Difficulty with speech
- Epilepsy
- Hormone imbalances.

Cognitive to include:

- Problems with memory
- Language loss
- Problems with visual – perceptual skills
- Motivation
- Reduced concentration span
- Reduced information processing ability
- Repetition
- Impaired reasoning
- Impaired insight and empathy.

Emotional and behavioural to include:

- Personality changes
- Mood swings
- Depression and sense of loss
- Anxiety
- Frustration and anger
- Post-traumatic stress disorder
- Disinhibition
- Impulsiveness
- Irritability, agitation and aggression
- Apathy and loss of initiative
- Egocentricity.

**Range of communication methods:**

This may include ways to support the individual to:

- **Concentrate on speech**
  - Make it easier for the person to concentrate or focus on what is being said, e.g. through not talking when the television/radio is on, or when a difficult task is being attempted.
  - Discuss tasks in advance of doing them, to help focus the person's attention.
  - Don't skip hurriedly from one topic to another in conversation; focus on one subject and make it clear when you begin or intend to begin to talk about something new.
- **Understand speech**
  - Adapt your own communication as necessary, e.g. by speaking more slowly.
  - Encourage the individual to let you know when they haven't understood you.
  - Use gestures where appropriate, as well as other forms of communication (e.g. images, drawings, photos) to support understanding of speech.

Also consider the methods and approaches used in response to an individual that support's effective communication, such as,

- Provide active encouragement at attempts by the individual to communicate (use of positive reinforcement; avoiding 'correcting' or highlighting 'failings' to articulate)
- Resist the temptation to speak for the person, or finish sentences for them – provide time and opportunity for the individual to find the right word.
- Avoid over-reacting or losing your temper in challenging situations.
- Encourage the use of non-speech methods of communication where communication problems are severe, e.g. writing, typing, 'sign language' and communication aids.

**Reablement activities** would include:

- Physiotherapy
- Skills development
- Communication skills development
- Memory development
- Therapies
- Strategies to support cognitive abilities and memory loss.

**Strategies and ways of working to support emotional well-being and positive and constructive behaviour** would include:

- Use of a range of positive approaches
- Providing frequent, non-critical feedback about performance or behaviour
- Goal setting
- Focus on strengths, improvements and positive changes
- Memory aids
- Development of physical, cognitive and communication skills
- Counselling
- Support groups
- Neuropsychologist support.

**Strategies and ways of working to support physical recovery** would include:

- Other professionals
- Reablement



- Electronic assistive technology
- Adjustments.

**Strategies and ways of working to support the development of cognitive skills** would include:

- Memory aids
- Electronic assistive technology
- Goal setting / person-centred planning
- Positive reinforcement
- Feedback.

**Types of advocacy** to include:

- Self-advocacy
- Informal advocacy
- Collective advocacy
- Peer advocacy
- Citizen advocacy
- Independent volunteer advocacy
- Formal advocacy
- Independent professional advocacy.

**Valued range of meaningful activities:** refers to the balance of activities that contribute to a good quality of life for individuals, incorporating vocational, domestic, personal, leisure, educational and social activities.

### ***Related NOS***

- SCDHSC 0344 Support individuals to retain, regain and develop skills to manage their daily living
- SCDHSC3111 Promote rights and diversity
- SCDHSC0382 Support individuals to manage change in their lives
- SCDHSC0031 Promote effective communication

### ***Related legislation and guidance***

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

## Unit 379

## Supporting individuals to plan for and prepare meals

Level:	3
GLH:	15
Credit:	6
Unit Summary:	<p>This unit aims to support learners to develop the knowledge, understanding and skills needed to support individuals to plan for and prepare meals.</p> <p>In the context of this unit, the term 'individuals' refers to adults and children and young people who access care and support services.</p> <p>Barred combination with unit 243 'Supporting food safety practice in health and social care settings'.</p>

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### Learning outcome:

1. Support individuals to know the importance of nutrition and hydration

### Assessment criteria

You are able to work in ways that:

- 1.1 Support individuals to know :

- why nutrition and hydration are important
- what is meant by 'eating well'

- 1.2 Support individuals to know how to plan balanced meals from the **five food groups**

- 1.3 Support individuals to know why foods high in salt and sugar should be eaten in small amounts

### Range

**Five food groups** – 1. fruit and vegetables, 2. potatoes, bread, rice, pasta and other starchy carbohydrates, 3. beans, pulses, fish, eggs, meat and other proteins, 4. dairy and alternatives, 5. oils and spreads

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### Learning outcome:

2. Support individuals to understand food safety

### Assessment criteria

You understand:

- 2.1 Legislation related to food safety and what this means in the home environment

- 2.2 How to support individuals to know:

- potential **food safety hazards** when handling food and drink
- causes of food poisoning and illness related to the handling of food

- what is meant by the four 'C's in relation to food safety

2.3 The importance of supporting individuals to maintain **food safety measures** when handling food

2.4 How to ensure food safety measures are implemented in such a way that do not have a negative impact on the home environment

2.5 How to deal with conflict and issues related to food safety measures

You are able to work in ways that:

2.6 Support individuals to understand the risks that can occur from the inappropriate preparation and storage of food

2.7 Support individuals to know how to implement food safety measures when preparing and storing food

### Range

**Food safety hazards** – microbiological, chemical and physical, allergenic

**Food safety measures** – effective controls, minimise risks, hand washing, use of appropriate personal protective equipment, ensuring clean surfaces, equipment and utensils before and after handling food, clearing away promptly and safely, safe disposal of food and drink, safe food temperatures, effective controls for storing food and drink, utensils and equipment

### Learning outcome:

3. Understand the process of skills teaching/development when supporting individuals to plan for and prepare meals

### Assessment criteria

You understand:

3.1 Different **levels of support** which can be used to support active participation in meal planning and preparation

3.2 What is meant by the term 'graded assistance'

3.3 How to use task analysis for skills teaching/development

3.4 The importance of:

- having a clear teaching/development plan
- recognising and building on the individual's strengths
- positive reinforcement when teaching/developing skills
- consistency when teaching/developing skills

### Range

**Levels of support** – ask, instruct, prompt, show, guide

### Learning outcome:

4. Support individuals to plan nutritious meals

### Assessment criteria

You are able to work in ways that:

4.1 Use co-productive approaches with individuals to:

- identify the support needed to plan meals
  - identify the meals they would like to prepare
  - plan balanced meals which reflect the guidance on eating well and the preferences of individuals
- 4.2 Support individuals to select and make available the ingredients needed for identified meals
- 4.3 Support individuals to select and make available the equipment needed to prepare identified meals
- 

#### Learning outcome:

5. Support individuals to prepare nutritious meals

#### Assessment criteria:

You are able to work in ways that:

- 5.1 Use co-productive approaches with individuals to:
- use task analysis to identify the different steps of preparing meals
  - identify the support needed to prepare meals
  - identify any aids or adaptations needed
  - identify food safety measures to be used when preparing the meal
- 5.2 Support individuals to prepare meals using agreed teaching/development plans and levels of support
- 5.3 Use positive reinforcement to motivate individuals and let them know they are doing things correctly
- 

#### Learning outcome:

6. Support individuals to review their meal planning and preparation

#### Assessment criteria

You are able to work in ways that:

- 6.1 Use co-productive approaches with individuals to:
- review how they feel about their participation in meal planning and preparation
  - review what they feel went well and changes they would like to make
  - identify next steps in meal planning and preparation including other meals they would like to make
- 6.2 Record progress and any changes to the skills/development plan
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## Unit 379

## Supporting individuals to plan for and prepare meals

### Supporting Information

#### ***Evidence requirements***

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack.

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

**Consistency** – it is important that all workers use the same approach to avoid confusion for the individual. It also helps to establish patterns, the repetition will support individuals to learn a new skill.

#### **Eating Well:**

The Eatwell Guide: Government Recommendations for a Balanced Diet.

The basic principles of healthy eating are summarised in the Eatwell Guide. This translates the government's nutrient-based dietary recommendations for healthy eating into food-based guidelines.

The guide is a pictorial guide showing the proportion and types of food that are needed to make up a healthy balanced diet.

The guide is suitable for most individuals including those of all ethnic origins and those who are of a healthy weight or overweight. It is also suitable for vegetarians and children over the age of five.

The guide may not be appropriate for those who are nutritionally at risk, for example frail older people, disabled children and young people, individuals who are ill, or those following a specific therapeutic diet as they may have more specific dietary requirements. Older people may be at greater risk of malnutrition.

The guide shows that individuals do not have to give up the foods they enjoy and that all foods can be part of a healthy diet. It is about achieving the right balance and variety of foods that is important for health. It aims to reduce the confusion about what a healthy diet is.

The guide is divided into five food groups:

- fruit and vegetables
- potatoes, bread, rice, pasta and other starchy carbohydrates
- beans, pulses, fish, eggs, meat and other proteins
- dairy and alternatives
- oils and spreads.

Foods from the largest groups should be eaten most often and foods from the smallest group should be eaten less often. The calorie requirements shown on the Eatwell Guide apply to adults. Rather than focusing on calories for children, it is more important that they are offered regular, nutritious meals along with active play.

You can access the pictorial Eatwell Guide here:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/528193/Eatwell\\_guide\\_colour.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/528193/Eatwell_guide_colour.pdf)

### Why is balance important?

No single food contains all the essential nutrients the body needs to be healthy and to work well. The nutritional value of a person's diet depends on the overall mixture or balance of foods that is eaten over a period of time, as well as on the needs of the individual. That is why a balanced diet is one that is likely to include a large variety of foods, so we get enough of all the nutrients.

We need energy to live, but the balance between carbohydrate, fat and protein must be right for us to remain healthy. Too little protein can interfere with growth and other body functions, too much fat can lead to obesity and heart disease. Getting enough vitamins and minerals and dietary fibre is important for health.

### The **five food groups**:

#### 1. Fruit and vegetables

Most people know that we should be eating more fruit and vegetables but many of us are not eating enough. We should be eating at least five portions of fruit and vegetables a day and can choose from fresh, frozen, tinned, dried or juiced. Potatoes don't count because they're a starchy food.

Fruit and vegetables should make up over a third of the food you eat each day. And it is also important to eat a variety. Fruit and vegetables are good sources of many vitamins and minerals and fibre. People who eat lots of fruit and vegetables are less likely to develop chronic diseases like heart disease and some cancers. Fruit and vegetables are also low in fat and when eaten in place of high energy foods can help with weight control.

#### 2. Potatoes, bread, rice, pasta and other starchy carbohydrates

These foods should make up just over a third of the food we eat. These foods give us carbohydrates (starch), fibre, some calcium and iron and B vitamins. This group includes bread, breakfast cereals, chapattis, oats, rice, pasta, noodles, potatoes, yams, plantains, dishes made from maize, millet, and cornmeal. We should try to eat a variety.

Choose wholegrain, wholemeal, brown or 'high fibre' varieties wherever possible. People often think that starchy foods are more likely to make us gain weight than any other food, but it is too many calories that makes us gain weight. Often it is the fat we add to starchy foods that adds calories. For example, it's the margarine or butter we spread on bread, the cream or cheese sauce we add to pasta, or the oil we use for frying.

#### 3. Beans, pulses, fish, eggs, meat and other proteins

For most people a healthy diet means eating only moderate amounts of meat, fish and the alternatives such as pulses, eggs, nuts, beans, soya products such as tofu, tempeh, textured soya protein, and choosing lower fat versions whenever possible. This group of foods gives us iron (for healthy blood), protein, B vitamins, especially vitamin B12, zinc and magnesium.

Processed meat such as bacon and salami, and meat products such as sausages, beef burgers and pâté are all relatively high in fat and are not recommended for health, so try to keep them to a minimum. Beans such as canned baked beans and pulses are a good low fat source of protein and high in fibre.

We should aim to eat at least two portions of fish a week. These can be fresh, frozen or canned and include fish fingers and fish cakes. Each week one of these portions should be oily fish such as sardines, salmon, mackerel, herring or trout as they are rich in omega-3 fatty acids and a good source of vitamin A and D. Fresh or canned tuna does not count as a portion of oily fish but is still a good source of protein and some vitamins.

#### 4. Dairy and alternatives

This group includes milk, cheese, yoghurt, fromage frais and other dairy foods in moderate amounts. Remember to choose lower fat varieties whenever you can. If you use soya or other plant based alternatives such as rice or oat milk substitutes, make sure you choose calcium enriched varieties when possible. These foods supply calcium (for strong bones), protein, vitamin B12 and vitamins A and D.

This group doesn't include butter, eggs and cream.

#### 5. Oils and spreads

A small amount of fat in the diet is essential for health. This group includes unsaturated fats such as olive oil, rapeseed oil and their spreads. It is important to get more of our fats from unsaturated oils/spreads as they help reduce cholesterol in the blood.

Fats have twice as many calories weight for weight as protein and carbohydrates so should be used in small amounts.

#### **Foods high in fat, salt and sugar:**

The foods in this group are not needed in the diet and so, if included, should only be eaten occasionally and in small amounts. Some fats are easy to spot, like cream, fat on meat, butter and margarine. Other fats are hidden in cakes, chocolate, crisps, pastry, mayonnaise, salad dressings, puddings, ice cream and rich sauces and gravies.

Sugar contains only calories and has no other nutrients. We can get all the energy you need from other foods, so you don't need sugar. Too much sugar causes tooth decay and may contribute to obesity. Sugary foods include soft drinks, sweets, jam and sugar, as well as foods such as cakes, puddings, biscuits, pastries and ice cream. Read food labels and watch out for sucrose, dextrose, fructose and maltose on the ingredients list of packaged food, as they are all forms of sugar, as are honey, syrup, raw sugar, brown sugar, cane sugar, muscovado and concentrated fruit juice.

Most of the salt we eat is already in everyday foods such as bread, breakfast cereal, pasta sauce and soup. Check the label and choose foods that are lower in salt.

People with dark skin from African, African-Caribbean and south Asian backgrounds may also not get enough vitamin D from sunlight and should consider taking a vitamin D supplement all year around.

It is important individuals are offered a balanced diet with a variety of foods from the different food groups. This will help them to get all the nutrients they need for health and well-being.

#### **The four 'C's**

- Cleaning
- Cooking
- Chilling
- (avoiding) Cross contamination

### **Cleaning**

Removing harmful germs or microbes by cleaning with warm soapy water. We should regularly clean our:

- hands
- work surfaces
- chopping boards
- knives

Washing with warm soapy water, the lather and physical motion of washing will detach bacteria from the surfaces, it will not however kill it – to kill bacteria we need to wash the surfaces at above 70°C which is too hot for our hands.

Dishcloths and tea towels should be changed or washed and dried regularly – dirty, damp cloths allow bacteria to breed.

All utensils and dishes must be clean before using to prepare or serve food, this is to avoid cross contamination. We should use different utensils, plates and chopping boards when preparing ready to eat foods and raw foods that require cooking such as meat. Remember to wash them thoroughly with warm soapy water between tasks to avoid the spread of harmful bacteria.

### **Cleaning products**

We should always read the instructions carefully on any cleaning products to make sure they are suitable for food surfaces and that you are using them correctly.

### **Cooking**

Cooking food at the right temperature and for the correct length of time will make sure that any harmful bacteria are killed. We should always check the advice on food packaging and follow the cooking instructions provided.

### **How time and temperature kill bacteria**

During cooking, heat energy transfers into and breaks down proteins in the food – meat changes colour from pink to brown. Cooking also causes the proteins in bacteria to break up so they no longer function and the bacteria die. This is why cooking properly removes the risk from harmful bacteria, that are in some food.

Bacteria usually grow in the 'Danger Zone' between 8°C and 60°C. Below 8°C, growth is stopped or significantly slowed down. Above 60°C, the bacteria start to die. Time and temperature are both important because proteins need to be heated up for enough time for them to be broken down. Standard advice is to cook food until it has reached 70°C and stayed at that temperature for 2 minutes.

The other time and temperature combinations are:

- 60°C for 45 minutes
- 65°C for 10 minutes
- 70°C for 2 minutes
- 75°C for 30 seconds
- 80°C for 6 seconds



## Chilling food

Some foods need to be kept in the fridge to slow down the growth of bacteria. To keep food safe:

- Follow the storage instructions on the packaging, including the best before and use by dates
- Keep chilled food out of the fridge for the shortest time possible during preparation
- Cool cooked food quickly at room temperature, then place in the fridge within 1 to 2 hours
- The fridge should be 5°C or below as some bacteria can grow at lower temperatures than 8°C
- Don't over fill the fridge, leaving space allows air to circulate and maintains the set temperature

## Freezing food

A freezer acts as a pause button. Food in a freezer won't deteriorate and most bacteria cannot grow in it. The cold temperatures of a freezer (-18°C) delay chemical reactions within foods and put any bacteria that may be present on pause. The bacteria are still alive, but they stop growing or producing toxins.

The important thing to remember is that because bacteria haven't been killed, they may be revived as the food defrosts. Make sure when you are defrosting, that the food never enters the Danger Zone because the bacteria may grow and make anyone who eats it ill.

Once defrosted, food should be eaten within 24 hours, it should not be re-frozen.

## Cross contamination

Cross contamination is what happens when bacteria or other microbes are transferred from one object or surface to another. The most common example is the transfer of bacteria between raw and cooked food.

This is thought to be the cause of most foodborne infections for example when you are preparing raw chicken, bacteria can spread to our chopping boards, knives and hands and could cause food poisoning.

Bacterial cross contamination is most likely to happen when raw food touches or drips onto ready to eat food, utensils or surfaces.

We can prevent it by:

- Preparing food hygienically
  - use different utensils, plates and chopping boards for raw and cooked meat
  - wash utensils, plates and chopping boards for raw and cooked food thoroughly between tasks
  - do not wash raw meat
  - wash our hands after touching raw foods and before you handle ready to eat food
- Storing food effectively
  - cover raw food, including meat and keep it separate from ready to eat foods
  - use a dish which has a lip to prevent spillages
  - store covered raw meat, poultry, fish and shellfish on the bottom shelf of the fridge

Some of the foods which are more likely to cause food poisoning than others are: raw milk, raw shellfish, soft cheeses, pate, foods containing raw egg and cooked sliced meat. The Food Standards Agency has a helpful leaflet called '**Foods that need extra care**'.

**Graded assistance** – this means changing the amount of support until the most appropriate level is reached and always starting with the least amount of support.

Too much support can lead to workers taking over. Too little support could lead to individuals failing completion of the task.

**Importance of hydration:**

Fluid is essential for health. Individuals who are not drinking enough fluids are at risk of repeated infections, confusion or falling over.

Dehydration is the loss of water from the body and this can seriously affect the body if fluids are not replaced. The body needs water so that it can go on working normally every day.

Signs of dehydration:

- thirst and/or dry lips and tongue
- sunken eyes and/or skin looks dry and may sag
- not passing much urine
- headaches, confusion, lack of concentration and/or mood swings.

Reasons individuals lose fluid:

- vomiting, diarrhoea, fever
- heat exhaustion
- medicines that remove water from the body
- medical problems; ill health
- drinking a lot of alcohol; it removes water from the body.

Reasons individuals don't drink enough fluid:

- loss of appetite
- lack of thirst
- forget to drink
- distracted by other things
- unable to access drinks
- drinks not available
- to manage or avoid the urge to go to the toilet.

How much fluid do we need?

In the UK it is recommended that an adult drinks 6-8 full glasses of fluid per day.

What counts as fluid intake?

Fluids include water and anything that contains water, such as tea, coffee and fruit drinks or juices. Soft drinks like coke and lemonade are fine in small amounts only, but remember they contain lots of sugar and could lead to tooth decay. Children should avoid tea and coffee.

Practical Hints; encourage individuals to:

- drink fluids often, before they get thirsty
- drink more fluids on hot and humid days
- try drinking small amounts of fluid more often throughout the day
- drink more fluid when they are more active or exercising
- drink more if they have fever, diarrhoea or vomiting.

The importance of hydration

Dehydration is common amongst older people and can lead to headaches, confusion, inability, falls, loss of appetite and constipation. Some of the evidence for the benefits of good hydration in older people is summarised below.

#### Pressure ulcers

Poorly hydrated individuals are twice as likely to develop pressure ulcers. This is because dehydration reduces the padding over bony points. Fluid intake to correct dehydration increases levels of tissue oxygen and helps ulcer healing.

#### Constipation

Poor fluid intake is one of the biggest causes of chronic constipation. It is more frequent in older people living in care homes, affecting some 42% of patients admitted to geriatric wards. In individuals who are poorly hydrated, drinking more water can increase stool frequency. It can also help the beneficial effect of daily dietary fibre intake.

#### Urinary infections and continence

Water helps maintain a healthy urinary tract and kidneys. Being hydrated, rather than having a high fluid intake, is important in the prevention of urinary tract infection (UTI). Many older people don't like to drink in the evening to prevent them from needing the toilet in the night. However, it has been shown that restricting overall fluid intake does not reduce urinary incontinence.

#### Kidney stones and gallstones

Good hydration can reduce the risk of kidney stone formation by 39%. This is because dilute urine helps to prevent crystallisation of stone-forming salts. Drinking water at regular intervals can also help by diluting bile and stimulating gall-bladder emptying. This, in turn, helps to prevent gall stone formation.

#### Heart disease

Adequate hydration reduces the risk of heart disease by 46% in men and by 59% in women. It also helps prevent blood clots forming by decreasing the viscosity of the blood (how 'thick' the blood is).

#### Low blood pressure

Many older people have a drop in blood pressure when they stand. This sometimes causes them to pass out. Drinking a glass of water 5 minutes before standing helps stabilise blood pressure and prevents fainting.

### Diabetes

Water is an essential part of the dietary management of diabetes. This is because dehydration can worsen diabetic control. In individuals with poorly controlled diabetes, high urine output can increase the risk of dehydration.

### Cognitive impairment

Dehydration worsens mental performance. Symptoms of mild dehydration include light headedness, dizziness, headaches and tiredness. It reduces alertness and the ability to concentrate. Once you feel thirsty, mental function may be affected by up to 10%. Mental performance gets worse as the individual becomes more dehydrated. In older people this affects cognitive function, leading to increasing frailty, reduced ability to do things for themselves, and a reduction in quality of life.

### Falls

The risk of falls increases with age. In older people, falls can result in injury and fractures. For example, a broken hip can lead to a reduced quality of life, over and above the trauma and hurt. Such individuals rarely get back to the same degree of independent living as they enjoyed before they fell.

Dehydration has been identified as one of the risk factors for falls in older people. This is because it can lead to a deterioration in mental state and increase the risk of dizziness and fainting. Maintaining adequate hydration in older people helps to prevent falls.

### Skin

Being well hydrated is a good way to keep the skin healthy and young-looking. The skin acts like a water reservoir and helps regulate fluid for the whole body. Mild dehydration causes skin to appear flushed, dry and loose, with a loss of elasticity, which makes it look older than it is.

### **Importance of nutrition**

There are concerns that the typical diets of individuals can contribute to health problems such as:

- being overweight
- eating too few fruits and vegetables and not enough fibre
- high intakes of sugar and soft drinks that can cause damage to teeth and lead to unhealthy weight gain
- not eating enough food such as fish, in particular oily fish
- eating too much salty and processed food
- anaemia due to too little iron and low intakes of other important nutrients
- those on lower incomes may be more at risk of having a poorer quality diet and are more likely to be overweight or obese
- older people, particularly those living in care settings, are at greater risk of being underweight and malnourished.

Childhood and adolescence are a time of rapid growth and development and a healthy diet is needed to support this. Poor nutrition can lead to faltering growth where children don't grow at the expected rate for their age. Poor growth in childhood can affect health in later life.

### **Legislation**

The Food Safety Act (1990) provides a framework for the food hygiene and safety legislation in England, Wales and Scotland.

The Food Hygiene Regulations (Wales) 2006 make it an offence for food businesses to supply food which should not be eaten and could be harmful. These regulations would apply to any social care service which provides food to individuals. All workers involved in handling,

preparation or provision of food must have received appropriate training in how to do this safely.

The Food Standards Agency are an independent Government department who protect public health in relation to food, they have lots of helpful information on their website.

### **Levels of support**

- Ask: a verbal prompt to let an individual know its time to do something
- Instruct: a number of verbal prompts breaking down the task into easy steps
- Prompt: a gesture or sign to tell the individual what to do or using signs to mimic the act. This can be used with 'instruct'
- Show: a demonstration of what needs to be done. This gives more information about the task and is visual. It can be used with 'instruct' and 'prompt'
- Guide: is providing physical help to do something, depending upon the needs of the individual. Hand on hand support is the most effective and can be used for all or part of the task.

All of the different levels could be required during one whole task and part of the initial assessment will include identifying, with the individual, the right support needed at each stage of the task.

**Positive reinforcement** – when positively reinforcing an individual's participation in the task, its important to give praise and let them know they have completed it correctly. Sometimes, positive reinforcement is the natural end product of the task – in this case, eating the meal which has been prepared.

**Task analysis** – breaking down a task into smaller, more manageable steps is sometimes called task analysis. Every step can be supported at the right level the individual needs, using ask, instruct, prompt, show or guide.

At first, the steps should be small and manageable to help the individual achieve success and maintain motivation.

Once the task is broken down into steps for the individual, the support can start from either the beginning or the end of the task. This is known as 'backward' or 'forward' chaining.

In 'backward chaining' the worker would complete most of the steps in the task, leaving the final step for the individual to carry out. Once the individual completes the step, positive reinforcement occurs. When the step has been mastered, the previous step in the task analysis can be included in the teaching plan.

'Forward chaining' follows the same principle, but starts with the first step of the task.

### ***Related legislation and guidance***

Please refer to the **Overarching guidance on legislation, guidance and national policy** section.

## Unit 383

## Using communication methods to motivate individuals to achieve their personal outcomes

Level:	3
GLH:	20
Credit:	5
Unit Summary:	<p>This unit aims to support learners to develop the knowledge, understanding and skills needed to use communication methods to motivate individuals to achieve their personal outcomes</p> <p>In the context of this unit, the term 'individuals' refers to adults and / or children and young people accessing care and support services</p>

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### Learning outcome:

1. Understand models of change

### Assessment criteria

You understand:

- 1.1 A **range of models and frameworks** to support change
- 1.2 The transformational change process and what is meant by the term 'Decisional Balance'
- 1.3 How models of change can be used to support individuals to achieve their personal outcomes and 'what matters' to them
- 1.4 The **stages of change**
- 1.5 The characteristics of each of the stages of change
- 1.6 How to establish which stage an individual is at on their journey of change
- 1.7 Links between models of change and:
  - person / child centred approaches
  - strengths based approaches
  - rights based approaches
  - outcomes focused practice

### Range:

**Range of models and frameworks** – Kubler Ross, Motivational Interviewing, Solution Focused Brief Therapy, counselling, Appreciative Inquiry, coaching

**Stages of change** –Pre-contemplation, contemplation, preparation, action, maintenance, relapse (Prochaska and Di Clemente Transtheoretical model of change)

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### Learning outcome:

2. Use communication methods which support models of change and the achievement of personal outcomes

### Assessment criteria

You understand:

- 2.1 What is meant by the term 'collaborative communication'
- 2.2 **Core communication skills** to support collaborative communication
- 2.3 The importance of using language which the individual can understand throughout all communication
- 2.4 The six levels of listening and the impact of these on individuals
- 2.5 Strategies which can be used to start conversations about change
- 2.6 The importance of trying to gain insight and understand the views, wishes and feelings of individuals from their perspective
- 2.7 How the views, wishes and feelings of individuals may change over time and the importance of being able to refocus on new personal outcomes
- 2.8 The importance of individuals hearing their own voice reflected back in conversations
- 2.9 How core communication skills can be used to evoke change in everyday conversations with individuals
- 2.10 The importance of developing trusting relationships with individuals

You are able to work in ways that:

- 2.11 Use a range of communication skills which motivate individuals to make changes and achieve their personal outcomes
- 2.12 Support individuals in the change process at their own pace
- 2.13 Support individuals to reflect on the change process and outcomes achieved
- 2.14 Celebrate successes and support individuals to learn from failures or when things go wrong

### Range

**Core communication skills** – OARS: ask **O**pen ended questions, **A**ffirm – notice and reflect strengths and challenges, listen **R**eflectively, **S**ummarise

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### Learning outcome:

3. Use reflective practice to support own communication skills

### Assessment criteria

You understand:

- 3.1 How own personal experiences, values and attitudes may influence communication with individuals
- 3.2 How unconscious bias may influence own behaviour
- 3.3 How to access support to reflect on own practice

You are able to work in ways that:

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- 3.4 Access support to reflect on communication skills and how these are used to motivate individuals through the change process



## Unit 383

## Using communication methods to motivate individuals to achieve their personal outcomes

### Supporting Information

#### ***Evidence requirements***

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack.

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

#### **Strategies which can be used to evoke change conversations**

- Ask Evocative Questions: Ask open questions
- Explore Decisional Balance: Ask first for the good things about status quo, then ask for the not-so-good things.
- Ask for Elaboration: When a change talk theme emerges, ask for more details. In what ways? Tell me more...? What does that look like?
- Ask for Examples: When a change talk theme emerges, ask for specific examples. When was the last time that happened? Give me an example. What else?
- Look Back: Ask about a time before the current concern emerged. How were things better, different?
- Look Forward: Ask what may happen if things continue as they are (status quo). Try the miracle question: If you were 100% successful in making the changes you want, what would be different? How would you like your life to be five years from now?
- Query Extremes: What are the worst things that might happen if you don't make this change? What are the best things that might happen if you do make this change?
- Use Change Rulers: Ask, "On a scale from zero to ten, how important is it to you to [target change] - where zero is not at all important, and ten is extremely important? Follow up: And why are you at \_\_\_ and not \_\_\_\_\_ [lower number than they stated]? What might happen that could move you from \_\_\_ to [higher number]? Instead of "how important" (need), you could also ask how much you want (desire), or how confident you are that you could (ability), or how committed are you to (commitment).
- Explore Goals and Values: Ask what the person's guiding values are. What do they want in life? Using a values card sort can be helpful here. If there is a "problem" behaviour, ask how that behaviour fits in with the person's goals or values. Does it help realise a goal or value, interfere with it, or is it irrelevant?  
Come Alongside: Explicitly side with the negative (status quo) side of ambivalence.

Perhaps \_\_\_\_\_ is so important to you that you won't give it up, no matter what the cost.

### References

*Motivational Interviewing - Resources for Trainers (From the Motivational Interviewing Network of Trainers, Updated: September, 2014, page 128)*

*William R Miller and Stephen Rollnick – Motivational interviewing: Helping people change (3<sup>rd</sup> edition) (2013 – Guildford press)*

**Unconscious bias** – examples include, halos and horns effect, contrast bias, confirmation bias, affinity bias, gender bias, race bias

### ***Related legislation and guidance***

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

## Unit 237 mellitus

## Supporting adults living with diabetes

<b>Level:</b>	2
<b>GLH:</b>	15
<b>Credit:</b>	4
<b>Unit Summary:</b>	This unit will enable learners to develop knowledge of what diabetes mellitus is, different types of diabetes and treatment and management. Learners will explore the importance of well-being in the context of care and support. They will be able to implement a person-centred approach to support individuals to manage their diabetes.

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### Learning outcome:

1. Causes and treatments of diabetes

### Assessment criteria

You know:

- 1.1 Different types of diabetes and common treatments
- 1.2 The normal blood glucose range for diabetes
- 1.3 Signs and symptoms of unstable diabetes
- 1.4 Potential long-term complications of unstable diabetes
- 1.5 The importance of recognising ketonuria
- 1.6 Action to take if an individual with diabetes is unresponsive
- 1.7 Risk factors that may lead to the early onset of type 2 diabetes
- 1.8 Ways in which diabetes can be managed
- 1.9 The effect of insulin on blood glucose levels
- 1.10 The terms 'hypoglycaemia', 'hyperglycaemia' and 'glycaemic control'
- 1.11 The affect and side effects of common oral anti-hyperglycaemic agents
- 1.12 Potential links between diabetes and other conditions
- 1.13 Other conditions that may present symptoms similar to diabetes

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### Learning outcome:

2. Well-being in the context of care and support for individuals living with diabetes

### Assessment criteria

You know:

- 2.1 Challenges faced by individuals diagnosed with diabetes and their families/carers

- 2.2 Ways to support individuals living with diabetes
  - 2.3 Factors that impact on the well-being of individuals living with diabetes
  - 2.4 Ways to support individuals and their families/carers to manage their own conditions
  - 2.5 The effects of glycaemic control in relation to
    - lifestyle choices
    - eating patterns
    - attitudes to food
    - physical activity
  - 2.6 The importance of recording and reporting the care and support provided for individuals living with diabetes
  - 2.7 The roles of
    - multi-disciplinary teams
    - diabetic specialist nurses
  - 2.8 Organisation/ setting policies and procedures in relation to the storage of equipment and medication for the management of diabetes where applicable
- 

#### Learning outcome:

- 3. The importance of nutrition to individuals living with diabetes

#### Assessment criteria

You understand:

- 3.1 The nutritional needs of individuals living with diabetes
  - 3.2 The importance of regular meals for individuals living with diabetes
  - 3.3 The effect of different carbohydrates and refined sugars on blood glucose levels
  - 3.4 How diabetes can affect foot health
- 

#### Learning outcome:

- 4. Implement person-centred approaches when supporting individuals living with diabetes

#### Assessment criteria

You are able to work in ways that:

- 4.1 Use methods that positively encourage individuals to behave in ways that support the care and the management of their diabetes
- 4.2 Support individuals with diabetes to develop **self-care skills** in line with own role and scope of practice
- 4.3 Record and report concerns that might affect the ability of an individual with diabetes to self-care

#### Range

**Self-care skills** – taking their own glucose measurements, following a well-balanced diet

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## Unit 237

## Supporting adults living with diabetes mellitus mellitus

### Supporting Information

#### ***Evidence requirements***

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Documentation and records must be completed clearly, accurately and legibly.
- Expert witness testimonies can be used to support evidence recorded by observation.

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

As part of the delivery of this unit, learners need to be provided with an overview of **Diabetes Insipidus**. Whilst this is an unrelated condition to Diabetes Mellitus; the two conditions are sometimes confused, therefore an overview of Diabetes Insipidus (causes and effects, including its association with Acquired Brain Injuries) would be useful. Guidance on Diabetes Insipidus can be found through the following websites:

- <https://www.pituitary.org.uk/media/386047/To-A-E-and-hospital-ward-staff---Diabetes-Insipidus-patient-Oct-2014-PM.pdf>
- <https://www.pituitary.org.uk/information/publications/conditions-and-procedures/diabetes-insipidus-booklet/>

**Types of diabetes:** type 1, type 2

**Unstable diabetes:** hypoglycaemia, hyperglycaemia, ketosis, ketoacidosis, ketonuria

**Ways to manage diabetes:** non-pharmacological (lifestyle advice) and pharmacological (oral and injectable)

**Other conditions:** retinopathy, kidney disease (nephropathy), peripheral neuropathy, vascular and neurological problems in feet and lower legs, cardiovascular risk, depression

**Factors that impact on well-being:** lifestyle, diet, physical and mental health

#### ***Related NOS***

- Diab HA9 Help an individual with diabetes to improve blood glucose control
- Diab HA5 Help an individual understand the effects of food, drink and exercise on their diabetes

- Diab HA13 Provide information and advice to enable an individual with diabetes to minimise the risks of hypoglycaemia
- Diab HA12 Enable an individual with Type 2 diabetes to start insulin therapy

### ***Related legislation and guidance***

- Diabetes UK website – <https://www.diabetes.org.uk/home>
- 10 Steps to a Healthy Weight
- Diabetes Delivery Plan for Wales 2016-2020 The best standard of care for everyone with diabetes ( December 2016)

## Unit 209

## Responding to anaphylactic reactions

<b>Level:</b>	2
<b>GLH:</b>	10
<b>Credit:</b>	2
<b>Unit Summary:</b>	<p>This unit provides learners with a full understanding of the causes and treatment of anaphylaxis, how it affects the body and how it can be diagnosed and treated. Learners will look in detail at how anaphylaxis impacts on the lives of individuals / children and their families/carers and will learn the skills required to support them in the event of an anaphylactic reaction.</p> <p>In the context of this unit, the term 'individual' refers to adults, children and young people.</p>

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### Learning outcome:

1. Respond safely to an anaphylactic reaction

### Assessment criteria

You know:

- 1.1 How anaphylaxis differs from other allergic reactions
- 1.2 Signs and symptoms of anaphylaxis
- 1.3 The associated body systems responsible for anaphylactic reaction
- 1.4 The different **types of anaphylaxis**
- 1.5 Potential triggers to anaphylaxis
- 1.6 Methods of treating anaphylactic reaction, including equipment and drugs
- 1.7 Factors that determine the appropriate treatment for anaphylactic reactions
- 1.8 Where to source advice, support and guidance on anaphylaxis and allergic reactions
- 1.9 Guidelines and protocols that relate to supporting children and their families/carers with anaphylaxis and allergic reactions
- 1.10 Procedures that can minimise the likelihood of allergic reaction and anaphylaxis occurring

You are able to work in ways that:

- 1.11 Provide support to individuals/children who are exhibiting the signs and symptoms of an anaphylactic reaction
- 1.12 Follow the ABCDE approach to treating an anaphylactic reaction
- 1.13 Follow organisation/setting procedures for the safe storage of adrenalin for treating anaphylactic reactions
- 1.14 Report and record the instance of anaphylactic reaction and actions taken in line with organisation/setting policy and procedures, and any agreements with individual's/child's family/carer

### Range

Types of anaphylaxis - uniphasic, biphasic, protracted

## Unit 209                      Responding to anaphylactic reactions

### Supporting Information

#### ***Evidence requirements***

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner carrying out a simulated response to an anaphylactic reaction.  
**Simulation of anaphylactic reaction and required response is allowed.**

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

**Anaphylaxis:** Anaphylaxis is an extreme and severe, life-threatening, generalised or systemic hypersensitivity reaction. It is characterised by rapidly developing life-threatening airway and/or breathing and/or circulation problems usually associated with skin and mucosal changes.

**Signs and symptoms:** could include flushing of the skin, hives/rash on the skin, panic/anxiety, swelling of mucus membranes (e.g. tongue, throat, lips and mouth), difficulty in swallowing or speaking, elevated heart rate, severe asthma/breathing difficulties, abdominal pain, nausea/vomiting, drop in blood pressure, dizziness, feeling faint/fainting, collapse and unconsciousness.

**Potential triggers:** could include food (e.g. peanuts, almonds, walnuts, cashews, Brazil nuts, sesame, fish, shellfish, dairy products, eggs), medicine (e.g. penicillin, aspirin), chemicals, materials (e.g. latex), bee/wasp/insect stings, environment (e.g. hay fever).

**Support:** Support should be provided in line with setting/organisation policies and procedures and in line with role and responsibilities. Support could include calling for help, making them comfortable and safe, administering injectable adrenalin where appropriate and in line with role and responsibility, removing the trigger.

**ABCDE approach:** This approach can be used to assess and treat patients suffering an anaphylactic shock. ABCDE stands for - Airway, Breathing, Circulation, Disability, Exposure.

#### ***Related NOS***

- SFHAL1 Link an individual to follow up care after an acute, severe allergic reaction
- SFHAL 2 Recognise when to consider allergy in an individual
- SFHAL10 Enable staff in educational environments to support the management of an individual's allergy



## ***Related legislation and guidance***

- NICE Guidelines <https://www.nice.org.uk/Search?q=Anaphylaxis>
- NICE Guidance QS119 on Anaphylaxis <https://www.nice.org.uk/guidance/qs119>
- BSACI (British Society for Allergy and Clinical Immunology) is an organisation for healthcare professionals caring for patients with allergy- <http://www.bsaci.org>
- Allergy UK <https://www.allergyuk.org/>
- NHS Wales Website-Allergies <http://www.nhsdirect.wales.nhs.uk/encyclopaedia/ff/article/allergies>
- Royal College of Paediatrics and Child Health-Allergy Care Pathways <http://www.rcpch.ac.uk/improving-child-health/clinical-guidelines-and-standards/search-paediatric-clinical-guidelines/publi#allergy>
- NHS Wales <http://www.nhsdirect.wales.nhs.uk/Encyclopaedia/a/article/anaphylaxis/>
- Resuscitation Council UK <https://www.resus.org.uk/anaphylaxis/>
- Anaphylaxis UK <https://www.anaphylaxis.org.uk>
- Health and Care Standards Welsh Government April 2015  
[http://www.wales.nhs.uk/sitesplus/documents/1064/24729\\_Health%20Standards%20Framework\\_2015\\_E1.pdf](http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf)

## Unit 238

## Introduction to breathlessness and asthma in adults

<b>Level:</b>	2
<b>GLH:</b>	10
<b>Credit:</b>	2
<b>Unit Summary:</b>	This unit provides learners with an introduction to breathlessness and asthma. Learners will develop an understanding of breathlessness and asthma and will know how to support individuals who are experiencing these conditions as well as their families and carers.

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### Learning outcome:

1. Causes and impacts of breathlessness

### Assessment criteria

You know:

- 1.1 What is meant by 'breathlessness'
- 1.2 Causes of breathlessness
- 1.3 Links between breathlessness and other illnesses
- 1.4 Signs and symptoms of breathlessness
- 1.5 Potential complications that breathlessness can cause

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### Learning outcome:

2. Causes and impacts of asthma

### Assessment criteria

You know:

- 2.1 The signs and symptoms of asthma
- 2.2 How asthma is monitored
- 2.3 Potential causes and triggers of asthma
- 2.4 Links between asthma and other conditions
- 2.5 Potential impacts of asthma on individual's everyday lives

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### Learning outcome:

3. How asthma can be managed

## Assessment criteria

You know:

- 3.1 Medicines used to treat asthma
  - 3.2 The use and operation of different types of inhaler
  - 3.3 The purpose of 'spacers' and when they should be used
  - 3.4 How asthma can be managed on an ongoing basis
  - 3.5 How and when to seek additional support/guidance
- 

## Learning outcome:

- 4. Support individuals to manage breathlessness and asthma

## Assessment criteria

You are able to work in ways that:

- 4.1 Use appropriate language and methods when communicating with individuals and their families/carers about their asthma and its effects
- 4.2 Identify lifestyle changes that will support the management of breathlessness
- 4.3 Signpost individuals and their families/carers to information on how to access services, information and support on asthma
- 4.4 Follow organisation/setting procedures for the correct storage and maintenance of inhalers
- 4.5 Communicate organisation/setting procedures on storage and maintenance of inhalers to individuals and their families/carers
- 4.6 Record and report advice and guidance given in line with organisation/setting procedures

## Unit 238 Introduction to breathlessness and asthma in adults

### Supporting Information

#### ***Evidence requirements***

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner supporting individuals to manage breathlessness and/or asthma on a minimum of **three** occasions.
- Documentation is maintained to record advice that is given to individuals regarding breathlessness.

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

The advice that learners provide to individuals and their families/carers for the management of breathlessness should be recorded and reported in line with legislation and organisation/setting policies.

**Causes of breathlessness:** asthma, pneumonia, anaphylaxis, anaemia, obesity, exertion/physical exercise

**Other illnesses:** bronchitis, upper respiratory tract conditions, hay fever, chronic obstruction pulmonary diseases (COPD)

**Other conditions:** food allergies, obesity

#### ***Related NOS***

- SCDHSC 0243 Support the safe use of materials and equipment
- SCDHSC0225 Support individuals to carry out own healthcare and monitoring procedures

#### ***Related legislation and guidance***

- NHS Wales Website-Asthma  
<http://www.nhsdirect.wales.nhs.uk/encyclopaedia/a/article/asthma/>
- British Lung Foundation-asthma treatment <https://www.blf.org.uk/support-for-you/asthma/treatment>
- Asthma UK information on managing asthma.  
<https://www.asthma.org.uk/advice/manage-your-asthma/action-plan/>

- Asthma UK information on inhalers <https://www.asthma.org.uk/advice/inhalers-medicines-treatments/inhalers-and-spacers/>
- NHS Website-Asthma pages <http://www.nhs.uk/Conditions/Asthma/Pages/Treatment.aspx>
- British Lung Foundation-Breathlessness <https://www.blf.org.uk/support-for-you/breathlessness/causes>
- NHS Website <http://www.nhs.uk/Conditions/shortness-of-breath/Pages/Introduction.aspx>
- Patient Info Website <https://patient.info/health/breathlessnessbreathing-difficulties>
- NICE breathlessness- [www.nice.org.uk](http://www.nice.org.uk)
- British Lung Foundation <https://www.blf.org.uk/support-for-you/asthma>
- NICE Guidelines <https://www.nice.org.uk/guidance/qs25>
- BSACI (British Society for Allergy and Clinical Immunology) <http://www.bsaci.org/>
- Asthma UK <https://www.asthma.org.uk/> and in Wales <https://www.asthma.org.uk/cymru/>

## Unit 239 continence

## Supporting individuals with management of

<b>Level:</b>	2
<b>GLH:</b>	15
<b>Credit:</b>	4
<b>Unit Summary:</b>	This unit aims to support learners to develop the knowledge and skills needed to assist individuals to manage their continence in ways that promote their dignity and self-esteem.

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### Learning outcome:

1. Support individuals to manage their continence

### Assessment criteria

You know:

- 1.1 What is meant by 'continence' and 'incontinence'
- 1.2 The anatomy and physiology of the urinary system
- 1.3 The anatomy and physiology of the alimentary canal
- 1.4 Factors that impact on continence
- 1.5 The importance of maintaining cleanliness and hygiene, of self and others, when supporting individuals with their continence management

You are able to work in ways that:

- 1.6 Support individuals to communicate their preferences about managing their continence
- 1.7 Support individuals to make regular use of toilet facilities to enable them to achieve a pattern of elimination in line with their personal plan
- 1.8 Maintain accurate records and report changes in individuals' patterns of elimination
- 1.9 Support individuals to select food and drink that will support continence
- 1.10 Support individuals to use continence aids in line with their needs and preferences
- 1.11 Encourage individuals to use recommended clothing, continence aids and management techniques to support continence
- 1.12 Support individuals to use continence aids and management techniques in ways that maximise their independence, self-respect, dignity and privacy
- 1.13 Record and report when continence aids and management techniques being used appear to be unsuitable

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### Learning outcome:

2. Support individuals with urinary incontinence

## Assessment criteria

You know:

- 2.1 Types of urinary incontinence
- 2.2 Symptoms of urinary incontinence
- 2.3 Causes of and conditions associated with urinary incontinence
- 2.4 Treatments and interventions for urinary incontinence
- 2.5 Aids that may be used to support urinary incontinence

You are able to work in ways that:

- 2.6 Support individuals with agreed treatments and interventions for urinary incontinence
  - 2.7 Maintain environment, equipment and materials correctly in accordance with guidelines and protocols
  - 2.8 Support individuals to maintain their personal hygiene whilst managing urinary continence
  - 2.9 Apply infection control principles when supporting individuals with urinary incontinence
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## Learning outcome:

- 3. Support individuals with faecal incontinence

## Assessment criteria

You know:

- 3.1 Causes of faecal incontinence
- 3.2 Symptoms of faecal incontinence and associated conditions
- 3.3 Tests that are used to identify causes of faecal incontinence
- 3.4 Treatments and interventions for faecal incontinence

You are able to work in ways that:

- 3.5 Support individuals with agreed treatments and interventions for faecal incontinence
- 3.6 Maintain environment, equipment and materials correctly in accordance with guidelines and protocols
- 3.7 Support individuals to maintain their personal hygiene whilst managing faecal incontinence
- 3.8 Apply infection control principles when supporting individuals with faecal incontinence

### Supporting Information

#### ***Evidence requirements***

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Reflective account by the learner signed by an expert witness, detailing providing support to an individual on at least one occasion
- Supporting individuals to manage incontinence can be assessed via discussion of what the learner has done, and why, as opposed to actual observation (for the benefit of respecting the dignity of the individual).

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

**Aids:** incontinence pads, slip pads, incontinence pants, sheath, self-intermittent catheters, catheters (urinary drainage bags, link systems, catheter valves, support garments, straps and stands).

**Causes of and conditions associated with urinary incontinence:** to include nonorganic factors (e.g. developmental issues, overproduction of urine); voluntary holding of urine, constipation, urinary tract infections, other underlying medical problems, stress incontinence.

**Causes of faecal incontinence:** to include constipation with overflow soiling; neurological damage. Learners should be aware that faecal incontinence is a symptom, often with multiple contributory factors and should therefore avoid making simplistic assumptions that causation is related to a single primary diagnosis.

Providing individuals with support charts would form part of the support of individuals to maintain their continence.

**Symptoms of incontinence:** leakage of urine, frequency of urination, reluctance to drink fluids.

**Treatments and interventions:** to include lifestyle, physical and behavioural therapies (e.g. bladder retraining, pelvic floor exercises), review of eating habits and fluid intake, medication (e.g. anticholinergics), surgical approaches, neuro-stimulation, invasive procedures, conservative management options.

**Anticholinergics:** can control overactive bladder (OAB) by relaxing bladder muscles. OAB drugs, which are most common in tablet form, also help prevent urine leaks by controlling bladder spasms.



### ***Related NOS***

- SCDHSC0219 Support individuals to manage continence
- CC01 Assess bladder and bowel dysfunction
- CC11 Implement toileting programmes for individuals
- CC09 Enable individuals to effectively evacuate their bowels
- CC08 Care for individuals using containment products

### ***Related legislation and guidance***

- NICE guidelines <https://www.nice.org.uk/guidance/conditions-and-diseases/neurological-conditions/urinary-incontinence>
- BAUS <https://www.baus.org.uk/>
- Irritable bowel support group <https://www.theibsnetwork.org/support-groups/>
- Age UK <https://www.ageuk.org.uk/>

## Unit 212

## Supporting individuals with moving and positioning

Level:	2
GLH:	20
Credit:	3
Unit Summary:	<p>This unit aims to support learners to develop the knowledge, understanding and skills needed to assist individuals with moving and positioning. The unit covers the principles of moving and positioning, ergonomics and posture as well as techniques for safe moving and positioning.</p> <p>In the context of this unit, the term 'individual' refers to adults, children and young people.</p>

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### Learning outcome:

1. Anatomy and physiology related to manual handling and moving and positioning

### Assessment criteria

You know:

- 1.1 The anatomy and physiology of the human body in relation to manual handling and moving and positioning
- 1.2 The importance of good posture
- 1.3 What is meant by the term 'musculoskeletal disorders' (MSD's) and the potential short term and long term implications of these
- 1.4 The importance of an **ergonomic approach** to manual handling and moving and positioning for musculoskeletal health
- 1.5 Potential risks to individuals and those assisting if moving and positioning is not carried out correctly

### Range

**Ergonomic approach** - takes into account the nature of the task, the individual, the load, the environment and worker participation

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### Learning outcome:

2. Preparation for assisting individuals with moving and positioning

### Assessment criteria

You understand:

- 2.1 **Actions** that need to be undertaken before assisting an individual with moving and positioning

You are able to work in ways that:

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## 2.2 Follow required actions before assisting an individual with moving and positioning

### Range

**Actions** - check risk assessments and plans (personal plans, manual handling plans, risk assessments for pressure area care), agree any support required from other workers, ensure footwear and clothing are safe for moving and positioning, prepare the environment removing any hazards and ensuring adequate space for the move, check and prepare moving and positioning equipment that is to be used ensuring that it is safe, clean, charged and in date, apply infection prevention and control measures, establish with the individual the level of support they need for the move, where possible ensure the individual understands the reason for being moved or positioned in a particular way, where possible obtain consent from the individual for the move

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### Learning outcome:

#### 3. Assist individuals with moving and positioning

### Assessment criteria

You know:

- 3.1 **Moving and positioning activities** that may be used to assist individuals
- 3.2 Why individuals should not be dragged
- 3.3 Moving and positioning equipment that is used to assist individuals
- 3.4 The importance of clear communication and co-ordination of actions for moving and positioning
- 3.5 Actions to take where there are concerns about:
  - an individual
  - moving and positioning equipment
  - unsafe practice

You are able to work in ways that:

- 3.6 Follow the agreed plans for safely assisting individuals with moving and positioning
- 3.7 Encourage active participation in moving and positioning activities
- 3.8 Communicate with, observe the individual and adjust their position to:
  - minimise pain, discomfort and friction
  - ensure dignity, privacy and respect
  - maximise independence
  - ensure safety
- 3.9 Co-ordinate actions with others when assisting individuals with moving and positioning
- 3.10 Return the environment to its normal arrangement
- 3.11 Ensure that moving and positioning equipment is clean, safe, returned to its agreed location and is ready for future use
- 3.12 Apply infection and prevention control standards
- 3.13 Complete records according to workplace procedures

### Range

**Moving and positioning activities** - individuals moving independently, walking independently from one surface to another, moving independently with instruction, being assisted by one

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care and support worker, being assisted by two care and support workers, being assisted using agreed moving and positioning equipment

## **Unit 212                      Supporting individuals with moving and positioning**

### **Supporting Information**

#### ***Evidence requirements***

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner supporting individuals with moving and positioning on a minimum of **three** occasions.
- Documentation and records must be completed clearly, accurately and legibly.

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

**Moving and positioning equipment:** could include fixed hoists, mobile hoists, glide sheets, tubular sheet, handling slings, moving and handling belt, electric profiling bed, turntable, bed ladder, hand blocks, leg raiser, full-length lateral transfer board, straight and curved transfer board, stand aid, stand and turn disc, sleep systems.

**Musculoskeletal disorders:** covers any injury, damage or disorder of the joints or other tissues in the upper/lower limbs or back.

#### ***Related NOS***

- SCDHSC0360 Move and position individuals
- HSC 2028 Move and position individuals in accordance with their plan of care
- HSC223 Contribute to moving and handling individuals
- PCS23 Assist in the transfer and positioning of patients within the perioperative environment

#### ***Related legislation and guidance***

- Manual Handling Operations Regulations 1992 (amended 2002)  
[http://www.hse.gov.uk/foi/internalops/ocs/300-399/313\\_5.htm](http://www.hse.gov.uk/foi/internalops/ocs/300-399/313_5.htm)
- Lifting Operations and Lifting Equipment Regulations (1998)  
<http://www.hse.gov.uk/work-equipment-machinery/loler.htm>
- Reporting of Injuries, Diseases & Dangerous Occurrences Regulations (2013)  
<http://www.hse.gov.uk/riddor/index.htm>
- All Wales NHS Manual Handling Training Passport and Information Scheme (2010)  
[http://www.nationalbackexchange.org/files/training\\_guidelines/all\\_wales\\_nhs\\_manual\\_handling\\_passport\\_scheme.pdf](http://www.nationalbackexchange.org/files/training_guidelines/all_wales_nhs_manual_handling_passport_scheme.pdf)

- WLGA Manual Handling Passport Scheme, Manual Handling of People Guidance for Social Care
- Health and Care Standards Welsh Government April 2015  
[http://www.wales.nhs.uk/sitesplus/documents/1064/24729\\_Health%20Standards%20Framework\\_2015\\_E1.pdf](http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf)
- HSE – What you need to do – Moving and handling  
<http://www.hse.gov.uk/healthservices/moving-handling-do.htm>

## Unit 240

## Supporting individuals to maintain mobility and minimise the risk of falls

Level:	2
GLH:	20
Credit:	2
Unit Summary:	<p>This unit aims to support the learner to develop the knowledge and skills to support and monitor an individuals' mobility. It covers principles of fall prevention and the importance of risk assessment to minimise risk of falls to maintain mobility.</p> <p>In the context of this unit, the term 'individuals' refers to adults and children and young people.</p>

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### Learning outcome:

1. The importance of an individual maintaining their mobility

### Assessment criteria

You know:

- 1.1 The term 'mobility'
- 1.2 Factors that can affect an individual's mobility
- 1.3 Benefits of an individual maintaining mobility
- 1.4 The impact of reduced mobility on an individual's health and well-being
- 1.5 Professionals who can provide advice and support for mobility
- 1.6 The importance of following individuals' personal plans for **mobility activities**

### Range

**Mobility activities** - daily living, social, exercise, physiotherapy, occupational therapy

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### Learning outcome:

2. Reduce the risk of falls

### Assessment criteria

You understand:

- 2.1 The importance of using risk assessments to identify and manage factors which might contribute to a person falling
- 2.2 The importance of exercise to improve strength and balance to minimise the risk of falls
- 2.3 The use of **mobility equipment and appliances** and their role in falls prevention
- 2.4 The process to follow if an individual has fallen

You are able to work in ways that:

- 2.5 Use risk assessments to identify and manage factors and hazards that can lead to falls
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- 2.6 Promote the use of suitable footwear, clothing and mobility equipment and appliances to reduce the risk of falls
- 2.7 Record and report concerns about factors that may lead to falls and any actions taken to reduce risks

### Range

**Mobility equipment and appliances** - walking frames, wheel chairs, sticks, custom made appliances

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### Learning outcome:

3. Support individuals with mobility activities in line with their personal plan

### Assessment criteria

You are able to work in ways that:

- 3.1 Communicate with individuals about support for mobility activities
- 3.2 Ensure safe practice by:
  - removing or minimising hazards before beginning mobility activities
  - checking the suitability of individuals' clothing and footwear for safety and mobility
  - checking the safety and cleanliness of mobility equipment and appliances
- 3.3 Promote the active participation of individuals during mobility activities
- 3.4 Assist individuals to use appropriate equipment safely and correctly
- 3.5 Provide feedback and encouragement to individuals during mobility activities
- 3.6 Support individuals to review and continually develop skills for managing their mobility
- 3.7 Report on progress or problems relating to mobility activities

## Unit 240

## Supporting individuals to maintain mobility and minimise the risk of falls

### Supporting Information

#### ***Evidence requirements***

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner on a minimum of **two** occasions supporting individuals with mobility activities in line with their personal plan
- Related documentation/records must be completed clearly, accurately and legibly.

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

**Active participation:** a way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible; the individual is regarded as an active partner in their own care or support, rather than a passive recipient.

#### ***Related NOS***

- SCDHSC0215 Help individuals maintain mobility
- SCDHSC0235 Enable individuals to make their way around specific places.

#### ***Related legislation and guidance***

- Moving and handling in Health and Social Care.  
<http://www.hse.gov.uk/healthservices/moving-handling-do.htm>
- RIDDOR in Health and Social Care  
<http://www.hse.gov.uk/healthservices/riddor.htm>
- Health and Safety at Work Act 2015
- Dignity in Care  
<https://www.scie.org.uk/publications/guides/guide15/legislation/otherlegislation/healthandsafetylegislation.asp>



## Unit 241

## Introduction to physiological measurements in adults

Level:	2
GLH:	15
Credit:	3
Unit Summary:	The unit will enable learners to develop the skills and competencies to undertake a range of physiological measurements required in health and care organisations/settings.

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### Learning outcome:

1. Agreed ways of working for undertaking physiological measurements

### Assessment criteria

You know:

- 1.1 **Agreed ways of working** when undertaking **physiological measurements**
- 1.2 Own role and responsibilities when undertaking physiological measurements
- 1.3 The importance of recording and reporting changes in an individual's physiological measurements
- 1.4 Processes for escalating questions from individuals where required knowledge is outside of scope of practice

### Range

**Agreed ways of working** - national guidelines, policies, protocols and good practice

**Physiological measurements** - blood pressure, pulse, temperature, oxygen saturation, respiration, body mass index (BMI), conscious level, height, weight

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### Learning outcome:

2. Undertake physiological measurements

### Assessment criteria

You know:

- 2.1 Reasons for undertaking physiological measurements
  - 2.2 Normal ranges for
    - blood pressure
    - pulse
    - temperature
    - oxygen saturation
    - respiration
    - body mass index (BMI)
    - conscious level
-

- 2.3 Appropriate procedures for undertaking physiological measurements
- 2.4 Actions to take when physiological measurements are out of their normal range

You are able to work in ways that:

- 2.5 Explain to the individual and their family/carer what physiological measurements will be undertaken and gain valid consent
- 2.6 Check equipment is fit for purpose when preparing to take physiological measurements
- 2.7 Apply standard precautions for infection control and health and safety
- 2.8 Carry out the measurements according to agreed ways of working at the prescribed frequency, and relevant to the purpose of assessment
- 2.9 Provide support and reassurance to the individual whilst undertaking physiological measurements, adapting communications and techniques as appropriate
- 2.10 Record and report physiological measurements in line with agreed ways of working
- 2.11 Clean and decontaminate equipment used and dispose of waste
- 2.12 Restock and store equipment securely following the procedure

# Unit 241                      Introduction to physiological measurements in adults

## Supporting Information

### ***Evidence requirements***

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner carrying out a minimum of five sets full sets of physiological measurements, these should be taken in practice or under simulation where measurements not naturally occurring within organisation / setting role

### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

The content of this unit requires learners to develop an understanding of nine key physiological measurements. It is anticipated that learners completing this unit will be undertaking the majority of these measurements within their work environment or placement environment.

**Appropriate procedures:** including selecting the correct cuff size, gaining consent etc.

**Relevant:** baseline observations and physiological measurements relating to an area e.g. blood pressure, pulse / temperature, oximetry, respiratory rate etc.

### ***Related NOS***

- CHS19 2012 Undertake routine clinical measurements
- CHS224 Set up equipment to monitor physiological function

### ***Related legislation and guidance***

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

## Unit 214

## Undertaking point of care testing

<b>Level:</b>	2
<b>GLH:</b>	15
<b>Credit:</b>	3
<b>Unit Summary:</b>	<p>This unit is aimed at supporting learners to provide point of care testing (POCT). Learners who complete this unit will be able to perform accurate POCT testing within a range of environments to gain accurate results.</p> <p>In the context of this unit, the term 'individual' refers to adults, children and young people.</p>

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### Learning outcome:

1. Guidance, policies and protocols related to point of care testing

### Assessment criteria

You know:

- 1.1 Current national point of care testing regulations
- 1.2 The role of governance when conducting point of care testing
- 1.3 The importance of conducting point of care testing procedures in accordance with set protocols and policies
- 1.4 Types of point of care investigations and equipment required within organisation/setting
- 1.5 Risks and benefits of point of care testing
- 1.6 The role and responsibility of the point of care testing operator
- 1.7 Conditions needed for storing consumables related to point of care testing
- 1.8 Internal quality measures relating to point of care testing
- 1.9 Information recorded when carrying out all point of care tests

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### Learning outcome:

2. Conduct point of care testing

### Assessment criteria

You know:

- 2.1 Factors that can pose a risk when undertaking point of care testing
- 2.2 Types of equipment and instruments that are safe to reuse, and those which must be discarded after a single use
- 2.3 Explain to the individual, their family or carer what physiological measurements will be undertaken and gain valid consent
- 2.4 Methods for preparing individual's for sample collection
- 2.5 Sources of potential error that may be encountered during sample collection
- 2.6 Benefits of using electronic recording and record keeping systems
- 2.7 Procedures for reporting and recording results and testing problems

You are able to work in ways that:

- 2.8 Apply appropriate precautions for infection prevention and control relevant to the test procedure and environment
- 2.9 Check resources and equipment are of the correct type, are functional and meet expected performance measures and safety requirements
- 2.10 Confirm the individual's identity and that valid consent has been obtained
- 2.11 Take the appropriate sample with consideration of individual's comfort throughout
- 2.12 Carry out tests in line with the operational procedure to ensure safety and quality of results
- 2.13 Record and report test results in accordance with organisational/setting procedures
- 2.14 Manage the maintenance, cleaning, decontamination and disposal of equipment and test materials, following local policy and instructions

## Unit 214                      Undertaking point of care testing

### Supporting Information

#### ***Evidence requirements***

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner carrying out a minimum of **three** point of care testing activities for **each** type of sample covered within organisation/setting role.

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Consent relating to children - Like adults, young people (aged 16) are entitled to consent to their own treatment and this can only be overruled in exceptional circumstances. They are presumed to have sufficient capacity to decide on their own medical treatment unless there is sufficient evidence to suggest otherwise. Children under the age of 16 can consent to their own treatment if they're believed to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment. Otherwise, someone with parental responsibility can consent for them.

**Governance:** will be specific to setting but includes - delegation, infection prevention and control, information governance - data protection, individual security, bar codes – operator ID & patient ID, confidentiality audit trails.

**Factors:** including cross-infection, unsafe equipment and practice.

**Benefits:** could include reduced potential for error, live system updated with most recent results, time saving, pre-completed information on forms.

**Problems:** could include misuse, malfunctioning, interference, unusual readings, individual/child non-compliance, insufficient sample.

**Comfort:** with consideration of maintaining dignity and privacy, providing relevant dressings/equipment, positioning, appropriate communication.

#### ***Related NOS***

- CHS217 Perform point of care testing
- SFHCHS19 Undertake routine clinical measurements
- SFHCHS224 Set up equipment to monitor physiological function

## ***Related legislation and guidance***

- Point of Care Testing Governance Pathology: Why, When and How? - A user Guide. Welsh Scientific Advisory Committee, January 2008
- Medicines and Healthcare Products regulatory Agency (MHRA) guidance: Management and use of IVD Point of care Test devices 2013  
<https://www.gov.uk/government/collections/in-vitro-diagnostic-ivd-devices-use-safety-and-management>
- Department of Health. Clinical Governance in the new NHS. London DoH 1999 (Health Service circular: HSC (99) 065
- BS EN ISO 22870:2006 Point of Care Testing (POCT) Requirement for quality and competence <https://www.bsigroup.co.uk>
- Health and Care Standards Welsh Government April 2015  
[http://www.wales.nhs.uk/sitesplus/documents/1064/24729\\_Health%20Standards%20Framework\\_2015\\_E1.pdf](http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf)

## Unit 215

## Undertaking collection of specimens

<b>Level:</b>	2
<b>GLH:</b>	10
<b>Credit:</b>	3
<b>Unit Summary:</b>	<p>This unit will provide learners with the skills and knowledge required to undertake collection of sample for laboratory testing and investigation.</p> <p>In the context of this unit, the term 'individual' refers to adults, children and young people.</p>

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### Learning outcome:

1. Guidance, policies and protocols related to specimen collection

### Assessment criteria

You know:

- 1.1 Current regulations that underpin specimen collection
- 1.2 The role of governance when conducting specimen collection
- 1.3 The importance of conducting specimen collection in accordance with set protocols and policies

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### Learning outcome:

2. Undertake collection of specimens

### Assessment criteria

You know:

- 2.1 How to prepare individuals for specimen collection
- 2.2 Methods and importance of obtaining positive identification of individuals children prior to starting a procedure
- 2.3 Sources of potential error that may be encountered during specimen collection
- 2.4 The importance of labelling specimens following organisational/setting procedures
- 2.5 Collection vessels required for different types of specimens and tests within organisation/setting

You are able to work in ways that:

- 2.6 Confirm the individual's identity
- 2.7 Explain to the individual, and their family/carer what samples will be taken and gain valid consent
- 2.8 Apply appropriate precautions for infection prevention and control relevant to the specimen collection procedure and environment
- 2.9 Check that resources and equipment are of the correct type, are functional and meet expected performance measures and safety requirements



- 2.10 Take the appropriate sample in line with organisation/setting procedures
- 2.11 Ensure individuals comfort throughout specimen collection
- 2.12 Ensure sample is labelled correctly and re-confirm identity
- 2.13 Prepare the specimen for transportation following local policy and instruction
- 2.14 Maintain responsibility of sample through to hand over for transportation
- 2.15 Record and report in accordance with organisational/setting procedures
- 2.16 Manage the maintenance, cleaning, decontamination and disposal of equipment and collection materials, following local policy and instructions

## Unit 215                      Undertaking collection of specimens

### Supporting Information

#### ***Evidence requirements***

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner carrying out a minimum of **three** specimen collection activities.

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

**Governance:** will be specific to setting but includes - delegation, infection prevention and control, information governance - data protection, individual/child ID, confidentiality audit trails, transportation, labelling and packaging of samples.

**Comfort:** with consideration of maintaining dignity and privacy, providing relevant dressings/equipment, positioning, appropriate communication.

#### ***Related NOS***

- SFHCHS7 Obtain and test specimens from children
- SFHHCS17 Obtain specimens from children for laboratory investigation
- SFHCHS187 Dispose safely of biomedical specimens and samples
- SFHCHS186 Store specimens and samples

#### ***Related legislation and guidance***

- NICE Guidelines <https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-diagnostics-guidance>
- Introduction to Specimen Collection <https://www.labcorp.com/resource/introduction-to-specimen-collection#>
- Specimen Collection <http://www.northcumbriaccg.nhs.uk/about-us/key-policies-and-documents/policies/infection-prevention/21-specimen-collection-october-2015-version-100.pdf>
- Health and Care Standards    Welsh Government April 2015  
[http://www.wales.nhs.uk/sitesplus/documents/1064/24729\\_Health%20Standards%20Framework\\_2015\\_E1.pdf](http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf)

## Unit 242 loss

## Supporting individuals with sensory

Level:	2
GLH:	20
Credit:	3
Unit Summary:	This unit aims to support learners to develop the knowledge and skills needed to support individuals with sensory loss.

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### Learning outcome:

1. Different types of sensory loss and potential impacts on individuals

### Assessment criteria

You know:

- 1.1 The difference between congenital and acquired **sensory loss** and how these may have different impacts on individuals and the support that they need
- 1.2 Links between **other conditions/impairments** and sensory loss
- 1.3 The importance of early intervention and support for individuals with sensory loss

### Range

**Sensory loss** - hearing loss, sight loss, dual sensory loss, taste, smell and touch, multi-sensory impairments

**Other conditions/impairments** - learning disability, autism, physical impairment, dementia, frailty, diabetes

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### Learning outcome:

2. Support individuals with sight loss, hearing loss or dual sensory loss

### Assessment criteria

You know:

- 2.1 The range of methods that can be used to support communication with individuals who have:
  - Sight loss
  - Hearing loss
  - Dual sensory loss
- 2.2 Actions to take where there are signs that indicate changes in sensory loss
- 2.3 **Aids and adaptations** that individuals can use to support independence and engagement in a valued range of meaningful activities
- 2.4 Ways of supporting individuals to navigate their environment independently
- 2.5 Actions to take to minimise environmental barriers and their impact on individuals

## 2.6 Professionals and agencies who provide advice, information and support for sensory loss

You are able to work in ways that:

- 2.7 Use effective methods of communication with individuals with sensory loss
- 2.8 Use agreed aids and adaptations to support independence and engagement in a valued range of meaningful activities
- 2.9 Support individuals with sensory loss to navigate their environment safely

### Range

**Aids and adaptations** - adaptations to the environment, methods of communication, visual aids, hearing aids, speech and language aids, guide dogs, hearing dogs, enabling dogs, walking aids, personalised communication aids, electronic assistive technology

## Supporting Information

***Evidence requirements***

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner on a minimum of **two** occasions supporting the use of aids and adaptations to support effective communication and engagement activities

***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

**Electronic assistive technology:** (everyday devices, mobile phones, smart living controls, smart phones, smart TVs, games consoles, computers), devices designed to support specific health and social care needs (personal and activity alarms, electronic reminders and prompts, talking clocks, communication aids, smoke alarms, telecare alarms, fall detectors, GPS devices, health monitoring equipment, seizure monitoring).

**Sensory loss:**

- People who are deaf
- People who are hard of hearing
- People who are culturally Deaf (British Sign language Users)
- People who are culturally Deaf and losing their sight
- People with hearing loss
- People with hearing loss who are losing their sight
- People who are deafened
- People with tinnitus
- People who are blind since birth
- People with sight loss at later stages
- People with sight loss who are losing their hearing
- People who are blind and partially sighted
- People who are congenitally deafblind
- People with acquired dual sensory loss
- People with loss of taste, smell and touch
- People with multi-sensory impairments.

**Valued range of meaningful activities** refers to the balance of activities that contribute to a good quality of life for individuals, incorporating vocational, domestic, personal, leisure, educational and social activities.

### ***Related NOS***

- SCDSS11 Support the independent living skills of Deafblind people
- SCDSS1 Develop your own professional practice and promote awareness of vision impairment issues
- SCDSS2 Develop your own professional practice and promote awareness of hearing impairment, Deaf issues and cultural communication needs
- SCDSS3 Develop your own professional practice and promote awareness of Deafblind issues

### ***Related legislation and guidance***

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

## Unit 243 Supporting food safety practice in health and social care settings

Level:	2
GLH:	10
Credit:	2
Unit Summary:	<p>This unit aims to support learners to develop the knowledge and skills needed to support food safety practice in health and social care settings.</p> <p>The unit is not an accredited food safety qualification, it does however, reflect current best practice.</p> <p>In the context of this unit, the term 'individual' refers to adults, children and young people.</p>

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### Learning outcome:

1. Maintain food safety requirements when handling food and drink

### Assessment criteria

You know:

- 1.1 Legislation related to food safety
- 1.2 Potential **food safety hazards** when handling food and drink
- 1.3 Causes of food poisoning and illness related to the handling of food and drink
- 1.4 The importance of maintaining **food safety measures** when handling food and drink for individuals
- 1.5 The importance of promoting food safety measures with individuals
- 1.6 Where to access information about food safety when handling food and drink

You are able to work in ways that:

- 1.7 Promote the importance of effective hand washing
- 1.8 Follow food safety measures when handling food and drink for individuals
- 1.9 Promote the safe handling of food and drink with individuals

### Range

**Food safety hazards** - microbiological, chemical and physical, allergenic

**Food safety measures** - effective controls, minimise risks, hand washing, use of appropriate personal protective equipment, ensuring clean surfaces, equipment and utensils before and after handling food, clearing away promptly and safely, safe disposal of food and drink, safe food temperatures, effective controls for storing food and drink, utensils and equipment

## Unit 243

## Supporting food safety practice in health and social care settings

### Supporting Information

#### ***Evidence requirements***

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner on a minimum of **two** occasions following food safety measurements when handling food and drink with individuals

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

**Causes of food poisoning and illness:** cross contamination, microscopic bacteria on hands, food, surfaces and equipment, preparation of food too far in advance of eating, food within the temperature 'danger zone' range of 5 – 63°

**Effective controls:** ambient/dry food stores, correct dates on packaging /use by date, labels on opened packaging or cooked foods, refrigerated cold storage (5°c), hot holding food (63°), frozen storage (-18°), ingredients / foods that can cause food allergy, prevention of pests in the kitchen.

**Hand washing:** six steps of washing hands, use of hot soapy water.

**Information about food safety:** websites, local EHO, local government publications, food standards agencies.

**Legislation:** the Food Safety Act 1990, the Food Hygiene Regulations [Wales] 2006.

**Personal protective equipment:** including hairnets, disposable aprons, gloves, no perfume or jewellery.

#### ***Related NOS***

- PPL2GEN309 Maintain food safety when storing, preparing and cooking food
- SCDHSC0213 Provide food and drink to promote individuals' health and well-being

#### ***Related legislation and guidance***

- The Food Safety Act 1990
- The Food Hygiene Regulations [Wales] 2006



- Food Standards Agency <https://www.food.gov.uk/>
- NHS choices <https://www.nhs.uk/live-well/eat-well/how-to-prepare-and-cook-food-safely/>
- Public Health Wales <http://www.wales.nhs.uk/sitesplus/888/page/59111>

## Unit 244

## Supporting individuals to manage pain and discomfort

Level:	2
GLH:	15
Credit:	2
Unit Summary:	<p>This unit aims to provide learners with the knowledge and skills needed to support individuals to manage pain and discomfort. It covers approaches to pain management, assistance in minimising pain and discomfort and monitoring, recording and reporting on the management of pain and discomfort.</p> <p>In the context of this unit, individuals can refer to adults and children and young people</p>

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### Learning outcome:

1. Assist in minimising pain and discomfort

### Assessment criteria

You know:

- 1.1 What is meant by the terms 'pain' and 'discomfort'
- 1.2 Potential non-verbal indications that an individual may be in pain or discomfort
- 1.3 How pain and discomfort may affect an individual's well-being and communication
- 1.4 How to support the use of **measures to alleviate pain and minimise discomfort**
- 1.5 Agreed ways of working that relate to managing pain and discomfort
- 1.6 The importance of a holistic approach to managing pain and discomfort

You are able to work in ways that:

- 1.7 Encourage an individual to express if they feel pain and discomfort
- 1.8 Encourage an individual to use self-help methods of pain control
- 1.9 Carry out agreed measures to alleviate pain and minimise discomfort
- 1.10 Offer support to others who may be distressed by the individual's pain and discomfort
- 1.11 Carry out required monitoring and recording for the management of an individual's pain or discomfort
- 1.12 Follow organisational/setting procedures for escalation and referral where:
  - there are concerns about an individual's pain and discomfort
  - pharmacological interventions may be required

### Range

**Measures to alleviate pain and minimise discomfort** - medication, repositioning, hot and cold packs, adjustment to bedding, heating, lighting or noise, use of specialised mattresses, pressure reducing aids, different approaches (meditation and relaxation, massage, aromatherapy, acupuncture, acupressure, TENS machines, distraction techniques)

## Unit 244 discomfort

## Supporting individuals to manage pain and

### Supporting Information

#### ***Evidence requirements***

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Reflective account by the learner signed by an expert witness, about supporting individuals to manage pain and discomfort on at least one occasion
- Related documentation/records must be completed clearly, accurately and legibly.

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

**Agreed measures:** in accordance with personal plan and accountability of own role.

**Others** could include: families/carers, workers, other individuals or children and young people.

#### ***Related NOS***

- SFHCHS164 Manage pain relief for an individual
- SCDHSC0216 Help address the physical comfort needs of individuals

#### ***Related legislation and guidance***

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

## Unit 245

## Undertaking peak expiratory flow rate (PEFR) readings

<b>Level:</b>	2
<b>GLH:</b>	15
<b>Credit:</b>	2
<b>Unit Summary:</b>	<p>This unit will enable learners to develop the basic knowledge and skills required to undertake peak expiratory flow rate readings. Learners will develop the practical skills required to perform recordings to gain accurate results with minimum discomfort and anxiety to the individual being tested.</p> <p>In the context of this unit, the term 'individual' refers to adults, children and young people.</p>

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### Learning outcome:

1. Current guidelines for undertaking Peak Expiratory Flow Rate (PEFR) procedures

### Assessment criteria

You know:

- 1.1 Current legislation, local and national guidance and protocols which relate to PEFR procedures
- 1.2 Standard checks that should be undertaken on equipment used to obtain PEFR readings
- 1.3 National 'age wise' distribution of height and PEFR ranges

---

### Learning outcome:

2. Undertake PEFR procedures

### Assessment criteria

You know:

- 2.1 The normal resting **breathing** rate
- 2.2 Factors that affect respiratory rates in individuals
- 2.3 Conditions that can be detected and monitored by PEFR procedures
- 2.4 Equipment used to take PEFR measurements
- 2.5 Care and hygiene considerations for PEFR measurement equipment
- 2.6 Potential concerns individuals may have in relation to PEFR procedures
- 2.7 Risk factors to undertaking PEFR readings

You are able to work in ways that:

- 2.8 Explain to the individual, their family or carer, the nature of the procedure and gain valid consent

- 2.9 Check equipment is fit for purpose when preparing to take PEFR readings
- 2.10 Ensure the privacy and dignity of the individual throughout the procedure
- 2.11 Provide instructions to the individual on how to perform PEFR
- 2.12 Instruct individual to stand or support them to sit upright
- 2.13 Use equipment to obtain measurements accurately
- 2.14 Record the highest reading taken from three attempts in line with national guidelines
- 2.15 Monitor the condition of individuals when taking measurements
- 2.16 Answer questions and concerns raised by the individual in line with role responsibility
- 2.17 Clean and decontaminate equipment used and dispose of waste

### Range

**Breathing** - rate, rhythm, depth

## Unit 245

## Undertaking peak expiratory flow rate (PEFR) readings

### Supporting Information

#### ***Evidence requirements***

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner carrying out a minimum of **three** PEFR procedures.

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Organisation/setting Standard Operating Procedure (SOP) - must be followed when completing this unit.

**Peak Expiratory Flow Rate:** a simple measurement of the maximum speed of expiration in one second. It is often used to help diagnose and monitor asthma. A peak flow test involves blowing as hard as possible into a small, hand-held device called a peak flow meter following full inspiration. The recording taken is the best of three attempts.

**Risk factors:** could include medication, existing conditions, exacerbating condition, bronchospasm, excessive wheeze, recent surgery.

#### ***Related NOS***

- CHS217 Perform point of care testing

#### ***Related legislation and guidance***

- British Thoracic Society Guidance – Management of asthma
- NICE guidelines <https://www.nice.org.uk/guidance/ng80>

## Unit 246

## Introduction to acute deterioration

<b>Level:</b>	2
<b>GLH:</b>	25
<b>Credit:</b>	4
<b>Unit Summary:</b>	This unit covers the introductory skills required to recognise, respond to and report the acutely deteriorating individual.

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### Learning outcome:

1. What is meant by 'acute deterioration'

### Assessment criteria

You understand:

- 1.1 What is meant by the term 'acute deterioration' in relation to the physical condition
- 1.2 The physiological parameters/signs that may indicate a deteriorating individual
- 1.3 The main causes of acute deterioration

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### Learning outcome:

2. Methods used to assess acutely deteriorating individuals

### Assessment criteria

You understand:

- 2.1 The recording of vital signs and NEW (National Early Warning) scores
- 2.2 The importance of the ABCDE to assess and identify the deteriorating individual
- 2.3 The common errors and potential hazards in recording vital signs
- 2.4 The importance of the AVPU (Alert, Verbal, Pain, Unresponsive) score and awareness of acute confusional state
- 2.5 The additional signs or symptoms that may indicate an individual is deteriorating

---

### Learning outcome:

3. Principles and practice of breathing assessment

### Assessment criteria

You understand:

- 3.1 Reasons respiratory rate assessment may be difficult
- 3.2 Normal parameters of respiratory rate and the potential consequences of being outside the range for an individual
- 3.3 The normal parameters of oxygen saturation rate and the potential consequences of being outside the range for an individual

You are able to work in ways that:

- 3.4 Perform oximetry assessments
  - 3.5 Perform a respiratory rate assessment
- 

**Learning outcome:**

- 4. Principles and practice of circulatory assessment

**Assessment criteria**

You understand:

- 4.1 The reasons pulse assessment may be difficult
- 4.2 The normal parameters of a pulse rate and the potential consequences of being outside the range for an individual
- 4.3 The normal parameters of blood pressure and the potential consequences of being outside the range for an individual

You are able to work in ways that:

- 4.4 Perform a pulse assessment
  - 4.5 Perform a blood pressure assessment
- 

**Learning outcome:**

- 5. Principles and practice of disability assessment

**Assessment criteria**

You understand:

- 5.1 Components of acute confusion
- 5.2 The reasons why level of consciousness assessment is important

You are able to work in ways that:

- 5.3 Perform an AVPU assessment
- 

**Learning outcome:**

- 6. Principles and practice of temperature assessment

**Assessment criteria**

You understand:

- 6.1 The factors that may affect temperature
- 6.2 The range of acceptable temperature fluctuations as per NEWS Scores

You are able to work in ways that:

- 6.3 Perform a temperature assessment
-



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**Learning outcome:**

7. Perform basic life support appropriately

**Assessment criteria**

You are able to work in ways that:

- 7.1 Assess the unresponsive individual for airway, breathing and circulation according to national guidance
- 7.2 Call for appropriate help
- 7.3 Open airway, ventilate the individual
- 7.4 Perform chest compressions

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**Learning outcome:**

8. Utilise the communication tools available to communicate to others the assessment parameters of an acutely deteriorating person

**Assessment criteria**

You understand:

- 8.1 The communication tools used to record and report within area of responsibility
- 8.2 Principles of NEW Scoring System
- 8.3 How the NEW Scoring benefits individuals.

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**Learning outcome:**

9. The principles and practice of 'end of life' care

**Assessment criteria**

You understand:

- 9.1 The role of advanced care planning in supporting individuals at time of death
- 9.2 What is meant by 'Do not attempt CPR'

You are able to work in ways that:

- 9.3 Provide support to individuals to meet their own wishes at the time of their death

## Unit 246 Introduction to acute deterioration

### Supporting Information

#### ***Evidence requirements***

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Record observations against an appropriate observation chart and calculate a NEWS score.
- Demonstrate the range of assessments on at least **three** separate occasions.
- Demonstrate the appropriate response to a number of scenarios around the deteriorating individual.\*

\*Outcome 8 could be assessed through simulation by demonstrating a response to a range of different scenarios e.g.

Score of 0 – minor illness

A medium score – suspected SEPSIS

A high score – on an end of life pathway

A medical emergency with a score of 10 or 11)

The following expectations are needed from assessments:

- Demonstration of temperature should include tympanic.
- Pulse should be measured for up to 1 minute.
- Blood pressure – ideal is to teach manually, but automatic equipment may be acceptable if only option available.

Learners should have been provided opportunities as part of formative assessment to develop the skills for each of the parameters and be successful at achieving on at least one occasion prior to undertaking summative assessment.

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

**Additional signs or symptoms:** elements not covered in NEWS, including pain, vomiting, change in colour.

**Causes of Deterioration:** sepsis, chest infections, urinary infections, medical emergencies (e.g. stroke, heart attack), skin infection, dehydration.

**Oximetry:** A pulse oximeter is a medical device that indirectly monitors the oxygen saturation of an individual's blood.

**NEWS:** stands for National Early Warning Score.

**Track and trigger:** An early warning score, formal processes that rely on periodic measurement of observations.

**Vital signs:** clinical measurements (specifically pulse rate, temperature, respiration rate and blood pressure), that indicate the state of an individual's essential body functions.

### ***Related NOS***

- SCDHSC0224 Monitor the condition of individuals
- SCDHSC0216 Help address the physical comfort needs of individuals

### ***Related legislation and guidance***

- Dougherty, L. and Lister, S. eds., 2015. The Royal Marsden manual of clinical nursing procedures. John Wiley & Sons.
- NPSA. Safer Care for Acutely Ill Patients: Learning from Serious Incidents. 2007 National Patient Safety Agency
- National Confidential Enquiry into Patient Outcome and Death. Time to Intervene? A review of patients who underwent cardiopulmonary resuscitation as a result of an in hospital cardiopulmonary arrest. London: NCEPOD; 2012
- Szakmany T, Lundin RM, Sharif B, Ellis G, Morgan P, Kopczynska M, et al (2016) Sepsis Prevalance and Outcome on the General Wards and Emergency Departments in Wales: Results of a Multi-Centre, Observational, Point Prevalence Study. PLoS ONE 11(12): e0167230.doi: 10.1371/journal.pone.0167230
- Chertow GM, Burdick E, Honour M, Bonventre JV, Bates DW. Acute kidney injury, mortality, length of stay, and costs in hospitalized patients. J Am Soc Nephrol. Nov 2005; 16(11):3365-3370.
- Acutely Ill patients in hospital: recognition of and response to acute illness in adults in hospital. NICE Clinical Guidelines 50; 2007.
- Public Services Ombudsman for Wales. Out of Hours: Time to Care, 2015
- The Code of Professional Practice for Social Care Workers
- Welsh Government (2016) Well-being statement for people who need care and support and carers who need support  
<http://gov.wales/docs/dhss/publications/150629wellbeingen.pdf>
- Health and Safety at Work Act 1974 [www.hse.gov.uk/legislation/hswa.htm](http://www.hse.gov.uk/legislation/hswa.htm)
- ILS manual <https://www.resus.org.uk/publications/immediate-life-support-manual/>

## Unit 343 epilepsy

## Providing support to adults living with

Level:	3
GLH:	20
Credit:	3
Unit Summary	This unit covers the fundamental information necessary for those working in organisations/settings where they are responsible for providing assistance to individuals who may experience epilepsy. Learners will develop an understanding of what epilepsy is, actions to take, how it can be managed and the impact it can have on individuals in everyday life.

---

### Learning outcome:

1. Epilepsy and its effects

### Assessment criteria

You know:

- 1.1 The term 'epilepsy'
- 1.2 The different types of epilepsy and classifications of seizures
- 1.3 Causes of epilepsy
- 1.4 Possible seizure triggers and warnings
- 1.5 Actions to be taken in the event of seizures

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### Learning outcome:

2. The treatment of epilepsy

### Assessment criteria

You know:

- 2.1 Different types of currently used anti-epileptic medication
- 2.2 Benefits and risks of anti-epileptic medication

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### Learning outcome:

3. Caring for individuals with epilepsy

### Assessment criteria

You understand:

- 3.1 Ways to support an individual through the recovery process following a seizure
- 3.2 Potential **risks and impacts** within daily lives of individuals diagnosed with epilepsy
- 3.3 The importance of the recording and reporting process of seizures

- 3.4 Own role limitations when providing advice, guidance, information and care to an individual with epilepsy, or their advocate

**Range**

**Risks and impacts** - different life stages, personal preferences, lifestyles

---

**Learning outcome:**

4. Support and care for individuals with epilepsy

**Assessment criteria**

You are able to work in ways that:

- 4.1 Take measures to create safe environments for individuals with epilepsy in own organisation/setting
- 4.2 Provide reassurance to individuals with epilepsy and their families/carers
- 4.3 Work as part of a multi-disciplinary team and/or multi-agency working to support individuals with epilepsy in own organisation/setting
- 4.4 Support individuals or families/carers to maintain, or contribute to, a seizure diary or equivalent way of recording seizures/absence of seizures

## Unit 343

## Providing support to adults living with epilepsy

### Supporting Information

#### ***Evidence requirements***

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Reflective account by the learner signed by an expert witness, about providing support to adults with epilepsy on at least one occasion.
- Related documentation/records must be completed clearly, accurately and legibly.

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

**Alternative treatments to anti-epileptic medications:** psychological interventions, preventative measures, counselling.

**Seizure diary:** these would include the type and duration of seizures, as well as detailing seizure free periods.

**Safe environments:** positive risk assessments – enabling rather than limiting.

**Enable:** to provide someone with adequate power, means, opportunity, or authority (to do something).

**Levels of help or support and assistance:** graduated levels of assistance, from simple verbal reminders providing the lowest level of support to actual physical guidance providing the highest level. Assistance should be given flexibly according to the need for help, and should be focused on encouraging as much independence as possible.

**Alternative treatments** includes: psychological interventions (preventative measures, counselling).

#### ***Related guidance***

- Joint Epilepsy Guidelines - Joint Epilepsy Council, September 2011  
[http://www.epilepsyscotland.org.uk/pdf/Joint\\_Epilepsy\\_Council\\_Prevalence\\_and\\_Incidence\\_September\\_11\\_\(3\).pdf](http://www.epilepsyscotland.org.uk/pdf/Joint_Epilepsy_Council_Prevalence_and_Incidence_September_11_(3).pdf)
- Epilepsy Society [www.epilepsysociety.org.uk](http://www.epilepsysociety.org.uk)
- Epilepsy Action [www.epilepsy.org.uk](http://www.epilepsy.org.uk)

- NICE Epilepsies [www.nice.org.uk/Guidance/cg137](http://www.nice.org.uk/Guidance/cg137)
- Epilepsy Wales [www.public.epilepsy-wales.org.uk](http://www.public.epilepsy-wales.org.uk)
- SUDEP Action [www.sudep.org](http://www.sudep.org)

## Unit 314 monitoring

## Undertaking capillary blood glucose

<b>Level:</b>	3
<b>GLH:</b>	15
<b>Credit:</b>	3
<b>Unit Summary:</b>	This unit covers the skills and knowledge required to enable learners to undertake capillary blood glucose monitoring. Learners will cover practical skills required to monitor blood glucose levels to maintain control over diabetes in others. In the context of this unit, the term 'individual' refers to adults, children and young people.

---

### Learning outcome:

1. Legislation and policies relevant to supporting capillary blood glucose monitoring

### Assessment criteria

You know:

- 1.1 Current national and local guidelines and protocols which influence capillary blood glucose monitoring
- 1.2 Organisational/setting processes relating to capillary blood glucose monitoring
- 1.3 Why it is important to take responsibility and accountability in relation to scope of practice
- 1.4 Potential consequences of not adhering to procedures
- 1.5 Why valid consent must be obtained and confirmed prior to actions being taken
- 1.6 What a capillary blood sample is and sites where they can be taken

---

### Learning outcome:

2. Undertake capillary blood glucose monitoring

### Assessment criteria

You know:

- 2.1 The importance of cleaning sites when obtaining capillary blood samples
- 2.2 The importance of collecting capillary blood samples of the right quality
- 2.3 Factors which could affect the quality of the capillary blood sample
- 2.4 Concerns which individuals, or their families/carers, may have in relation to capillary blood sampling
- 2.5 Ways to prepare individuals for obtaining sampling capillary blood
- 2.6 Potential causes of discomfort to individuals during and after obtaining capillary blood samples
- 2.7 Ways in which discomfort can be minimised
- 2.8 Actions to take if there are problems in obtaining capillary blood



- 2.9 Reporting and recording mechanisms for problems relating to capillary blood sampling
- 2.10 Safe disposal methods for hazardous and non-hazardous waste
- 2.11 The importance of maintaining sufficient supplies and safe storage of materials and equipment

You are able to work in ways that:

- 2.12 Ensure that individuals and others have accurate and accessible information about the procedure
- 2.13 Identify a suitable place for carrying out capillary blood sampling
- 2.14 Follow safe and hygienic procedures prior to, during and after capillary blood sampling
- 2.15 Ensure that correct procedures are followed during capillary blood sampling
- 2.16 Record and report of capillary blood sampling, acting on results in line with organisation/setting

## Unit 314

## Undertaking capillary blood glucose monitoring

### Supporting Information

#### ***Evidence requirements***

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner monitoring the capillary blood sampling of an individual/child on a minimum of **three** occasions.

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

It is recommended that learners complete the following units prior to beginning this unit:

- Supporting children living with diabetes mellitus
- or
- Supporting adults living with diabetes mellitus

**Others:** could include family, friends, carers and others with whom the individual / child has a supportive relationship.

**Suitable place:** with consideration of privacy, safety, taking account of hygiene requirements.

**Correct procedures** in line with setting/organisation procedures and agreed ways of working including;

- comparing measurements correctly
- recording and reporting measurements accurately
- disposing of hazardous and non-hazardous waste materials safely and hygienically
- returning materials and equipment to safe storage after the procedure.

#### ***Related NOS***

- CHS131 Obtain and test capillary blood samples
- Diab HA8 Enable children with diabetes to monitor their blood glucose levels
- DIB 201 Diabetes Awareness
- Diab HA13 Provide information and advice to enable an individual with diabetes to minimise the risks of hypoglycaemia

## ***Related legislation and guidance***

- Diabetes Delivery Plan for Wales 2016-2020: The best standard of care for everyone with diabetes December 2016  
<https://gov.wales/docs/dhss/publications/161212diabetes-delivery-planen.pdf>
- “Think Glucose” campaign  
[https://webarchive.nationalarchives.gov.uk/20100304061513/http://www.institute.nhs.uk/quality\\_and\\_value/think\\_glucose/welcome\\_to\\_the\\_website\\_for\\_thinkglucose.html](https://webarchive.nationalarchives.gov.uk/20100304061513/http://www.institute.nhs.uk/quality_and_value/think_glucose/welcome_to_the_website_for_thinkglucose.html)
- Making Every Contact Count Public Health Wales  
<http://www.wales.nhs.uk/sitesplus/888/page/65550i>
- Infection Prevention and Control for Childcare Settings (2014)  
<http://www.wales.nhs.uk/sitesplus/documents/888/Infection%20Prevention%20and%20Control%20for%20Childcare%20Settings%20Final%202014%20%282%29.output.pdf>
- NICE Guidelines <https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-diagnostics-guidance>
- Introduction to Specimen Collection <https://www.labcorp.com/resource/introduction-to-specimen-collection#>
- Specimen Collection <http://www.northcumbriaccg.nhs.uk/about-us/key-policies-and-documents/policies/infection-prevention/21-specimen-collection-october-2015-version-100.pdf>
- Understanding diabetes  
<https://webarchive.nationalarchives.gov.uk/20100305014525/http://www.nhs.uk/Pathtways/diabetes/Pages/Landing.aspx>
- Health and Care Standards Welsh Government April 2015  
[http://www.wales.nhs.uk/sitesplus/documents/1064/24729\\_Health%20Standards%20Framework\\_2015\\_E1.pdf](http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf)

## Unit 344

## Taking venous blood samples from adults

<b>Level:</b>	3
<b>GLH:</b>	20
<b>Credit:</b>	3
<b>Unit Summary:</b>	This unit covers the knowledge and skills required to take venous blood samples from adults. Learners will gain the practical skills required to complete processes safely, efficiently and in ways that reduce distress as far as possible.

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### Learning outcome:

1. Taking venous blood samples from adults

### Assessment criteria

You know:

- 1.1 Local policy and procedures relating to the taking of venous blood samples
- 1.2 Health and safety considerations relating to taking venous blood samples
- 1.3 Potential adverse reactions and complications when taking blood samples from adults
- 1.4 Equipment and material requirements for taking blood samples from adults
- 1.5 Anatomy of a normal vein
- 1.6 Suitable sites for taking venous blood samples from adults

You are able to work in ways that:

- 1.7 Prepare appropriate equipment for obtaining venous blood and confirm samples and volumes required
- 1.8 Follow hand hygiene processes and select appropriate PPE
- 1.9 Confirm identity of the individual and gain informed consent
- 1.10 Use effective communication techniques throughout the procedure to reassure the individual
- 1.11 Gain venous access using the selected blood collection system, using techniques which will cause minimum discomfort
- 1.12 Obtain blood from the selected site with consideration of
  - container according to investigation required
  - volume
  - order when taking multiple samples
- 1.13 Mix blood and anti-coagulant thoroughly in required containers
- 1.14 Monitor for indications of adverse reactions and complications taking appropriate action where necessary
- 1.15 Remove blood collection equipment and stop blood flow with sufficient pressure
- 1.16 Apply suitable dressings to puncture sites according to setting protocols and advise individual on how to care for the site
- 1.17 Complete records in line with organisation/setting procedures

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Learning outcome:

2. Prepare blood samples taken from adults for processing

Assessment criteria

You are able to work in ways that:

- 2.1 Label blood samples clearly, accurately and legibly, using pre-prepared labels where appropriate
- 2.2 Place samples in appropriate packaging and ensure correct request forms are attached
- 2.3 Place samples in nominated place for collection and transportation, ensuring blood is kept at the required temperature
- 2.4 Document evidence that appropriate checks have been made in line with organisation/setting procedures
- 2.5 Ensure immediate transportation of blood to the relevant department in line with urgency of sampling investigations

## Unit 344                      Taking venous blood samples from adults

### Supporting Information

#### ***Evidence requirements***

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner taking blood samples from an individual on a minimum of **five** occasions. This could be the same individual on separate occasions or different individuals on separate occasions.
- Observe the learner preparing blood samples for processing on a minimum of **five** occasions.

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Simulation should be used as part of the training process to ensure learner confidence in taking samples before practice in a clinical setting.

**Identity:** When confirming identity setting/organisational protocol and procedures must be followed, but this should include a minimum of three from;

- name
- date of birth
- address
- NHS number
- hospital number.

**Label blood samples:** Labelling of samples should follow organisation/setting requirements.

**Adverse reactions and complications:** could include bleeding, bruising, pain, fainting, failure to bleed, needle phobia, allergies, phlebitis.

**Health and safety considerations:** including blood spillage, needle stick, environmental considerations, PPE, sharps disposal.

**Techniques:** could include application and removal of tourniquet, position and support of limb, position of self in relation to individual and equipment.

#### ***Related NOS***

- CHS132 Obtain venous blood samples

### ***Related legislation and guidance***

- NICE Quality Standard for Hand hygiene
- Welsh Government: Doing Well – Doing Better - Standards for Health Services in Wales April 2010
- WHO Guidelines on obtaining blood samples
- Infection Prevention Control and Aseptic Non-Touch Technique Welsh Government Guidelines
- Marsden guidelines for venepuncture

<b>Level:</b>	3
<b>GLH:</b>	20
<b>Credit:</b>	4
<b>Unit Summary:</b>	This unit covers the skills and knowledge required for providing ongoing support and care to adults living with cancer, and their wider support networks. Learners will cover knowledge of issues which impact on individuals diagnosed with and being treated for cancer and will use practical skills to support them and their families when living with and surviving cancer.

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**Learning outcome:**

1. The development and symptoms of cancer in adults

**Assessment criteria**

You understand:

- 1.1 The term 'cancer'
- 1.2 The most commonly diagnosed cancers in adults
- 1.3 Why early detection of cancer is important
- 1.4 The term 'metastasis'
- 1.5 The impact of metastasis on individuals with cancer
- 1.6 The term 'palliation of symptoms'
- 1.7 How genetics of cancer drive the symptoms and treatment of some cancers
- 1.8 'Red flag/alarm' signs and symptoms that may indicate cancer
- 1.9 Why improving symptom awareness among the public is important
- 1.10 Risk factors for cancer which are common to other diseases
- 1.11 Potential physical and psychological side effects of main treatment options for cancer

---

**Learning outcome:**

2. Care and support available for individuals experiencing cancer

**Assessment criteria**

You understand:

- 2.1 Ways of supporting individuals through and beyond treatment
- 2.2 The importance of the availability of equal access to cancer care services
- 2.3 Signs and symptoms of possible deterioration of an individual being treated for cancer
- 2.4 Potential complications of cancer and impacts on individuals and their families/support networks
- 2.5 Potential lifestyle changes that can improve health and well-being of individuals experiencing cancer



- 2.6 The roles and responsibilities of different members of the multi-disciplinary team who may be involved in supporting individuals living with cancer
  - 2.7 Where individuals can access financial advice and support following a cancer diagnosis
  - 2.8 Positive impacts a key worker can make to an individual's experience of cancer services
- 

#### Learning outcome:

- 3. Care and support available for individuals recovering from cancer

#### Assessment criteria

You understand:

- 3.1 Ways of emphasising the need for individuals to develop positive approaches and take responsibility for their health and lifestyle to optimise cancer survival
  - 3.2 Main elements of recovery packages and how these improve the experience of individuals affected by cancer
  - 3.3 Types of interventions which can lead to improved mental, physical and social well-being for those experiencing cancer
  - 3.4 The purpose of cancer self-management programmes
  - 3.5 Advice that should be provided to individuals if they have any concerns about their condition or recovery following cancer treatment
- 

#### Learning outcome:

- 4. Provide care and support to individuals surviving cancer

#### Assessment criteria

You understand:

- 4.1 The term 'cancer survivorship'
- 4.2 The principles and recommendations from current cancer survivorship initiatives
- 4.3 The value of cancer research and clinical trials

#### Assessment criteria

You are able to work in ways that:

- 4.4 Follow personal plans when supporting individuals surviving cancer
- 4.5 Communicate relevant information and sources of advice to individuals and their families/support networks in an empathetic and sensitive manner
- 4.6 Work with empathy and sensitivity when providing care to individuals surviving cancer, their family and support network
- 4.7 Document and report changes in an individual's condition

## Unit 345 Providing care for adults living with cancer

### Supporting Information

#### ***Evidence requirements***

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Reflective account by the learner signed by an expert witness, about providing support to individuals living with or surviving cancer on at least one occasion.
- Related documentation/records must be completed clearly, accurately and legibly.

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

**Cancers:** Types include breast, prostate, lung, bowel, skin, ovarian, kidney, non-Hodgkin lymphoma, leukaemia.

**Main cancer treatment options:** surgery, radiotherapy, chemotherapy.

**Cancer care services:** including complex and very specialist care, clinical trials and other studies, opportunities to be involved in and engaged in research activities.

**Impacts on individuals, families, carers and others:** fatigue, developing relationships, financial hardship of family, anxiety/depression, fear of recurrence, changes in behaviour, family dynamics, physical changes, emotional changes, socialisation issues, impact on education.

**Lifestyle changes:** stopping smoking, reduction in alcohol intake, increased physical activity, reduction of weight/healthier diet.

**Cancer delivery plan:** Making Every Contact Count; standards, pathway integration, early detection and person-centred care guidelines diagnostic services to cope with the expected increased demand; fast track pathways for patients with alarm symptoms; access to multi-disciplinary diagnostic centres for potentially serious, vague symptoms; direct access to certain tests for 'low-but-not-no' risk symptoms; imaging equipment; workforce shortages in pathology, radiology and oncology; reforming the way diagnostic pathways work

**Cancer survivorship:** Having no signs of cancer after finishing treatment. The term also refers to living with, through, and beyond cancer. According to this definition, cancer survivorship begins at diagnosis and includes people who continue to have treatment over the long term, to either reduce the risk of recurrence or to manage chronic disease.

**Impacts:** Could include fatigue, intimate relationship issues, financial hardship, anxiety/depression, fear of recurrence.

**Key worker:** the cancer pathway is complex and a named key worker is fundamental to help the individual navigate the pathway and ensure a smooth patient journey. The key worker is usually the clinical nurse specialist, who as part of a wider multi-disciplinary team coordinates treatment and care. The healthcare system, and patients, should also be clear who their responsible doctor is at all stages of the care pathway.

**Metastasis:** the medical term for cancer that spreads to a different part of the body from where it started.

**Recovery packages:** These elements form part of an overall support and self-management package for people affected by cancer.

**Information and sources of advice:** financial, well-being, follow up support, counselling, third sector services, specialist service.

### ***Related NOS***

- GEN44 Liaise between primary, secondary and community teams
- PHARM50.2011 Provide advice on anti-cancer therapy for an individual

### ***Related legislation and guidance***

- Welsh assembly Cancer delivery plan - <http://gov.wales/topics/health/nhswales/plans/cancer-plan/?lang=en>
- Cancer Delivery Plan for Wales 2016-2020 - The highest standard of care for everyone with cancer Produced by the Wales Cancer Network Nov 2016
- National cancer survivorship initiative – Macmillan Cancer Support 2007
- End of Life Care Plan and Palliative Care Implementation Board <http://wales.pallcare.info/>
- Social Services and Well-being (Wales) Act 2014 - Information and Learning Hub <http://www.ccwales.org.uk/the-act/>
- More Than Just Words and the Follow-on Strategic Framework for Welsh Language Services in Health and Social Care <http://gov.wales/topics/health/publications/health/guidance/words/?lang=en>
- Doing Well, Doing Better: Standards for Health Services in Wales ( April 2010)
- Macmillan Cancer Support - <https://www.macmillan.org.uk/>
- Marie Curie Care and Support - [https://www.mariecurie.org.uk/?gclid=EAlaIqobChMI7tjhp9mj3AIV4ZztCh1AOguhEAYASAAEgLa1vD\\_BwE&gclsrc=aw.ds](https://www.mariecurie.org.uk/?gclid=EAlaIqobChMI7tjhp9mj3AIV4ZztCh1AOguhEAYASAAEgLa1vD_BwE&gclsrc=aw.ds)

## Unit 346

## Palliative and end of life care for adults

Level:	3
GLH:	35
Credit:	7
Unit Summary:	This unit provides learners with the knowledge and skills required to support individuals receiving palliative care and support at the end of life. It includes the principles of rights based approaches, person-centred approaches and the importance of building relationships with individuals, their key supporters/carers and other agencies and services. The learner will understand the range of specialist services available to provide support and the referral processes required.

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### Learning outcome:

1. Policies and processes that underpin the provision of end of life care

### Assessment criteria

You understand:

- 1.1 **Key terms** relating to end of life care
- 1.2 The impact of national guidance on current approaches to end of life care
- 1.3 How the 'All Wales Standards for Palliative Care' underpin end of life care
- 1.4 What is meant by 'rights based approaches' when caring for individuals approaching end of life
- 1.5 The ways that power and influence may be used and/or abused when supporting individuals approaching end of life
- 1.6 Conflicts and legal or ethical issues that may arise in relation to death, dying or end of life care
- 1.7 The roles of power of attorney and next of kin in relation to end of life care
- 1.8 The purpose of advance care planning

### Range

**Key terms** - palliative care, end of life care, terminal care, last days of life care

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### Learning outcome:

2. Person-centred approach relating to end of life care

### Assessment criteria

You understand:

- 2.1 The meaning of informed consent and advance planning
  - 2.2 Methods of empowering the individual to retain control
  - 2.3 The importance of always acting in the person's best interest
-

- 2.4 The concept of holistic care at the end of life
- 2.5 The role of **key people** and **support services** who may be involved in end of life care
- 2.6 The benefit of caring networks and local schemes
- 2.7 Local organisations that support individuals with end of life care

### Range

**Key people** - may include family members, friends, others who are important to the well-being of the individual, multi-disciplinary teams

**Support services** - Statutory bodies, voluntary bodies, health and social care

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### Learning outcome:

- 3. The importance of effective communication and developing positive relationships during end of life care

### Assessment criteria

You understand:

- 3.1 The importance of relationships to an individual as they near end of life
- 3.2 How different **customs and preferences** influence end of life care
- 3.3 The challenges that may occur in developing positive relationships with individuals
- 3.4 The importance and impact of first language on communication
- 3.5 The impacts of sensory impairment on end of life care
- 3.6 The importance of checking that communication has been **understood**
- 3.7 The benefits to an individual of having some control over their end of life care
- 3.8 Considerations in relation to young carers involved in end of life care

You are able to work in ways that:

- 3.9 Signpost individuals and key people to sources of information about the individual's illness and the support available
- 3.10 Actively listen to individuals and key people in relation to end of life care
- 3.11 Communicate an individual's care requirements to others
- 3.12 Provide information of appropriate support to carers and families

### Range

**Customs and preferences** - beliefs, religion, culture of individuals and key people

**Understood** - by the individual at end of life, their carers/family and those involved in their care and support

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### Learning outcome:

- 4. The meaning of well-being in the context of end of life care

### Assessment criteria

You understand:

- 4.1 The challenges for individuals at the end of their lives in dealing with change and **transitions**
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- 4.2 How to support individuals, and their families/carers, to manage change and transitions
- 4.3 Coping strategies adopted by individuals when facing death and dying
- 4.4 **Models** of loss and grief
- 4.5 The importance of supporting the **well-being** of individuals and their families/carers
- 4.6 **Ways in which an individual's well-being may be enhanced**
- 4.7 Ethical considerations in relation to nutrition and hydration
- 4.8 Possible conflicts that might arise during end of life care and what action to take
- 4.9 The importance of working in partnership with key people to support the individual's well-being

### Range

**Transitions** - individuals moving into or out of the service provision, transferring between establishments, physical changes caused by their deteriorating condition, anticipating death

**Models** – Kübler-Ross grief cycle, Worden's theory, Stroebe & Schute

**Well-being** - aspects that are social, emotional, cultural, spiritual, intellectual, economic, physical and psychological

**Ways in which an individual's well-being may be enhanced** - environmental factors, non-medical interventions, use of equipment and aids, alternative/complementary therapies

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### Learning outcome:

- 5. Provide end of life care and ongoing support to individuals through the process of dying

### Assessment criteria

You are able to work in ways that:

- 5.1 Identify and report psychological effects on the individual when approaching end of life
- 5.2 Record and report the deteriorating condition of an individual
- 5.3 Support individuals' physical needs and contribute to addressing any distress experienced by the individual promptly and in agreed ways
- 5.4 Establish with an individual and key others any wishes they may have with regards to their death

## Unit 346                      Palliative and end of life care for adults

### Supporting Information

#### ***Evidence requirements***

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Reflective account by the learner signed by an expert witness, about providing palliative support and end of life care to individuals/families/carers/others on at least one occasion.
- Related documentation/records must be completed clearly, accurately and legibly.

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

**Types of Information that should be understood:** prognosis, treatment, support available.

**Others with whom information may need to be shared:** care workers, different agencies.

**Support to carers and families** may include: referral to support services, third sector services, bereavement support, emotional and practical support.

**Assessment:** information about a person's needs and how an illness is affecting their ability to live their normal lives.

**Best interest decision:** this occurs if someone does not have the mental capacity to make a legal, healthcare, welfare or financial decision for himself/herself. This is one of the principles of the Mental Capacity Act. The decision can only be made after an assessment has deemed the individual does not have capacity. Strict principles and codes of practice should be followed to carry out the assessment as set out in the Mental Capacity Act.

**Core elements of palliative care:** timely and open communication and information; Choices/Options in all aspects of care, including complementary therapies; Death in the place of choice; Co-ordination of services at home, where this is the chosen place of care; Expert symptom management; Access to 24-hour specialist advice and expertise; Emotional and practical support for all family members; Respite care, with medical and nursing input, when required.

**End of life:** the last 12 months that a person is expected to live.

**Informed consent:** when an individual gives permission to have an assessment, treatment or procedure with full knowledge of the risks involved, probable consequences and the alternatives.

**Last offices:** “Last Offices is the care given to a deceased patient which is focused on fulfilling religious and cultural beliefs as well as health and safety and legal requirements.” Mallett, J & Dougherty, L (eds) (2000) (5th ed) Manual of Clinical Nursing Procedures Royal Marsden Hospital, Blackwell Science.

**Physical needs:** may include oral care, continence care, constipation, personal care, mobility.

**Mental capacity:** the cognitive ability of an individual to make decisions that may have legal consequences for themselves and/or for others affected by the decision. In particular, these decisions involve their health care, welfare and finances. An assessment must be carried out to determine mental capacity.

**National end of life care programme:** programme funded by the NHS which works across health and social care to improve end of life care and support people to live and die well.

**Transitions:** includes individuals approaching end of life moving into or out of the service provision, transferring between establishments, physical changes caused by their deteriorating condition, anticipating death.

### ***Related NOS***

- HSC0385 Support individuals at the end of life
- HSC0384 Support individuals through bereavement
- HSC0239 Contribute to the care of a deceased person
- HSC0224 Monitor the condition of individuals
- HSC0216 Help address the physical comfort needs of individuals

### ***Related legislation and guidance***

- Welsh Government Palliative and End of Life Delivery Plan 2017 link to website
- All Wales Standards for Palliative Care
- Dying Matters: <http://www.dyingmatters.org/page/legal-and-ethical-issues>
- McCulloch & Lane (2010) Supporting the Bereaved: An introductory workbook for health & social care staff involved in End of Life Care Pub NHS Gloucestershire
- The best practice guide to end-of-life care for people with a learning disability <http://www.mencap.org.uk>
- National Institute for Clinical Excellence NICE Guidelines - <https://www.nice.org.uk/guidance/service-delivery--organisation-and-staffing/end-of-life-care>
- NICE Guidance - Adults and Children and Young People <https://www.nice.org.uk/guidance/ng6>
- Faith perspective: supporting Jewish people with life limiting conditions, and at the end of life 2015
- End of Life Care Symptoms: <https://www.verywell.com/common-symptoms-at-the-end-of-life-1132515>
- CSSIW - <http://cssiw.org.uk/>



- MUST - [http://www.bapen.org.uk/pdfs/must/must\\_full.pdf](http://www.bapen.org.uk/pdfs/must/must_full.pdf)
- Abbey pain scale - <http://www.wales.nhs.uk/sitesplus/documents/862/FOI-286f-13.pdf>
- <http://www.dimensionsofculture.com/2010/11/cultural-aspects-of-death-and-dying/>
- <http://www.nhs.uk/conditions/Euthanasiaandassistedsuicide/Pages/Introduction.aspx>
- [http://www.endoflifecare.nhs.uk/assets/downloads/pubs\\_Advance\\_Care\\_Planning\\_guide.pdf](http://www.endoflifecare.nhs.uk/assets/downloads/pubs_Advance_Care_Planning_guide.pdf)
- Waterlow Score - [http://www.judy-waterlow.co.uk/waterlow\\_score.htm](http://www.judy-waterlow.co.uk/waterlow_score.htm)
- Hospice UK  
[https://www.hospiceuk.org/?gclid=EAlaIQobChMI4Kus5Oqj3AIVR\\_IRCh1fcQnIEAAYB CAAEgInafD\\_BwE](https://www.hospiceuk.org/?gclid=EAlaIQobChMI4Kus5Oqj3AIVR_IRCh1fcQnIEAAYB CAAEgInafD_BwE)

## Unit 350

## Supporting the use of medication in social care settings

Level:	3
GLH:	35
Credit:	5
Unit Summary:	<p>This unit aims to develop the knowledge, understanding and skills of learners to support the use of medication in social care settings.</p> <p>This unit is specifically aimed at those in a social care role where individuals are supported in a range of ways (including administration) with their oral and topical medication, in accordance with their care and support plan and in line with national guidance.</p> <p>In the context of this unit 'individuals' refers to adults and children and young people.</p>

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### Learning outcome:

1. Common types of medication and their use

### Assessment criteria

You know:

- 1.1 Common types of medication and their general uses
- 1.2 Legal classification of different types of medication and implications for their use in social care settings
- 1.3 Different preparations of medication
- 1.4 **Different routes** used for medication
- 1.5 Materials, equipment and aids that are used to support individuals with their medication
- 1.6 Changes in the individual that may indicate an adverse reaction to their medication
- 1.7 Actions that should be taken where there are signs or indicators of an adverse reaction to medication

### Range

**Different routes** - oral, enteral (via percutaneous endoscopic gastrostomy - PEG) sublingual, transdermal, parenteral, topical, inhaled, nasal, rectal and vaginal

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### Learning outcome:

2. Receive, store and dispose of medication supplies safely

## Assessment criteria

You know:

- 2.1 Actions to take when receiving medication
- 2.2 How to safely store medication
- 2.3 How to safely dispose of unused or spoilt medication

You are able to work in ways that:

- 2.4 Follow organisational policies and procedures to receive, store and dispose of medication
- 

## Learning outcome:

- 3. Support the use of medication

## Assessment criteria

You understand:

- 3.1 The importance of supporting the active participation of individuals when assisting use of medication
- 3.2 The importance of checking information for the **correct use of medication**
- 3.3 Actions to be taken if there are any:
  - discrepancies
  - conflicting instructions
  - missing or spoilt medications
  - issues with the individual refusing to take prescribed medication

You are able to work in ways that:

- 3.4 Check information to support the individual with correct use of medication
- 3.5 Confirm with the individual the level and type of support they need when using medication
- 3.6 Prepare equipment and the environment for use of medication
- 3.7 Support the individual with correct use of medication ensuring:
  - the promotion of active participation
  - dignity and respect
  - infection prevention and control measures are followed
- 3.8 Observe the use of medication to identify any practical difficulties that may occur
- 3.9 Take actions to address any practical difficulties
- 3.10 Record use of medication according to own role and responsibilities

## Range

**Correct use of medication** - following information in personal plan, level of support needed, checking label to ensure that medication is in date, correct medication for the individual, the correct dose, the correct route, the correct time to take, checking records for last dose taken

## Unit 350

## Supporting the use of medication in social care settings

### Supporting Information

#### ***Evidence requirements***

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner supporting individual's within their care in taking medication on a minimum of **three** occasions.
- Observe the learner safely receiving, storing and disposing of medication within their role and responsibility.
- Evidence of documentation/records that are completed clearly, accurately, legibly

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

**Changes in an individual's physical, behavioural or interactive capacity** could include: confusion, agitation, hyperactivity, drowsiness, unresponsiveness, fine motor tremor, fast heart rate, elevated temperature, rash, vomiting, diarrhoea, swollen tongue, swollen ankles, poor circulation, unusual discharge, unexplained bruising/ bleeding, thrush.

**Practical difficulties** include: those that relate to lost medication; missed medication, spilt or dropped medication, difficulty taking medication in its prescribed form, the individual refusing to take medication, wrong medication used, adverse reactions to medication or discrepancies in records or directions are noted.

#### ***Related NOS***

- SCDHSC3122 Support individuals to use medication in social care settings
- SFHRenTP7 Help the patient develop competence in self-administering medication

#### ***Related legislation and guidance***

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

## Unit 353

## Providing care to adults with indwelling urinary catheters

<b>Level:</b>	3
<b>GLH:</b>	20
<b>Credit:</b>	3
<b>Unit Summary:</b>	This unit will enable learners to develop the skills and knowledge to support individuals to safely maintain indwelling urinary catheters. Learners will consider guidelines on current best practice, personal responsibilities and accountability, anatomy and physiology as well as considerations of comfort, dignity, privacy and respect.

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### Learning outcome:

1. Current national and local guidelines in relation to caring for adults with indwelling urinary catheters

### Assessment criteria

You understand:

- 1.1 Current legislation, local and national guidance and protocols which relate to urinary catheter care
- 1.2 Boundaries of own role in relation to caring for adults with urinary catheters
- 1.3 Why the use of indwelling urinary catheters should be avoided if at all possible

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### Learning outcome

2. Urinary catheter care

### Assessment criteria

You know:

- 2.1 The anatomy and physiology of male and female urinary tracts
- 2.2 Differences between urethral and suprapubic catheterisation
- 2.3 Different types of urinary catheters
- 2.4 Reasons for urethral and suprapubic catheterisation for males and females
- 2.5 Equipment and materials used in urinary catheter care
- 2.6 Potential complications associated with urethral and suprapubic indwelling catheters
- 2.7 Signs and symptoms associated with complications
- 2.8 Actions that should be taken when complications associated with urethral and suprapubic indwelling catheters are identified
- 2.9 The information that should be given to an individual about care of urinary catheters

## 2.10 Health and safety and infection control measures required when supporting an individual to care for and manage their urinary catheter

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### Learning outcome

#### 3. Support individuals with urinary catheter care

### Assessment criteria

You are able to work in ways that:

- 3.1 Confirm individual's identity and gain informed consent
- 3.2 Apply standard precautions for infection prevention and control, and health and safety measures
- 3.3 Prepare required equipment prior to caring for the urinary catheter
- 3.4 Maintain the individual's comfort, dignity and privacy throughout
- 3.5 Clean meatus appropriately
- 3.6 Encourage individuals to participate in urinary catheter care activity taking into account their abilities, personal beliefs and preferences
- 3.7 Support individuals to use catheter care equipment and/or materials in line with manufacturer's guidelines and agreed ways of working
- 3.8 Observe the condition of the individual throughout the process, reporting concerns in line with organisation/setting procedures
- 3.9 Dispose of waste materials safely and hygienically
- 3.10 Encourage individuals to undertake hand hygiene practices
- 3.11 Record and report support provided in line with organisation/setting procedures

## Unit 353

## Providing care to adults with indwelling urinary catheters

### Supporting Information

#### ***Evidence Requirements***

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Reflective account by the learner signed by an expert witness, about providing support to an adult with an indwelling urinary catheter on at least one occasion.
- Evidence of documentation completed must be recorded clearly, accurately and legibly in line with organisation/setting policies.

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

**Meatus:** passage/opening leading to the inside of the body e.g. Urethral meatus, abdominal wound

**Different types of urinary catheters:** materials (e.g. rubber, plastic, silicone), frequency of change, colour

#### ***Related NOS***

- SCDHSC0219 Support individuals to manage continence

#### ***Related legislation and guidance***

- NHS website - <https://www.nhs.uk/conditions/urinary-catheters/>
- NHS direct Wales  
<http://www.nhsdirect.wales.nhs.uk/encyclopaedia/u/article/urinarycatheterization/>
- Royal Marsden guidance <https://www.rmmonline.co.uk/>

## Unit 354

## Providing care and support for adults with Coronary Heart Disease (CHD)

Level:	3
GLH:	20
Credit:	3
Unit Summary:	This unit provides learners with the knowledge and practical skills required to support individuals experiencing Coronary Heart Disease (CHD) (also known as ischaemic heart disease). Learners will develop the practical skills required to provide immediate and long-term support to individuals to manage their condition.

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### Learning outcome:

1. National guidelines and public health messages relating to the care of adults with coronary heart disease

### Assessment criteria

You know:

- 1.1 Local and national legislation relating to coronary heart disease
- 1.2 Public health messages relating to coronary heart disease

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### Learning outcome:

2. Coronary heart disease

### Assessment criteria

You know:

- 2.1 The anatomy and physiology of the heart and its **associated structures**
- 2.2 The term 'coronary heart disease'
- 2.3 **Common coronary heart conditions** and their potential causes
- 2.4 The differences between **common coronary heart conditions**
- 2.5 **Signs and symptoms** of individuals experiencing common coronary heart conditions
- 2.6 Potential **treatment options** for common coronary heart conditions
- 2.7 The long-term impacts of common coronary heart conditions
- 2.8 Potential risk factors relating to coronary heart disease
- 2.9 The impact of different factors on coronary heart disease

### Range

**Associated structures** – veins, arteries, aorta, capillaries

**Common coronary heart conditions** – angina, myocardial infarction (MI)/acute coronary syndrome (ACS), heart failure

**Signs and symptoms** – typical, atypical



**Treatment options** – surgery, medication, cardiac rehab, lifestyle modification, CPR

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**Learning outcome:**

**3. Cardio-Pulmonary Resuscitation (CPR)**

**Assessment criteria**

You know:

- 3.1 National guidelines relating to the provision of CPR
  - 3.2 Organisation/setting procedures for performing CPR
  - 3.3 The 'cardiac chain of survival'
  - 3.4 Organisation/setting procedures for alerting emergency medical help
  - 3.5 The significance of Do Not Attempt Resuscitation (DNAR) in relation to the provision of CPR
- 

**Learning outcome:**

**4. Support individuals experiencing coronary heart conditions**

**Assessment criteria**

You are able to work in ways that:

- 4.1 Explain to the individual, their family/carer, the nature of support to be provided and gain informed consent
- 4.2 Monitor the condition and well-being of individuals in line with organisation/setting procedures
- 4.3 Provide support to individuals on managing their heart condition and its symptoms
- 4.4 Signpost individuals, their family/carers, to information on how to manage their heart condition and its symptoms
- 4.5 Provide evidence of organisation/setting CPR training compliance
- 4.6 Record and report concerns in line with organisation/setting procedures

## Unit 354

## Providing care and support for adults with Coronary Heart Disease (CHD)

### Supporting Information

#### ***Evidence Requirements***

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Reflective account by the learner signed by an expert witness, on supporting an individual (or individuals) experiencing Coronary Heart Disease.
- Documentation/records must be completed clearly, accurately and legibly.

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

**Angina:** the most common form of coronary heart disease. It is characterised by a heaviness or tightness in the centre of the chest which may spread to the arms, neck, jaw, face, back and/or stomach. Angina occurs when the arteries of the heart become narrow and not enough oxygen-rich blood can reach the heart muscle, especially when its demands are high, such as during exercise

**Coronary Heart Disease (CHD):** happens when the heart's blood supply is blocked or interrupted by a build-up of fatty substances in the coronary arteries. The two main forms of CHD are heart attack (also known as myocardial infarction) and angina. This is also referred to as ischaemic heart disease.

**Heart failure:** when the heart muscle is unable to pump blood as efficiently around the body. It occurs because the heart is damaged or overworked. Some people with minor heart failure may have few or no symptoms. People with moderate or severe heart failure often suffer from a number of problems, including shortness of breath, general tiredness and swelling of the feet and ankles.

**Do Not Attempt Resuscitation (DNAR):** A Do Not Attempt Resuscitation form is a document issued and signed by a doctor, which tells the medical team not to attempt CPR. It is not a legally binding document. Instead, it helps to communicate to healthcare professionals involved in care that CPR shouldn't be attempted.

**Long term impacts of coronary heart disease:** lifestyle, medication, deterioration/premature death, psychological, confidence, family/relationships.

**Risk factors relating to coronary heart disease:** diet, exercise, smoking, environment, genetics, financial ability.

**Impact of factors on coronary heart disease:** environmental, social, lifestyle/behavioural, psychological, biological.

### ***Related NOS***

- CHD HB1 Recognise indications of heart conditions and take appropriate action
- CHD ED3 Encourage behaviour and activities that reduce the risk of Coronary Heart Disease (CHD)

### ***Related legislation and guidance***

- Together for Health: Heart Disease Annual report 2016  
<http://www.wcn.wales.nhs.uk/sitesplus/documents/1193/Heart%20Disease%20Annual%20Report%202016%20>
- NICE guidelines – Acute coronary syndrome, cardiovascular conditions
- Welsh government – Out of hospital cardiac arrest plan
- Welsh government – Heart conditions delivery plan
- Cardiac delivery plan 2015
- British Heart Foundation - <https://www.bhf.org.uk/>
- Welsh Hearts - <http://welshhearts.org/>

## Unit 356

## Supporting nutrition and hydration for individuals with special dietary requirements

Level:	3
GLH:	20
Credit:	2
Unit Summary:	This unit aims to support learners to develop the knowledge and skills needed to support individuals with special dietary requirements.

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### Learning outcome:

1. Promote balanced nutrition and hydration

### Assessment criteria

You know:

- 1.1 The role of essential nutrients for health
- 1.2 Factors that may affect nutritional intake
- 1.3 **Special dietary requirements** individuals may have
- 1.4 The importance of supporting individuals with special dietary requirements to follow their diets
- 1.5 Signs of potential malnutrition
- 1.6 The purpose of monitoring an individual's nutrition and hydration
- 1.7 Ways in which nutrition and hydration can be monitored
- 1.8 Referral processes when there are concerns about the nutrition and hydration of individuals
- 1.9 How to access additional support and information relating to nutrition and hydration

You are able to work in ways that:

- 1.10 Support individuals with special dietary requirements
- 1.11 Monitor the nutrition and hydration of individuals
- 1.12 Implement, record and report actions identified by nutritional monitoring

### Range

**Special dietary requirements** – those requiring a special diet, for cultural, moral or religious reasons (e.g. vegetarian, vegan), special diets for medical reasons (e.g. modified texture, gluten-free, modified diet for diabetes, food allergies, coeliac disease, increased energy density through food fortification, oral nutritional supplements,) allergy free (e.g. nut-free, milk-free)

## Unit 356

## Supporting nutrition and hydration for individuals with special dietary requirements

### Supporting Information

#### ***Evidence requirements***

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Reflective account by the learner signed by an expert witness, on supporting an individual with special dietary needs.
- Documentation/records must be completed clearly, accurately and legibly.

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

IDDSI (the International Diet Dysphagia Standardisation Initiative) has developed a global framework to standardise the way food and fluids for people of all ages with feeding, chewing or swallowing problems are described. The current levels and associated descriptors can be found here: <https://iddsi.org/framework/>

**Factors** may include: social, financial, physical, lack of knowledge, neglect, mobility and accessibility/ lack of transport, behavioural, poor appetite, low mood, confusion, poor memory. Certain disabilities or sensory issues, physical problems that make swallowing or eating difficult, health problems that reduce appetite, affect digestion, cause pain on eating or cause the body to need more energy than usual e.g. heart problems, effects of medication.

**Monitored:** BMI, weight charts, food and fluid charts.

#### ***Related NOS***

- SKAB116 Deliver services to help people achieve and maintain a healthy weight

#### ***Related legislation and guidance***

- Food Standards Agency - <https://www.food.gov.uk>
- British Dietetic Association Food Fact Sheets  
<https://www.bda.uk.com/foodfacts/home>
- The Caroline Walker Trust <https://www.cwt.org.uk/>
- NHS Choices <http://www.nhs.uk/livewell/healthy-eating/Pages/Healthyeating.aspx>
- Manual of Nutrition Department of Health

- Nutrition in Community Settings Pathway Welsh Government  
<http://gov.wales/docs/dhss/publications/130704nutritionen.pdf>
- Nutrition Skills for Life Dietitians  
<http://www.publichealthnetwork.cymru/en/topics/nutrition/nutrition-skills/>
- NICE guidelines for constipation – <https://www.nice.org.uk/guidance/cg99>
- Anaphylaxis campaign - <https://www.anaphylaxis.org.uk/>
- BAPEN <https://www.bapen.org.uk/>
- Trussel Trust <https://www.trusselltrust.org/what-we-do/>

## Unit 359

## Providing care and support for adults with chronic respiratory conditions

Level:	3
GLH:	20
Credit:	3
Unit Summary:	This unit provides learners with the knowledge and practical skills required to support individuals with chronic respiratory conditions. Learners will develop the practical skills required to provide immediate and long term support to individuals to manage their condition.

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### Learning outcome:

1. National guidelines and public health messages relating to the care of adults with chronic respiratory conditions

### Assessment criteria

You know:

- 1.1 Local and national legislation relating to chronic respiratory conditions
- 1.2 Public health messages relating to chronic respiratory conditions
- 1.3 The impact of different factors on chronic respiratory conditions

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### Learning outcome:

2. Chronic respiratory conditions

### Assessment criteria

You know:

- 2.1 The anatomy and physiology of healthy lungs and **associated structures**
- 2.2 **Common chronic respiratory conditions** and their potential causes
- 2.3 **Signs and symptoms** of individuals experiencing chronic respiratory conditions
- 2.4 Potential treatment options for chronic respiratory conditions
- 2.5 The long-term impacts of chronic respiratory conditions
- 2.6 Potential risk factors relating to chronic respiratory conditions

### Range

**Associated structures** – mouth, nose, pharynx, larynx, trachea, bronchus, diaphragm, intercostal muscles, ribs,

**Common chronic respiratory conditions** – Chronic Obstructive Pulmonary Disease (COPD), fibrosis, emphysema, asthma, industrial disease

**Signs and symptoms** – typical, atypical

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Learning outcome:

3. Cardio-Pulmonary Resuscitation (CPR)

Assessment criteria

You understand:

- 3.1 National guidelines relating to the provision of CPR
  - 3.2 Organisation/setting procedures for performing CPR
  - 3.3 The differences between respiratory arrest and cardiac arrest
  - 3.4 The 'chain of survival'
  - 3.5 Organisation/setting procedures for alerting emergency medical help
  - 3.6 The significance of Do Not Attempt Resuscitation (DNAR) in relation to the provision of CPR
  - 3.7 The requirements for CPR training compliance within own organisation/setting
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Learning outcome:

4. Support individuals experiencing chronic respiratory conditions

Assessment criteria

You are able to work in ways that:

- 4.1 Explain to the individual, their family or carer, the nature of support to be provided and gain informed consent
- 4.2 Maintain the health and safety of the environment when providing support for individuals experiencing chronic respiratory conditions
- 4.3 Identify the normal functional ability of individuals experiencing chronic respiratory conditions
- 4.4 Monitor the condition and well-being of individuals in line with organisation/setting procedures
- 4.5 Provide support to individuals on managing their respiratory condition and its symptoms
- 4.6 Source and provide information to individuals, their family or carer, to manage the individuals respiratory condition and its symptoms
- 4.7 Answer questions and concerns raised by the individual during procedures in line with role responsibility
- 4.8 Record and report concerns in line with organisation/setting procedures



## Unit 359

## Providing care and support for adults with chronic respiratory conditions

### Supporting Information

#### ***Evidence requirements***

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner supporting an individual (or individuals) experiencing chronic respiratory conditions on a minimum of three occasions.
- Documentation/records must be completed clearly, accurately and legibly.

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

**Do Not Attempt Resuscitation (DNAR):** A Do Not Attempt Resuscitation form is a document issued and signed by a doctor, which tells the medical team not to attempt CPR. It is not a legally binding document. Instead, it helps to communicate to healthcare professionals involved in care that CPR shouldn't be attempted.

**Chronic Obstructive Pulmonary Disease (COPD):** a lung disease characterized by chronic obstruction of lung airflow that interferes with normal breathing and is not fully reversible.

**Factors that impact on chronic respiratory conditions:** environmental, social, lifestyle/behavioural, psychological, biological.

**Potential treatment options for chronic respiratory conditions:** medication, oxygen, pulmonary rehab, lifestyle modification, surgery, CPR, C-PAP, Bi-PAP.

**Long term impacts of chronic respiratory conditions:** lifestyle, medication, deterioration/premature death, psychological, confidence, family/relationships.

**Risk factors for chronic respiratory conditions:** smoking, environment, genetics, financial ability, social influences, diet, exercise.

**Normal functional ability of those with chronic respiratory conditions:** respiratory rate, respiratory rhythm, respiratory depth, level of independence, oxygen saturation, anxiety level.

### ***Related legislation and guidance***

- British Thoracic Society Guidance - <https://www.brit-thoracic.org.uk/standards-of-care/guidelines/>

## Unit 360

## Providing support to individuals following a stroke

<b>Level:</b>	3
<b>GLH:</b>	25
<b>Credit:</b>	3
<b>Unit Summary:</b>	This unit provides learners with the knowledge to understand the possible causes, and different types of stroke. The practical skills required to support individuals following a stroke implementing a person-centred approach to care.

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### Learning outcome:

1. Stroke and transient ischaemic attacks (TIAs) and their impacts on individuals

### Assessment criteria

You know:

- 1.1 The incidence rates of stroke and TIAs
- 1.2 What is the difference between a stroke and a 'TIA'
- 1.3 The common causes of strokes and TIAs'
- 1.4 The signs and symptoms of a stroke and TIA
- 1.5 The potential long-term effects of a stroke
- 1.6 The reasons for variations in the effects of a stroke on an individual
- 1.7 Why stroke is a medical emergency

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### Learning outcome:

2. Provide support and assistance to an individual, families/carers following a stroke

### Assessment criteria

You know:

- 2.1 The principles and practice of rehabilitation, and factors which limit this
- 2.2 The members of the multi-disciplinary team involved in an individual's personal plan as it relates to the individual, families/carers/others

You are able to work in ways that:

- 2.3 Support an individual to build on their individual strengths and maximise their independence
- 2.4 Promote an individual's comfort, mobility and safety:
  - Utilise mobility aids
  - Positioning (limb positioning, position of aids, drinks, tables)

- Prevention of pressure damage
  - Safe eating and drinking
  - Promotion of continence
  - Use effective communication methods suited to the individual
- 2.5 Contribute to implementing care plans in accordance with organisation/setting requirements
- 2.6 Provide feedback to the individual, families/carers/others in line with organisation/setting requirements
- 2.7 Record and report concerns in line with organisation/setting procedures

## Unit 360

## Provide support to individuals following a stroke

### Supporting Information

#### ***Evidence requirements***

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Reflective account by the learner signed by an expert witness, on supporting an individual (or individuals) following a stroke.
- Documentation/records must be completed clearly, accurately and legibly.

#### ***Guidance for delivery***

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

IDDSI (the International Diet Dysphagia Standardisation Initiative) has developed a global framework to standardise the way food and fluids for people of all ages with feeding, chewing or swallowing problems are described. The current levels and associated descriptors can be found here: <https://iddsi.org/framework/>

**Comfort, mobility and safety for an individual with a Stroke:** Positioning of affected limbs, the risk of dislocation / injury. The use of suitable aids that encourage use of affected side. This requires that items can be seen by an individual whose vision may be impaired (usually on the opposite side to the hemiplegia), and that prevent pressure damage.

**Long-term effects of Stroke:** to include psychological, cognitive and physical impacts.

**Safe eating and drinking:** a common effect of Stroke includes swallowing difficulties which may require the use of alternative feeding methods, such as the thickeners, textured diets and gastrostomy feeds.

**Signs and Symptoms of a Stroke/TIA:** Limb weakness (hemiplegia), facial weakness, impact on mental capacity, ability to self-care, potential loss of mobility, difficulty with swallowing (dysphagia) and nutrition, sensory loss, impact on communication skills e.g. - aphasia, dysphasia.

#### ***Related NOS***

- SFHS1 Respond to the needs of individuals with stroke or Transient Ischaemic Attack (TIA)
- SFHS5 Implement interventions for individual who have had a stroke or Transient Ischaemic Attack (TIA)

- SKAD516 Design, agree and adapt a physical activity programme with adults after stroke

### ***Related legislation and guidance***

- Welsh Government (2016) Well-being statement for people who need care and support and carers who need support  
<http://gov.wales/docs/dhss/publications/150629wellbeingen.pdf>
- Stroke Association: <https://www.stroke.org.uk/finding-support/wales-caring-and-you-service>
- STARS (Stroke Training and Awareness Resources)  
<http://www.strokecorecompetencies.org/node.asp?id=home>

# Appendix 1 Relationships to other qualifications

## Links to other qualifications

This qualification has connections to the following qualifications:

- Level 2 Health and Social Care: Core
- Level 2 Health and Social Care: Principles and Contexts
- Level 3 Health and Social Care: Practice (Adults)
- Level 3 Health and Social Care: Practice (Children and Young People)