

# Level 5 Leadership and Management of Health and Social Care: Practice

November 2019 Version 1.0

Qualification Handbook

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## Qualification at a glance

<b>Subject area</b>	Health and social care
<b>City &amp; Guilds number</b>	8040
<b>Age group approved</b>	18+
<b>Entry requirements</b>	Learners must have completed the following City & Guilds (or an agreed comparable) qualification prior to entry for this qualification:  8040-09 Level 4 Preparing for Leadership and Management in Health and Social Care
<b>Assessment</b>	100% external assessment
<b>Approvals</b>	Centre and qualification approval is required
<b>Support materials</b>	Qualification handbook 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 5 Leadership and Management of Health and Social Care: Practice	8040-10	C00/1260/7

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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 in a leadership or management role within the Health and Social Care sector.</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>Learners are required to complete the Level 4 Preparing for Leadership and Management in Health and Social Care qualification (or an agreed comparable qualification) prior to taking this qualification.</p> <p>Successful completion of this qualification will enable learners to apply for registration with SCW as a Registered Manager, providing that they also meet all other registration requirements.</p>
What does the qualification cover?	<p>This qualification requires learners to develop the knowledge, understanding, behaviours and skills required for leadership and management of health and social care settings. This qualification provides opportunities for those leading and managing health and social care settings for adults, children and young people.</p>
What opportunities for progression are there?	<p>The qualification allows learners to progress their employment opportunities or to continue to further study at a higher level.</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 5 Leadership and Management of Health and Social Care: Practice 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 should be able to demonstrate that they:

- understand and apply in practice a range of leadership and management concepts, theories and techniques;
- reflect on their own and others' leadership and management styles and understand how this impacts on those they work with, both within and outside of their setting;
- lead and manage performance improvement in health and social care settings;
- lead and manage person/child-centred approaches in practice;
- lead and manage the improvement of service within health and social care
- work as effective and independent learners, and as critical and reflective thinkers to make informed judgements which includes using and interpreting data;
- use communication, numeracy and digital competency skills as appropriate within their role.

## Structure

To achieve the **Level 5 Leadership and Management of Health and Social Care: Practice** qualification learners must achieve a minimum of 120 credits in total.

- 20 credits must be achieved from Mandatory group A\*
- 70 credits must be achieved from Mandatory group B
- A minimum of 30 credits must be achieved from the Optional group.

The **minimum** guided learning hour requirement for this qualification is 395.

Unit Number	Unit title	GLH	Credits
<b>Mandatory Group A</b>			
520	Lead and manage person/child-centred practice	60	20
521	Lead and manage person/child-centred practice through independent advocacy	60	20
<b>Mandatory Group B</b>			
522	Lead and manage effective team performance	65	18
523	Lead and manage the quality of service provision to meet legislative, regulatory and organisational requirements	70	16
524	Professional practice	50	12
525	Lead and manage practice that promotes the safeguarding of individuals	60	12
526	Lead and manage health, safety and security in the work setting	60	12
<b>Optional Group</b>			
527	Lead and manage service provision for children and young people who are looked after	45	31
528	Lead and manage service provision for disabled children and young people	50	30
529	Lead and manage support for reducing restrictive practices through positive approaches for behaviour support	40	21

Unit Number	Unit title	GLH	Credits
530	Lead and manage care and support for individuals living in their own homes	40	19
531	Lead and manage services for individuals living in care home settings	30	30
532	Lead and manage practice in dementia care	40	31
533	Lead and manage services for individuals living with mental ill-health	40	31
534	Lead and manage support for individuals with a learning disability and/or autism	40	34
535	Lead work with individuals with sensory loss	50	20
536	Lead and manage work for substance misuse services	40	19
537	Lead work in end of life care	30	11
538	Lead and manage a clinical area	50	30
539	Lead and manage adult placement/shared lives services	40	18
540	Lead and manage independent advocacy services	20	24
541	Lead and manage work with carers	20	11
542	Lead support for carers	10	8
543	Lead and manage inter-professional working arrangements	20	10
544	Lead work with volunteers	10	9
545	Lead and manage business planning and processes	20	12
546	Lead and manage a therapy team	80	20
401	Using assessments for the development of personal plans	35	6

\* Learners completing this qualification with the purpose of leading and managing independent advocacy services should select unit 521 from Mandatory Group A. Learners completing this qualification for all other health and social care services should select unit 520 from Mandatory Group A.

Learners may only achieve credits for 1 of the following:

- Unit 541 Lead and manage work with carers
- Unit 542 Lead support for carers

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

Learners should select units that are relevant to their role and to the individuals that they care for within their organisation/setting.

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

Guided Learning Hours (GLH) give 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 5 Leadership and Management of Health and Social Care: Practice qualification	1200

## 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 and qualification 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.

### Registration and certification

Learners are registered and certificated through our web-based registration and certification system Walled Garden. The City & Guilds Walled Garden allows centres to submit registrations on a 'roll-on/roll-off' basis i.e. registrations can be submitted at any time and in any number throughout the calendar year.

For more information on the registration and certification process 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).

## Centre staffing

### Internal assessor requirements

Internal assessors will not be making assessment judgments that count towards the final qualification grade, however they will be involved in supporting the assessment process through supporting agreement of the business project and providing evidence through observation and testimony. Individuals within this role must,

- be occupationally competent within a health and social care role. 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 working in line with current assessment standards or another suitable qualification equivalent/alternative in their support of 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 used to provide supportive evidence as part of the portfolio, 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 a qualification in assessment of workplace performance or a professional work role which involves 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. IQAs will be responsible for ensuring that the process and delivery of assessment is undertaken appropriately, and that any assessment evidence produced (e.g. portfolio evidence) is validated.

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.

## 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

Candidates must have completed the following qualification or an agreed comparable qualification prior to registration of this qualification:

### **8040-09 Level 4 Preparing for Leadership and Management in Health and Social Care**

City & Guilds does not set any additional entry requirements for this qualification. However, centres must ensure that candidates have the potential and opportunity to gain the qualification successfully.

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

## Agreed comparable qualifications

The following qualifications are acceptable as agreed alternatives to completion of the 8040-09 Level 4 Preparing for Leadership and Management in Health and Social Care qualification:

Step Up To Management Award (University of South Wales)

It is the responsibility of the centre as part of the learner's induction to the programme to confirm that all knowledge areas have been covered to sufficient depth, and the learner has a sufficient degree of understanding to progress to the Level 5 programme.

## Age restrictions

The Consortium cannot accept any registrations for candidates under 18 as this qualification is not approved for under 18s.

### 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,
- the appropriate type and level of qualification.

It is recommended 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.

The content of the mandatory units (520 – 526) has been designed to build on the candidate's knowledge and understanding developed through completion of the Level 4 Preparing for Leadership and Management in Health and Social Care qualification. The practice qualification firmly embeds the concepts, theory and guidance provided at Level 4, into the practical application of skills and ability at Level 5.

Deliverers of the Level 5 qualification should ensure that the delivery of Level 5 builds upon the Level 4 content, but does not attempt to unnecessarily replicate it. Refreshment or reiteration of certain content elements may be helpful; however, the delivery should primarily focus on the development of Level 5 skills, with the understanding that a secure knowledge base has been already achieved by candidates.

As an example, the knowledge base taught through unit 412 (Leadership and management of effective team performance in health and social care services) underpins the practice elements of unit 522 (Lead and manage effective team performance). As part of the delivery of 522, it will be beneficial for deliverers to challenge learners to reflect on the different leadership models, values and principles they have learnt about previously as they consider the content of this unit, and put their leadership skills into practice. It will be particularly helpful for learners to reflect on the individual challenges that they face as they work as leaders supporting others in practice. The content of this unit should challenge learners to develop their own leadership skills and techniques, so it will be helpful to encourage learners to use a range of self-analysing questions in their own reflection, as they perform a range of activities involving members of their team (e.g. recruitment, induction, supervision). The types of questions that may be helpful to ask include,

- How have I performed in this situation?
- How could I have behaved differently?
- What might have happened if I had taken a different approach?

Regular and supportive supervision will be invaluable alongside the delivery of this unit to support learners to embed their understanding of what it means to be a leader of people, and how they can continue to adapt, progress and develop their own leadership style effectively.

Deliverers should however always consider the specific requirements of the individual learner (e.g. the time lapse since studying the Level 4 knowledge qualification; any gaps in employment away from the sector or if they have completed an approved, recognised alternative to the Level 4 qualification etc.), as well as the holistic nature of the content of this qualification, and its intended delivery, as they develop and adapt their teaching for an effective delivery model.

## 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) or external assessors.

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.

For this qualification, a pool of external assessors will be recruited by City & Guilds who will conduct the external assessment, and determine the assessment decision for all candidates who complete the assessment for this qualification.

All external assessors will go through initial training on the assessment approach. External assessors will be subject to standardisation and lead sampling. Annual training and standardisation events will be held with all assessors.

Lead assessors will support the recruitment and training of new assessors, utilising examples of best practice and providing support for assessment activities, such as observation and professional discussion.

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.

All associates/appointees who are considered to be engaging in regulated activity will be subject to a Disclosure and Barring Service (DBS) check and will receive Safeguarding training prior to visiting a centre.

### **External assessor requirements**

Assessors of this qualification must be occupationally competent - this means that each assessor must be able to carry out the full requirements within the competency units that they are assessing. Occupational competence means that they are also occupationally knowledgeable. Assessors must possess the relevant knowledge and understanding, which is at least at the same level as the content of the unit they are assessing.

In addition, they must possess or be working towards either:

- the Level 3 Award in Assessing Vocationally Related Achievement or equivalent legacy qualifications; **and**
- maintain their occupational knowledge through relevant and clearly demonstrable continuing learning and professional development, which is at least at the same level as the level of the units they are assessing.

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.

Where working towards assessor qualifications there must be a countersigning arrangement in place from a qualified assessor 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. The EQA role for this qualification will be focused on the centre approval element at the point of on-boarding.

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

Level 4 External Quality Assurance of Assessment Processes and Practice

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

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.

## 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).

## Factors affecting individual candidates

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.

Candidates 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 candidate (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 candidates 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 candidates 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 candidates 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 (or individual conducting an equivalent role) 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>**

## 4 Assessment

### Summary of assessment methods

Candidates must successfully complete:

- a portfolio of evidence
- a business project
- a professional discussion

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 as evidence of practice for summative assessment purposes.

Simulated situations or activities may be useful for supporting formative assessment activities, but evidence for summative assessment should reflect the candidate's actual experienced practice.

### 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 candidate'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).

### Awarding of the qualification

The qualification will be awarded based on a final holistic judgement applied by an external assessor upon review of the evidence observed across all of the assessments.

## Re-sit opportunities

There is no restriction on the number of times candidates can re-take/re-submit tasks which they have failed within this qualification.

Please see the assessment pack for guidance on re-sit opportunities available for candidates completing the assessments, and for guidance on when a candidate is unsuccessful in completion of any element of the assessment on the first attempt.

## External assessment processes

The assessment pack outlines the points in the assessment process when the centre is required to co-ordinate and book the services of a City & Guilds external assessor.

## Roles

The following roles will be involved in the assessment of this qualification.

**Tutor** - provides the delivery of knowledge and understanding of the qualification content. The tutor may support access to assessment, but will not be responsible for making any final assessment judgements.

**Internal assessor**<sup>1</sup> – a qualified assessor, provides support for the assessment delivery. The internal assessor will support the assessment to provide evidence that supplements the external assessment decision. The internal assessor will be responsible for confirming the validity of the candidate's business project opportunity and project plan for providing sufficient assessment evidence, and for undertaking at least two observations of the candidate implementing their project. They will also support the candidate to provide evidence within their portfolio, as well as provide additional observation and testimony where appropriate.

**Manager/employer** – understands the normal internal processes of the setting, documentation, communication systems etc and can assess whether the candidate is using them appropriately. Where appropriate can provide expert witness testimony in relation to day to day workplace practice. The manager/employer is responsible for confirming the validity of the candidate's business project, ensuring that the opportunity presented is viable from a business operation's perspective.

**Other Professional** – an expert witness – for specialist procedures or for the coverage of units that require specific expertise, settings may provide additional expert witness testimony.

**Internal Quality Assurer** – ensures that all internally-submitted assessment evidence is of a consistent and appropriate quality.

**External Quality Assurer** – will support an initial centre visit as part of the qualification approval process of the awarding body, ensuring appropriate systems and processes are in place within the centre.

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<sup>1</sup> For confirmation of the assessment requirements for this qualification, please see the 'Centre requirements' section of this Qualification Handbook

**City & Guilds External assessor** – a qualified assessor, appointed by City & Guilds, and responsible for undertaking direct observation of the candidate in practice, as well as undertaking the professional discussion. The external assessor will review all final evidence presented for the portfolio and business project and will make the final assessment judgement of the candidate.

**City & Guilds Lead Assessor** – will be responsible for sampling and standardising the assessment judgements determined by external assessors.

## 5 Units

### Availability of units

All units are contained within this qualification handbook;

Unit Number	Unit title
520	Lead and manage person/child-centred practice
521	Lead and manage person/child-centred practice through independent advocacy
522	Lead and manage effective team performance
523	Lead and manage the quality of service provision to meet legislative, regulatory and organisational requirements
524	Professional practice
525	Lead and manage practice that promotes the safeguarding of individuals
526	Lead and manage health, safety and security in the work setting
527	Lead and manage service provision for children and young people who are looked after
528	Lead and manage service provision for disabled children and young people
529	Lead and manage support for reducing restrictive practices through positive approaches for behaviour support
530	Lead and manage care and support for individuals living in their own homes
531	Lead and manage services for individuals living in care home settings
532	Lead and manage practice in dementia care
533	Lead and manage services for individuals living with mental ill-health
534	Lead and manage support for individuals with a learning disability and/or autism
535	Lead work with individuals with sensory loss
536	Lead and manage work for substance misuse services
537	Lead work in end of life care
538	Lead and manage a clinical area
539	Lead and manage adult placement/shared lives services

Unit Number	Unit title
540	Lead and manage independent advocacy services
541	Lead and manage work with carers
542	Lead support for carers
543	Lead and manage inter-professional working arrangements
544	Lead work with volunteers
545	Lead and manage business planning and processes
546	Lead and manage a therapy team
401	Using assessments for the development of personal plans

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 children's health and 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.

### 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. 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 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 judgment, and based at the level of the learning outcome.

### 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.

The guidance for delivery also includes definitions of key terminology referred to within the unit, as well as providing further background and support around key aspects of the content.

### 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 to the health and social care sector. 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.

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

This value indicates the amount of Guided Learning Hours a 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. This value also includes the time taken to prepare for, and complete, the assessment for the unit. 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.

## Unit 520 practice

## Lead and manage person/child-centred

<b>Level:</b>	5
<b>GLH:</b>	60
<b>Credit:</b>	20
<b>Unit Summary:</b>	<p>The aim of this unit is to support learners to develop the competencies needed to lead and manage person/child-centred practice. It builds on learning from the Level 4 Preparing for Leadership and Management in Health and Social Care qualification.</p> <p>In the context of this unit the term 'individuals' relates to adults and/or children and young people</p>

### Learning outcome:

1. Lead and manage practice that supports individuals to achieve positive outcomes

### Assessment criteria

You are able to work in ways that:

- 1.1 **Implement systems, procedures and practice** that support co-productive, person/child-centred approaches which contribute to the identification and achievement of positive outcomes for individuals
- 1.2 Lead practice that promotes inclusive approaches to assessments
- 1.3 Develop a culture that empowers individuals to express what is important to them and make decisions about the outcomes that they want to achieve
- 1.4 Lead and manage practice which ensures that individuals are supported to:
  - have voice and control over decisions about their care and support and the way that their service is designed and delivered
  - identify the outcomes that they want to achieve and how they can best be helped to do this
  - identify and recognise their strengths and skills
  - develop and maintain skills which support their active participation in activities, experiences and daily tasks that promote independence
  - balance their rights, responsibilities and risks
  - maintain existing and develop new relationships
  - evaluate achievement of their identified outcomes

- 1.5 Ensure that workers have access to development opportunities that support them to develop the knowledge, skills and understanding needed to work with individuals to identify and achieve positive outcomes
- 1.6 Ensure that workers are supported to:
  - use a co-productive approach
  - work with individuals to establish their history, culture, preferences, wishes and needs and reflect this in their practice
  - use a strengths-based approach
  - use risk management plans to support individuals to achieve positive outcomes
  - promote respect, equality, diversity and inclusion of individuals in their practice
  - embed a rights-based approach in their practice
- 1.7 Use strategies to manage conflicts of interest, differences of opinion and dilemmas that may arise between individuals, workers, families/carers and others about risks and the outcomes that individuals want to achieve
- 1.8 **Implement systems, procedures and practice** to;
  - Critically analyse the impact of outcome-based practice on the achievement of outcomes for individuals
  - Identify changes and resources needed to further support the achievement of outcomes for individuals

### Range

**Implement systems, procedures and practice** in accordance with legislative, regulatory and organisational contexts

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### Learning outcome:

2. Lead and manage practice that promotes the holistic well-being of individuals

### Assessment criteria

You are able to work in ways that:

- 2.1 **Implement systems, procedures and practice** that support the holistic well-being of individuals
- 2.2 Develop a culture
  - where workers consider all aspects of the well-being of individuals in their day to day practice
  - that supports relationship-based practice which values individuals, families/carers and workers
  - that promotes equality, diversity and inclusion
- 2.3 Lead and manage practice that supports individuals to develop positive, secure and healthy attachments and relationships
- 2.4 Lead and manage practice that promotes the self-esteem, sense of security and belonging of individuals
- 2.5 Lead and manage practice that promotes
  - healthy lifestyle choices
  - support for the health needs of individuals

- 2.6 Implement agreed practice and protocols for involving health professionals to meet the health needs of individuals
- 2.7 Ensure that there are agreed protocols where health related tasks are delegated from other health professionals to workers

### Range

**Implement systems, procedures and practice** in accordance with legislative, regulatory and organisational contexts

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### Learning outcome:

3. Lead and manage practice that promotes person/child-centred communication

### Assessment criteria

You are able to work in ways that:

- 3.1 **Implement systems, procedures and practice** that support person/child-centred communication
- 3.2 Develop a culture of active participation that:
  - supports person/child-centred approaches to communication
  - enables individuals to express what is important to them, their preferences and needs
  - takes account of preferred methods of communication and preferred language
- 3.3 Support others to evaluate factors which may present barriers to communication and participation
- 3.4 Support others to understand and use methods to overcome identified barriers to individuals' and families/carers communication and participation
- 3.5 Ensure that communication in the setting is conducted in a way that:
  - recognises confidentiality
  - demonstrates respect for individuals and families/carers
  - does not stigmatise or reinforce negative perceptions of individuals
- 3.6 Ensure that individuals:
  - have access to records, reports and information related to them in accessible formats
  - have opportunities to comment upon, express concerns, challenge or complain about the **content of records, reports and information** related to them
- 3.7 Reflect on own communication skills and methods used to engage with individuals, families/carers and others
- 3.8 Adapt communication methods to ensure effective communication with individuals, their families/carers, workers and other professionals

### Range

**Implement systems, procedures and practice** in accordance with legislative, regulatory and organisational contexts

**Content of records, reports and information** - written or verbal

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Learning outcome:

4. Lead and manage support for change and transitions

Assessment criteria

You are able to work in ways that:

- 4.1 Lead practice that supports workers, individuals and families/carers to identify:
- potential impact of change and transitions on well-being
  - barriers to successful change and transitions
  - positive outcomes for change and transitions
  - their own strengths and abilities that will contribute to successful change and transitions
- 4.2 Enable workers to identify any additional support needed to assist individuals and families/carers through change and transitions

## **Unit 520**                      **Lead and manage person/child-centred practice**

### Supporting Information

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

**Note**, learners completing this qualification with the purpose of leading and managing independent advocacy services should select to complete unit (521) from Mandatory Group A. Learners completing this qualification **for all other health and social care services** should select unit **520** from Mandatory Group A.

This unit builds on learning from the Level 4 Preparing for Leadership and Management in Health and Social Care qualification, in particular:

- Unit 410 Legislation, theories and models of person/child-centred practice - Learning outcomes: 1; 2; 3; 4; 5; 6; 7; 8
- Unit 411 Theoretical frameworks for leadership and management in health and social care - Learning outcomes: 3; 4
- Unit 412 Leadership and management of effective team performance in health and social care services - Learning outcomes: 2; 7

Guidance and resources listed for these units would be pertinent for Unit 520.

**Accessible formats** to include ways to support making information easy to read and understand (see resources section; this good practice guidance document applies equally for individuals with learning disabilities as well as other sector areas).

**Critically analyse** is to examine something closely such as a policy, procedure, theory, complex situation, problem or an approach to practice – identifying the parts or issues that contribute to the whole product, situation or idea and determining how these different parts affect the quality of the whole product or how the individual issues affect the overall situation. Critical analysis involves a weighing-up of the factors concerned, for their contribution of strengths / weaknesses or advantages / disadvantages of a product or in a situation. Critical analysis is part of the process of understanding issues and developing original and creative responses

**Development opportunities** may include a blend of educational programmes, training activities, mentoring, coaching, shadowing, induction, supervision, guided reading, research, action learning sets, peer group discussions

**Resources** could include financial, equipment, workers or other services

**Workers** in the context of adult placement/shared lives for this unit, this term would refer to adult placement/shared lives carers.

**The following delivery guidance is for learners working in a clinical health environment:**

**Develop and maintain skills which support their active participation in activities, experiences and daily tasks that promote independence** - this will need to focus on the maintenance and re-establishing skills, where this is possible

**Maintain existing and develop new relationships** - the new relationships will be professional ones with the staff

**Lead and manage practice that supports individuals to develop positive, secure and healthy attachments and relationships** - this would need to be in the context of a trusting collaborative relationship with staff

**Involving health professionals to meet the health needs of individuals** - Within the Multi-Disciplinary Team based in the area

**Ensure that there are agreed protocols where health related tasks are delegated from other health professionals to workers** - Within the Multi-Disciplinary Team based in the area

**Access to records, reports and information related to them in accessible formats** - Where the delegation has come from outside the clinical team responsible for the individual

**Content of records, reports and information** - In line with local Health Board policies

**Transitions** – could include: admission, discharge, possibly changes in diagnosis / prognosis

## **Resources**

- Learning Disability Wales – Clear and easy handbook for making written information easy to read and understand for people with a learning disability
- Social Care Wales resources on Personal Outcomes: <https://socialcare.wales/service-improvement/personal-outcomes>
- Social Care Wales resource 'Positive risk and shared decision-making': [https://socialcare.wales/cms\\_assets/file-uploads/Positive-risk-and-shared-decision-making.pdf](https://socialcare.wales/cms_assets/file-uploads/Positive-risk-and-shared-decision-making.pdf)
- Social Care Wales resource 'First Steps in Management': <https://socialcare.wales/learning-and-development/first-steps-in-management>
- Social Care Wales resources for Code of Professional Practice and Practice guidance: <https://socialcare.wales/fitness-to-practise/codes-of-practice-and-guidance>

## ***Related NOS***

- **SCDLMCB2:** Lead and manage service provision that promotes the well-being of individuals
- **SCDLMCB3:** Lead and manage the provision of care services that deals effectively with transitions and significant life events
- **SCDLMCB6:** Lead and manage provision of care services that supports the development of children and young people
- **SCDLMCE1:** Lead and manage effective communication systems and practice

## Unit 521                      Lead and manage person/child-centred practice through independent advocacy

<b>Level:</b>	5
<b>GLH:</b>	60
<b>Credit:</b>	20
<b>Unit Summary:</b>	<p>The aim of this unit is to support learners to develop the competencies needed to lead and manage person/child-centred practice through independent advocacy. It builds on learning from the Level 4 Preparing for Leadership and Management in Health and Social Care qualification.</p> <p>In the context of this unit the term 'independent advocacy' also includes independent professional advocacy</p>

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### Learning outcome:

1. Lead and manage practice that supports individuals to achieve positive outcomes

### Assessment criteria

You are able to work in ways that:

- 1.1 **Implement systems, procedures and practice** that support approaches led by individuals that contribute to the identification and achievement of outcomes
- 1.2 Lead practice that promotes inclusive approaches to establish what the individual wants
- 1.3 Develop a culture that empowers and supports individuals to express what is important to them and make decisions about the outcomes that they want to achieve
- 1.4 Lead and manage practice which ensures that individuals are supported to:
  - have voice and control over decisions about their care and support and the way that their service is designed and delivered
  - identify the outcomes that they want to achieve and how they can best be helped to do this
  - identify opportunities for self-advocacy
  - identify and recognise their strengths and skills
  - develop and maintain skills which support their active participation in decision-making processes
  - evaluate achievement of their identified outcomes and the impact of the advocacy process

- 1.5 Ensure that advocates have access to development opportunities that support them to develop the knowledge, skills and understanding needed to work with individuals to identify what matters to them
- 1.6 Ensure that advocates are supported to use an approach that is led by individuals
- 1.7 Ensure that advocates are supported to:
  - work with individuals in ways which are sensitive to their identity, characteristics, history, culture, preferences, wishes and needs
  - promote respect, equality, diversity and inclusion of individuals in their practice
  - embed a rights-based approach in their practice
  - identify and deal with conflicts of interest
- 1.8 **Implement systems, procedures and practice** to critically analyse the impact of practice on the achievement of outcomes

### Range

**Implement systems, procedures and practice** in accordance with legislative, regulatory and organisational contexts

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### Learning outcome:

2. Lead and manage practice that promotes the holistic well-being of individuals

Assessment criteria

You are able to work in ways that:

- 2.1 **Implement systems, procedures and practice** that support the holistic well-being of individuals
- 2.2 Develop a culture where advocates consider aspects of well-being that are important to individuals in their day to day practice
- 2.3 Lead and manage practice that ensures that individuals are supported to define and express their sense of well-being.
- 2.4 Develop a culture that supports good working relationships which value individuals and advocates
- 2.5 Lead and manage practice that promotes the well-being of individuals and challenges circumstances where this is not upheld.

### Range

**Implement systems, procedures and practice** in accordance with legislative, regulatory and organisational contexts

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### Learning outcome:

3. Lead and manage practice that promotes person/child-centred communication

## Assessment criteria

You are able to work in ways that:

- 3.1 **Implement systems, procedures and practice** that support person/child-centred communication
- 3.2 Develop a culture of active participation that:
  - supports person/child-centred approaches to communication
  - enables individuals to express what is important to them, their preferences and needs
  - takes account of preferences and methods of communication and language
- 3.3 Support others to evaluate factors which may present barriers to communication and participation
- 3.4 Support others to understand and use methods to overcome identified barriers to individuals' communication and participation
- 3.5 Ensure that communication in the setting is conducted in a way that:
  - recognises confidentiality
  - demonstrates respect for individuals and families/carers
  - does not stigmatise or reinforce negative perceptions of individuals
- 3.6 Ensure that individuals:
  - have access to records, reports and information related to them in accessible formats
  - have opportunities to comment upon, express concerns, challenge or complain about the **content of records, reports and information** related to them
- 3.7 Reflect on own communication skills and methods used to engage with individuals and others
- 3.8 Adapt communication methods to ensure effective communication with individuals, their families/carers and other professionals

## Range

**Implement systems, procedures and practice** in accordance with legislative, regulatory and organisational contexts

**Content of records, reports and information** written or verbal

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## Learning outcome:

4. Lead and manage support for change

## Assessment criteria

You are able to work in ways that:

- 4.1 Lead and manage practice that supports individuals to:
  - explore the potential impact of proposed change
  - express their views about proposed change
  - be an active participant in the process
  - identify adjustments that will reduce negative impacts

4.2 Enable advocates to identify additional support needed to assist individuals through change

## Unit 521                      Lead and manage person/child-centred practice through independent advocacy

### Supporting Information

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

**Note**, learners completing this qualification with the purpose of **leading and managing independent advocacy services** should select to complete this unit (521) from Mandatory Group A. Learners completing this qualification for all other health and social care services should select unit 520 from Mandatory Group A.

This unit builds on learning from the Level 4 Preparing for Leadership and Management in Health and Social Care qualification, in particular:

- Unit 410 Legislation, theories and models of person/child-centred practice - Learning outcomes: 1; 2; 4; 5; 6; 7; 8
- Unit 412 Leadership and management of effective team performance in health and social care services - Learning outcomes: 2; 7

Guidance and resources listed for these units would be pertinent for Unit 521.

**Approaches** would include non-instructed and instructed advocacy

**Development opportunities** may include a blend of educational programmes, training activities, mentoring, coaching, shadowing, induction, supervision, guided reading, research, action learning sets, peer group discussions

#### ***Resources***

- Social Care Wales resource 'First Steps in Management':  
**<https://socialcare.wales/learning-and-development/first-steps-in-management>**
- Social Care Wales resources for Code of Professional Practice and Practice guidance:  
**<https://socialcare.wales/fitness-to-practise/codes-of-practice-and-guidance>**

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

- **SCDLMCB2:** Lead and manage service provision that promotes the well-being of individuals
- **SCDLMCB3:** Lead and manage the provision of care services that deals effectively with transitions and significant life events
- **SCDLMCB6:** Lead and manage provision of care services that supports the development of children and young people
- **SCDLMCE1:** Lead and manage effective communication systems and practice

## Unit 522

## Lead and manage effective team performance

<b>Level:</b>	5
<b>GLH:</b>	65
<b>Credit:</b>	18
<b>Unit Summary:</b>	<p>This unit aims to support learners to develop the competencies needed to effectively lead and manage team performance. It builds on learning from the Level 4 Preparing for Leadership and Management in Health and Social Care qualification.</p> <p>In the context of this unit the term 'individuals' relates to adults and/or children and young people</p>

### Learning outcome:

1. Lead the development of a positive culture that is motivational and inspiring

### Assessment criteria

You are able to work in ways that:

- 1.1 Lead the development of a culture and environment that:
  - is open, safe and inclusive
  - acknowledges, values and respects equality and diversity
  - supports Welsh language and culture
  - values the contributions of workers towards the achievement of positive outcomes and service delivery
  - encourages innovation and creativity
  - encourages solution focused approaches
  - motivates workers
- 1.2 Support workers to understand the shared vision and strategic direction of the organisation and service and their role in supporting the achievement of its objectives
- 1.3 Use leadership styles and approaches to implement the vision of the organisation in ways that are reflective, motivating, innovative and inclusive
- 1.4 Ensure that the positive contribution of workers is recognised and valued
- 1.5 Act as a positive role model for innovation, creativity and change
- 1.6 Inspire confidence by responding efficiently, positively and constructively to issues, compliments, concerns or complaints raised by individuals or others
- 1.7 Reflect on own leadership qualities and behaviours and how well these support a motivational and inspiring culture within the team **and when working with others**
- 1.8 Use leadership models, theoretical frameworks and observed/experienced best practice of other leaders/managers to develop own practice as a leader

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### Learning outcome:

## 2. Manage values based recruitment of workers

### Assessment criteria

You are able to work in ways that:

- 2.1 **Implement systems, procedures and practice** that support values based recruitment
- 2.2 Ensure that recruitment and selection processes meet safe selection requirements
- 2.3 Work within organisational requirements to:
  - evaluate the knowledge, understanding experience and skills needed within the workforce and identify any gaps
  - support the development of job descriptions and person specifications that meet the needs of the service provision and any identified gaps
  - agree with others the selection and recruitment processes
  - agree how individuals can participate in the recruitment and selection process
  - promote diversity within the workforce
- 2.4 Work within organisational requirements to:
  - use agreed recruitment and selection processes
  - provide clear and accurate information and feedback to candidates where requested
  - Keep clear and accurate records of the recruitment and selection process

### Range

**Implement systems, procedures and practice** in accordance with legislative, regulatory and organisational contexts

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### Learning outcome:

## 3. Manage values based induction of workers

### Assessment criteria

You are able to work in ways that:

- 3.1 **Implement systems, procedures and practice** that support values based induction
- 3.2 Ensure that new workers are provided with a written job description, person specification and contract that outlines their roles and responsibilities
- 3.3 Ensure that arrangements are made for new workers that meets legislative, regulatory and organisational requirements
- 3.4 Ensure that new workers are supported to develop an understanding of:
  - their role, responsibilities and accountabilities
  - legislative, regulatory and organisational requirements
  - codes of Conduct and Professional Practice
  - procedures and practices that they must follow in their work
- 3.5 Ensure that new workers are provided with opportunities to regularly discuss practice issues, their progress and learning and development needs
- 3.6 Ensure that new workers have a personal development plan that takes account of

- their existing knowledge, understanding, skills and experience
  - the expectations of their role
  - additional knowledge, understanding and skills that are needed
- 3.7 Ensure that all permanent or fixed term appointments are subject to satisfactory completion of a probationary period
- 3.8 **Implement systems, procedures and practice** for the induction of agency workers and/or volunteers

### Range

**Implement systems, procedures and practice** in accordance with legislative, regulatory and organisational contexts

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### Learning outcome:

4. Manage the continuing professional development of workers through supervision and performance reviews

### Assessment criteria

You are able to work in ways that:

- 4.1 **Implement systems, procedures and practice** for supervision and performance reviews
- 4.2 Ensure that written agreements for supervision and performance reviews are in place for all workers
- 4.3 Ensure that workers are supported to understand how their work contributes to the achievement of positive outcomes for individuals
- 4.4 Ensure that records from supervision and performance reviews are accurate and completed within agreed timescales
- 4.5 Use observations and feedback from individuals and others to assess the practice of workers against their defined roles and responsibilities
- 4.6 Create a positive environment that supports the exchange of information and constructive feedback within supervision and performance reviews
- 4.7 Use supervision with workers to:
- provide constructive feedback on practice
  - agree actions, timescales and goals
  - monitor and evaluate the achievement of agreed goals and actions
  - identify areas for learning and development and activities and methods that will be used to support these
  - support reflection on practice and how well activities have met their learning and development needs
  - encourage them to take personal responsibility for their own continuing professional development
  - understand any legislative, regulatory or organisational requirements for learning and development
  - review and manage their workloads
  - discuss and agree actions for any health or well-being issues

- adapt to change
- 4.8 Provide development opportunities to support the safe and effective practice of workers
- 4.9 Access additional support for workers who do not feel competent to carry out any aspect of their work

### Range

**Implement systems, procedures and practice** in accordance with legislative, regulatory and organisational contexts

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#### Learning outcome:

5. Manage the delegation of tasks

#### Assessment criteria

You are able to work in ways that:

- 5.1 **Implement systems, procedures and practice** for the delegation of tasks
- 5.2 Ensure that workers are clear about:
- the purpose of the tasks that have been delegated to them
  - their role and responsibility for the tasks
  - the knowledge, understanding and skills needed to undertake the tasks
  - actions to be taken if they do not have the knowledge, understanding or skills needed, or if the task is deemed unsafe
  - any training or support that will be available to support them to undertake the tasks
  - how their work will be monitored
- 5.3 Follow agreed governance procedures where tasks are delegated from other agencies or professionals
- 5.4 Access additional support and resources to enable workers to undertake the delegated tasks where this is needed

### Range

**Implement systems, procedures and practice** in accordance with legislative, regulatory and organisational contexts

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#### Learning outcome:

6. Understand legislative, regulatory and organisational requirements for addressing misconduct or unsatisfactory performance

#### Assessment criteria

You understand:

- 6.1 Legislative, regulatory and organisational requirements related to the management of poor performance and how and when specialist advice should be sourced
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## 6.2 **Management options** that can be used to support performance improvement

### Range

**Management options** Training, setting objectives, coaching/mentoring, mediation, disciplinary options depending on the seriousness of the complaint, referral for fitness to practice to regulatory bodies

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### Learning outcome:

7. Manage team conflict and poor performance

### Assessment criteria

You are able to work in ways that:

- 7.1 **Implement systems, procedures and practice** for addressing poor performance
- 7.2 Ensure that workers are supported to understand policies and procedures for dealing with **misconduct and unsatisfactory performance**
- 7.3 Ensure that workers receive regular clear and fair feedback on their performance and any potential conduct issues
- 7.4 Develop a culture and environment where individuals and others feel able to challenge conduct and performance that falls below expected standards
- 7.5 Ensure that systems and procedures support the reporting of concerns about conduct and performance
- 7.6 Agree management options where the conduct and performance of workers falls below the expected standard
- 7.7 Use supervision to explore reasons for and address with workers, conduct and performance that fall below the expected standards to identify underlying causes and potential solutions
- 7.8 Assess the achievement of conduct and performance objectives set for workers to establish whether improvement has been achieved
- 7.9 Maintain confidentiality about any issues related to misconduct or unsatisfactory performance in line with legislative, regulatory and organisational requirements
- 7.10 Evaluate situations that may lead to conflicts, increased pressure or crises and undertake interventions to avoid these
- 7.11 Use models and theoretical frameworks to develop own practice in the management of team conflict and poor performance

### Range

**Implement systems, procedures and practice** in accordance with legislative, regulatory and organisational contexts

**Misconduct and unsatisfactory performance** including Codes of Conduct and Professional Practice

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### Learning outcome:

8. Lead and manage innovation and change

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## Assessment criteria

You are able to work in ways that:

- 8.1 Facilitate a shared understanding of the need for innovation and change and how this supports:
  - The shared vision and strategic objectives of the organisation and service
  - The achievement of positive outcomes for individuals
- 8.2 Ensure that workers and others are supported to understand any change management plans, their role and responsibilities and how the plans will be evaluated
- 8.3 Assess the potential challenges and impacts of proposed changes and work with others to develop solutions
- 8.4 Adapt plans to take account of issues as they arise
- 8.5 Lead and manage practice that ensures that the quality of the service is maintained during times of change

## **Unit 522                      Lead and manage effective team performance**

### Supporting Information

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

This unit builds on learning from the level 4 Preparing for Leadership and Management in Health and Social Care qualification, in particular:

- Unit 410 Legislation, theories and models of person/child-centred practice- Learning outcomes: 1
- Unit 411 Theoretical frameworks for leadership and management in health and social care -Learning outcomes: 1; 2; 5; 6
- Unit 412 Leadership and management of effective team performance in health and social care services - Learning outcomes: 1; 2; 3; 4; 5; 6; 7

Guidance and resources listed for these units would be pertinent for Unit 522.

**Agency workers** would also include independent contracted workers

**Change management plan** may include:

- Workforce development plan
- Resources plan
- Support plan for individuals and others affected by the change
- Communication plan
- Risk management plan
- Equality impact assessments

**Codes of Conduct and Professional Practice** should include The Code of 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 the regulators of health or social care in Wales e.g. The Practice Guidance for Social Care Managers Registered with the Social Care Wales

**Delegated Tasks** For leaders and managers of advocacy services, the context would relate to tasks delegated from commissioners.

**Development opportunities** may include a blend of educational programmes, training activities, mentoring, coaching, shadowing, induction, supervision, guided reading, research, action learning sets, peer group discussions

**Leadership** is the ability to provide strategic direction and a sense of purpose. Effective leaders create a sense of trust, confidence and belief, inspiring people to adopt the values and behaviours they promote. They are innovative, creative and motivating

**Management** is the ability to set the operational direction and organise the effective running of the service provision to meet the overall service needs including ethical, legislative, regulatory and organisational requirements. Effective managers facilitate and organise resources to optimise the performance of others, allowing them to carry out tasks and achieve goals efficiently and effectively. They provide clarity and accountability that enable teams to meet their objectives

**Probationary period** would be the period of time within which recruited workers are expected to meet the standards set out within the person specification for their role. Some organisations may use different terminology for this, in which case, it would be the particular requirements and processes of the organisation that are used to confirm new workers in post

**Where the conduct and performance of workers falls below the expected standard:** would include Codes of Conduct and Practice, role and responsibilities set out in job description and person specification, legislative and regulatory requirements, organisational requirements

**The following delivery guidance is for learners working in a clinical health environment:**

**Probationary period** - This would refer to the conditions of employment, as there are no probationary periods used in the NHS

## **Resources**

- Social Care Wales resource 'First Steps in Management':  
<https://socialcare.wales/learning-and-development/first-steps-in-management>
- Social Care Wales resources for Using Welsh at Work:  
<https://socialcare.wales/learning-and-development/using-welsh-at-work>
- Social Care Wales resource 'Continuing Professional Development Toolkit':  
<https://socialcare.wales/learning-and-development/continuing-professional-development-cpd>
- Social Care Wales resources for induction: <https://socialcare.wales/learning-and-development/all-wales-induction-framework-for-health-and-social-care>
- Social Care Wales resource 'Professional boundaries: a resource for managers':  
<https://socialcare.wales/learning-and-development/professional-boundaries-a-resource-for-managers>
- Social Care Wales resources for Code of Professional Practice and Practice guidance:  
<https://socialcare.wales/fitness-to-practise/codes-of-practice-and-guidance>
- Social Care Wales resource 'Guide for employers on the process of referral, investigation and fitness to practice hearings':  
<https://socialcare.wales/resources/guide-for-employers-on-the-process-of-referral-investigation-and-fitness-to-practice-hearings>

### ***Related NOS***

- SCDFMC A1 Manage and develop yourself and your workforce
- SCDFMC A2 Lead and manage change within care services
- SCDFMC A3 Actively engage in the safe selection and recruitment of workers and their retention in care services
- SCDFMC A5 Manage the allocation, progression and equality of work in care service provision
- SCDFMC E2 Lead the performance management of care service provision
- SCDFMC E10 Manage the conduct and performance of workers in care services

## Unit 523                      Lead and manage the quality of service provision to meet legislative, regulatory and organisational requirements

<b>Level:</b>	5
<b>GLH:</b>	70
<b>Credit:</b>	16
<b>Unit Summary:</b>	<p>The aim of this unit is to support learners to develop the knowledge, understanding and skills required to lead and manage the quality of service provision to meet legislative, regulatory and organisational requirements. It builds on learning from the Level 4 Preparing for Leadership and Management in Health and Social Care qualification.</p> <p>In the context of this unit the term 'individuals' relates to adults and/or children and young people</p>

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### Learning outcome:

1. Understand theories, methods and models that can be used to support the service provision to meet requirements for quality standards

### Assessment criteria

You understand:

- 1.1 Quality standards that the service must meet
- 1.2 Theories, methods and models of performance management, quality assurance and control of the service
- 1.3 Business models and tools that support the identification of strengths, weaknesses, opportunities and threats of the service provision
- 1.4 How to use current research evidence, enquiries, reviews and reports to support the improvement of the service provision
- 1.5 The responsibility of key people and organisations for ensuring the quality of service provision

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### Learning outcome:

2. Identify key indicators of the performance of the service provision and methods to measure these

## Assessment criteria

You are able to work in ways that:

- 2.1 Develop an understanding within the service provision of the quality standards that need to be met
  - 2.2 Ensure that workers are clear about:
    - their role, responsibilities and accountabilities
    - legislative, regulatory and organisational requirements
    - Codes of Conduct and Professional Practice they must followfor quality standards
  - 2.3 Lead work to identify how performance of the service provision will be measured including key indicators and roles and responsibilities
  - 2.4 Identify appropriate data collection methods for the objective measurement of the performance of the service provision
- 

## Learning outcome:

3. Manage the implementation of systems, procedures and practice to monitor, measure and improve performance of the service provision

## Assessment criteria

You are able to work in ways that:

- 3.1 **Implement systems, procedures and practice** to monitor and measure the progress of the service provision against agreed performance indicators
- 3.2 Critically analyse quantitative and qualitative information and data collected from performance monitoring
- 3.3 Interpret the analysis of data to report on performance indicators that have been met and areas for improvement
- 3.4 Identify changes required to meet areas that need to be improved and resources required for implementation
- 3.5 Agree with key people and/or organisations plans to improve performance
- 3.6 Assess how the practice of workers contributes to the quality of the service provision
- 3.7 Ensure that the positive contribution of workers is recognised and valued
- 3.8 Develop a culture that supports innovation, creativity and change to meet quality standards

## Range

**Implement systems, procedures and practice** in accordance with legislative, regulatory and organisational contexts

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### Learning outcome:

4. Use lessons learned from compliments, concerns and complaints to improve service provision

### Assessment criteria

You are able to work in ways that:

- 4.1 **Implement systems, procedures and practice** to ensure that lessons are learned from compliments, concerns and complaints
- 4.2 Develop a culture where compliments, concerns and complaints are perceived as a tool to improve service provision
- 4.3 Lead work to routinely review compliments, concerns and complaints to identify trends, areas of good practice and areas for improvement within the service provision
- 4.4 Ensure that workers and individuals/families/carers are made aware of areas of good practice and areas for improvement within the service provision
- 4.5 Use reviews of compliments, concerns and complaints to improve the quality of the service provision
- 4.6 Record and report changes made in response to reviews of compliments, concerns and complaints in line with legislative, regulatory and organisational requirements

### Range

**Implement systems, procedures and practice** in accordance with legislative, regulatory and organisational contexts

## **Unit 523                      Lead and manage the quality of service provision to meet legislative, regulatory and organisational requirements**

### Supporting Information

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

This unit builds on learning from the Level 4 Preparing for Leadership and Management in Health and Social Care qualification, in particular:

- Unit 411 Theoretical frameworks for leadership and management in health and social care - Learning outcomes 1; 2; 3; 4
- Unit 412 Leadership and management of effective team performance in health and social care services - Learning outcome: 2

Guidance and resources listed for these units would be pertinent for unit 523.

**Codes of Conduct and Professional Practice** should include The Code of 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 the regulators of health or social care in Wales e.g. The Practice Guidance for Social Care Managers Registered with the Social Care Wales

**Critically analyse** is to examine something closely such as a policy, procedure, theory, complex situation, problem or an approach to practice – identifying the parts or issues that contribute to the whole product, situation or idea and determining how these different parts affect the quality of the whole product or how the individual issues affect the overall situation. Critical analysis involves a weighing-up of the factors concerned, for their contribution of strengths / weaknesses or advantages / disadvantages of a product or in a situation. Critical analysis is part of the process of understanding issues and developing original and creative responses

**Key people and organisations** could include:

- Responsible Individual
- Registered manager
- Workers
- Regulatory bodies such as:
  - Care Inspectorate Wales
  - Health Inspectorate Wales
  - Estyn
  - Health and Safety Executive
  - Commissioners of services
- Governance boards/committees/trustees
- Groups representing individuals/families/carers

- Older people's commissioner in Wales
- Children's commissioner in Wales
- Welsh language commissioner
- Wales audit office
- Local Health Boards/trusts
- Welsh government

**Quality standards that the service must meet** could include:

- Regulation and Inspection of Social Care (Wales) Act 2016: associated regulations and statutory guidance
- National Minimum Standards
- Health and Care Standards Framework (2015)
- Code of Professional Practice for Social Care
- Code of Practice for Employers
- Code of Conduct for Healthcare Support Workers in Wales
- Practice Guidance (published by Social Care Wales)

**The following delivery guidance is for learners working in a clinical health environment:**

**Routinely review compliments, concerns and complaints to identify trends** - This will be working in collaboration with the organisations complaints department (who have the lead for formal complaints), in addition to local (informal) complaints

**Ensure that workers and individuals/families/carers are made aware of areas of good practice and areas for improvement within the service provision** - At a local level this would apply to the workers, not necessarily to individuals. This is usually a part of the Communications department role, rather than specific to a clinical area, so would include liaison with the Communications department

### **Resources**

- Social Care Wales resource 'First Steps in Management':  
**<https://socialcare.wales/learning-and-development/first-steps-in-management>**
- Social Care Wales resources for Code of Professional Practice and Practice guidance:  
**<https://socialcare.wales/fitness-to-practise/codes-of-practice-and-guidance>**

### **Related NOS**

- **SCDLMCA1** Manage and develop yourself and your workforce
- **SCDLMCE2** Lead the performance management of care service provision
- **SCDLMCE3** Lead and manage the quality of care service provision to meet legislative, regulatory, registration and inspection requirements
- **SCDLMCE9** Manage systems, procedures and practice within care services for receiving, responding to and learning from compliments, concerns and complaints

## Unit 524

## Professional practice

<b>Level:</b>	5
<b>GLH:</b>	50
<b>Credit:</b>	12
<b>Unit Summary:</b>	<p>The aim of this unit is to support learners to reflect on and develop their professional practice in a leadership and management role. It builds on learning from the Level 4 Preparing for Leadership and Management in Health and Social Care qualification.</p> <p>In the context of this unit, the term 'health and social care' also references advocacy.</p>

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### Learning outcome:

1. Understand the role, responsibilities and accountabilities of health and social care managers

### Assessment criteria

You understand:

- 1.1 Professional responsibilities and accountabilities within the context of relevant legislative frameworks, standards and Codes of Conduct and Professional Practice
- 1.2 Legislative, regulatory and organisational requirements related to Duty of Candour and the importance of being open and honest if things go wrong
- 1.3 Accountability for quality of own practice
- 1.4 The importance of recognising and adhering to the boundaries of own role and responsibilities
- 1.5 How and when to seek additional support in situations beyond own role, responsibilities, level of experience and expertise or unsure as to how to proceed in a work matter

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### Learning outcome:

2. Develop leadership skills and ethical practice that recognises and values equality and diversity

## Assessment criteria

You are able to work in ways that:

- 2.1 Use **theories and frameworks** to reflect on and develop own leadership skills and qualities
- 2.2 Seek and use feedback on own leadership skills to improve practice
- 2.3 Reflect on the way that own practice:
  - values, respects, promotes and celebrates diversity
  - effectively challenges inequality
  - promotes a culture that is fair, inclusive and anti-discriminatory
  - upholds the profession of health and social care
  - role models adherence to the Codes of Conduct and Professional Practice
  - recognises and uses sensitively the power that comes from own role

## Range

**Theories and frameworks** Emotional Intelligence, Relationship Management, Transactional Analysis, Senses Framework, Motivation, Cultural Humility

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## Learning outcome:

3. Ensure that own continuing professional development meets legislative requirements, standards and Codes of Conduct and Professional Practice

## Assessment criteria

You are able to work in ways that:

- 3.1 Ensure own compliance with legislative requirements, standards and Codes of Conduct and Professional Practice for continuing professional development
- 3.2 Use relevant literature, research and reviews to ensure that practice is current and effective
- 3.3 Evaluate and routinely review own knowledge, understanding and skills against:
  - relevant legislative requirements
  - relevant standards and frameworks
  - Codes of Conduct and Professional Practice
  - evidence informed practiceto identify areas for improvement
- 3.4 Use development opportunities to improve knowledge, understanding and skills

## Learning outcome:

4. Develop effective partnership working
-

## Assessment criteria

You are able to work in ways that:

- 4.1 Build trust and confidence with partners recognising the roles, responsibilities, accountabilities and expertise of self and others
  - 4.2 Apply the principles of 'Positive Interdependence' to support effective partnership working
  - 4.3 Develop effective relationships with partners whilst maintaining clear professional boundaries
  - 4.4 Take action to resolve challenges that arise from working in partnership
  - 4.5 Adhere to agreed joint working and information sharing protocols
  - 4.6 Continually promote the rights and well-being of individuals using the service provision with other professionals
- 

## Learning outcome:

5. Ensure compliance with requirements for presenting, recording, reporting and storing information

## Assessment criteria

You understand:

- 5.1 The format and purpose of reports and sharing of information and how this should be **presented**

You are able to work in ways that:

- 5.2 **Implement systems, procedures and practice** that ensures compliance with recording, reporting and storage of information in the work setting
- 5.3 Ensure that own records and reports are:
  - accurate
  - dated
  - objective
  - understandable
  - legible
  - accessible
  - reflect the views of individuals and families/carers
  - recognise confidentiality
  - demonstrate respect for individuals and families/carers
  - do not stigmatise or reinforce negative perceptions of individuals
  - differentiate between fact and opinion
  - presented to those who need to make decisions or take actions
  - stored, shared and retained in accordance with organisational policies, legal requirements and data protection

## Range

**Presented** in writing and verbally

**Implement systems, procedures and practice** in accordance with legislative, regulatory and organisational contexts

## Unit 524 Professional practice

### Supporting Information

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

This unit builds on learning from the level 4 Preparing for Leadership and Management in Health and Social Care qualification, in particular:

- Unit 410 Legislation, theories and models of person/child-centred practice - Learning outcome: 1
- Unit 411 Theoretical frameworks for leadership and management in health and social care - Learning outcomes: 1; 2
- Unit 412 Leadership and management of effective team performance in health and social care services - Learning outcomes: 1; 2; 4; 7

Guidance and resources listed for these units would be pertinent for unit 524.

**Codes of Conduct and Professional Practice** should include The Code of 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 the regulators of health or social care in Wales e.g. The Practice Guidance for Social Care Managers Registered with the Social Care Wales

**Development opportunities** may include a blend of educational programmes, training activities, mentoring, coaching, shadowing, induction, supervision, guided reading, research, action learning sets, peer group discussions

**Information sharing protocols** to include WASPI

**Leadership** is the ability to provide strategic direction and a sense of purpose. Effective leaders create a sense of trust, confidence and belief, inspiring people to adopt the values and behaviours they promote. They are innovative, creative and motivating

**Partnership** would include multi-disciplinary working

**Positive Interdependence** reflects cooperative relationships and effective communication, with open discussion where group members are willing to accept each other's ideas (Social Interdependence Theory - Deutsch 1958, 2002)

**Relevant legislative frameworks, standards and Codes of Conduct and Practice** could include:

- Social Services and Well-being (Wales) Act 2014
- Regulation and Inspection of Social Care (Wales) Act 2016: associated regulations and statutory guidance

- National Minimum Standards
- Health and Care Standards Framework (2015)
- Code of Professional Practice for Social Care
- Code of Practice for Employers
- Code of Conduct for Healthcare Support Workers in Wales
- Practice Guidance (published by Social Care Wales)

### ***Resources***

- Social Care Wales resource 'First Steps in Management':  
**<https://socialcare.wales/learning-and-development/first-steps-in-management>**
- Social Care Wales resources for Code of Professional Practice and Practice guidance:  
**<https://socialcare.wales/fitness-to-practise/codes-of-practice-and-guidance>**

### ***Related NOS***

- **SCDLMCA1** Manage and develop yourself and your workforce
- **SCDLMCE1** Lead and manage effective communication that promotes positive outcomes for people within care services

## Unit 525                      Lead and manage practice that promotes the safeguarding of individuals

<b>Level:</b>	5
<b>GLH:</b>	60
<b>Credit:</b>	12
<b>Unit Summary:</b>	<p>The aim of this unit is to support learners to develop the knowledge, understanding and skills needed to promote the safeguarding of individuals in a leadership and management role. It builds on learning from the Level 4 Preparing for Leadership and Management in Health and Social Care qualification.</p> <p>In the context of this unit the term 'individuals' relates to adults and/or children and young people</p>

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### Learning outcome:

1. Lead and manage compliance with legislative, regulatory and organisational requirements for the safeguarding of individuals

### Assessment criteria

You are able to work in ways that:

- 1.1 **Implement systems, procedures and practice** that enable workers to comply with requirements for safeguarding
- 1.2 Monitor compliance with requirements for safeguarding and take action where these are not being adhered to
- 1.3 Manage the performance of workers to meet legislative, regulatory and organisational requirements for safeguarding

### Range

**Implement systems, procedures and practice** in accordance with legislative, regulatory and organisational contexts

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### Learning outcome:

2. Develop and maintain knowledge and understanding of safeguarding of individuals

## Assessment criteria

You are able to work in ways that:

- 2.1 Ensure that workers understand information about signs and symptoms that may indicate that an individual has been, or is in danger of being harmed or abused
  - 2.2 Ensure that workers understand information about requirements where there are concerns that an individual has been, or is in danger of being harmed or abused, including whistleblowing
  - 2.3 Ensure that workers understand the role of different agencies, including advocacy, for the safeguarding of individuals
  - 2.4 Ensure that workers understand how to avoid actions and statements that could adversely affect the use of evidence in future investigations or court whilst giving priority to the protection of individuals
  - 2.5 Use Practice Reviews to develop knowledge, understanding and ways of working that promote safeguarding
  - 2.6 Reflect on own behaviour to ensure that it does not contribute to situations, actions or behaviour that may be harmful or abusive
- 

## Learning outcome:

3. Lead and manage practice that safeguards individuals from harm and abuse

## Assessment criteria

You are able to work in ways that:

- 3.1 Ensure that workers understand their responsibility to explain to individuals and their families/carers their accountability to disclose any information about potential or actual harm or abuse
- 3.2 Ensure that workers are supported to work with individuals and others to agree procedures to follow if situations, events or behaviour occur that could lead to harm or abuse
- 3.3 Ensure that workers are supported to take immediate action where they observe signs or symptoms of harm or abuse or where this has been disclosed
- 3.4 Ensure that records and reports meet **legislative and organisational requirements**
- 3.5 Follow agreed procedures to pass on reports and information about suspected or disclosed harm or abuse within confidentiality agreements
- 3.6 Monitor the effectiveness of systems to safeguard individuals and take actions to continually improve practice
- 3.7 Use supervision and support to consider the impact on workers, self and others of suspected or disclosed harm or abuse
- 3.8 Access additional support for situations that are outside of own expertise, role and responsibility

## Range

**Legislative and organisational requirements** are detailed, accurate, timed, dated and signed, adhere to confidentiality agreements, avoid the use of statements that could adversely affect the use of evidence in future investigations and in court

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### Learning outcome:

4. Lead and manage practice that supports rights, well-being and positive relationships to promote safeguarding

### Assessment criteria

You are able to work in ways that:

- 4.1 Support workers to understand the links between **person/child-centred practice** and the safeguarding of individuals
- 4.2 Lead the development of a culture and environment that promotes person/child-centred practice in the safeguarding of individuals
- 4.3 Lead the development of a culture and environment that supports positive relationships between workers and individuals and their families/carers
- 4.4 Lead the development of a culture and environment that supports individuals and their families/carers to express their fears, anxieties, feelings and concerns without worry of ridicule, rejection or retribution
- 4.5 Ensure that communication in the setting is conducted in a way that recognises confidentiality within the boundaries of safeguarding

## Range

**Person/child-centred practice** that supports individuals to achieve positive outcomes, promotes the physical and mental well-being of individuals, promotes person/child-centred communication, supports change and transitions

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### Learning outcome:

5. Lead and manage practice that supports individuals to keep themselves safe

### Assessment criteria

You are able to work in ways that:

- 5.1 Lead the management of practice that challenges behaviour or actions that may lead to harm or abuse
  - 5.2 Lead and manage work with individuals to identify factors, situations and actions that may cause, or lead to harm and abuse
  - 5.3 Lead and manage work with individuals/their families and carers to identify what needs to be in place to avoid situations that may lead to harm or abuse
-

- 5.4 Lead and manage work with individuals and/or their families and carers that agrees fair, safe, consistent and understandable boundaries to keep them safe
- 5.5 Lead the management of practice that supports individuals to recognise when the behaviour towards them or others is inappropriate or unacceptable

## **Unit 525** **Lead and manage practice that promotes the safeguarding of individuals**

### Supporting Information

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

This unit builds on learning from the Level 4 Preparing for Leadership and Management in Health and Social Care qualification, in particular:

- Unit 410 Legislation, theories and models of person/child-centred practice - Learning outcomes: 2; 4; 5; 6; 7; 8; 9
- Unit 411 Theoretical frameworks for leadership and management in health and social care - Learning outcomes: 2
- Unit 412 Leadership and management of effective team performance in health and social care services - Learning outcomes: 2

Guidance and resources listed for these units would be pertinent for Unit 525.

**Leadership** is the ability to provide strategic direction and a sense of purpose. Effective leaders create a sense of trust, confidence and belief, inspiring people to adopt the values and behaviours they promote. They are innovative, creative and motivating

**Management** is the ability to set the operational direction and organise the effective running of the service provision to meet the overall service needs including ethical, legislative, regulatory and organisational requirements. Effective managers facilitate and organise resources in order to optimise the performance of others, allowing them to carry out tasks and achieve goals efficiently and effectively. They provide clarity and accountability that enable teams to meet their objectives

**Confidentiality agreements** must be considered in line with current WASPI protocols.

**Manage the performance of workers:** would include:

- Safe recruitment and selection
- Providing effective induction
- Providing development opportunities
- Promoting and ensuring compliance with all organisational policies and procedures
- Promoting and ensuring compliance with Codes of Conduct and Practice
- Providing regular supervision and routine performance reviews

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

- **SCDLMCB1** Lead and manage practice that supports the safeguarding of individuals
- **SCDHSC 0431** Support individuals who have experienced harm and abuse

## **Related legislation and guidance**

- Wales Interim Policy and Procedures for the Protection of Vulnerable Adults from Abuse 2010
- United Nations Convention on the Rights of the Child 1989
- Children Act (1989 and 2004)
- All-Wales Child Protection Policy and Procedures 2008
- Working Together under the Children Act 2004
- Data Protection Act 1998
- General Data Protection Regulation (GDPR) 2018
- Human Rights Act 1998
- Mental Health Act revision 2007
- Mental Capacity Act 2005
- Liberty Protection Safeguarding
- Equality Act 2010
- Safeguarding of Vulnerable Groups Act 2006
- **Social Services and Well-being (Wales) Act 2014**
- Violence against Women, Domestic Abuse and Sexual Violence (Wales) 2015 Act On Gov.UK (so not bilingual)
- Protection of Freedoms Act 2012

### **<https://www.gov.uk/government/publications/protection-of-freedoms-bill>**

- Office of the Public Guardian – safeguarding  
<https://www.gov.uk/government/publications/safeguarding-strategy-2019-to-2025-office-of-the-public-guardian>
- Charitable organisation safeguarding  
<https://www.gov.uk/government/publications/strategy-for-dealing-with-safeguarding-issues-in-charities>  
<https://www.gov.uk/guidance/charities-how-to-protect-vulnerable-groups-including-children>
- DBS checks <https://www.gov.uk/government/organisations/disclosure-and-barring-service>
- Eligibility <https://www.gov.uk/government/collections/dbs-eligibility-guidance>
- DBS referrals <https://www.gov.uk/guidance/making-barring-referrals-to-the-dbs>
- SSWBA part 7 safeguarding <https://socialcare.wales/hub/statutory-guidance>
- Live Fear Free <https://livefearfree.gov.wales/?lang=en> /  
<https://livefearfree.gov.wales/?skip=1&lang=cy>
- Modern Slavery <https://www.north-wales.police.uk/advice-and-support/stay-safe/modern-slavery>
- National Independent Safeguarding Board - practice reviews  
<http://safeguardingboard.wales/practice-reviews/>
- North Wales RSB (good example of RSB website)  
<https://www.northwalessafeguardingboard.wales/>
- All Wales Basic Awareness Safeguarding Pack <https://socialcare.wales/learning-and-development/safeguarding>
- Prevent duties

## **Resources**

- Social Care Wales All Wales Basic Safeguarding Training Pack:  
**<https://socialcare.wales/learning-and-development/safeguarding>**
- Social Care Wales resources for Code of Professional Practice and Practice guidance:  
**<https://socialcare.wales/fitness-to-practise/codes-of-practice-and-guidance>**

## Unit 526                      Lead and manage health, safety and security in the work setting

<b>Level:</b>	5
<b>GLH:</b>	60
<b>Credit:</b>	12
<b>Unit Summary:</b>	The aim of this unit is to support learners to develop the knowledge, understanding and skills to lead and manage health, safety and security in the work setting. In the context of this unit, the term 'individuals' relates to adults and/or children and young people

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### Learning outcome:

1. Understand legislative and regulatory requirements for health, safety and security in the work setting

### Assessment criteria

You understand:

- 1.1 Legislative and regulatory requirements for health, safety and security in the work setting
- 1.2 Responsibility of self and **others** for health, safety and security in the work setting

### Range

**Others** Organisation (board members, senior managers/responsible individual, workers, other professionals, individuals/families/carers)

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### Learning outcome:

2. Monitor and maintain compliance with health, safety and security requirements

### Assessment criteria

You are able to work in ways that:

- 2.1 Ensure that workers and others are aware of legal and work setting policies, procedures and practices required for health, safety and security in the work setting
  - 2.2 Ensure that there are systems in place to provide workers and others with updates on changes in legal and work setting policies, procedures and practices for health, safety and security
-

- 2.3 Monitor compliance with health, safety and security requirements and take action where these are not being adhered to
  - 2.4 Lead work with others to identify, assess, minimise and manage potential risks and hazards in the working environment
  - 2.5 Ensure that records and reports on health, safety, security and risk management are completed according to legislative and work setting requirements
- 

**Learning outcome:**

3. Manage the risk of work-related ill-health

**Assessment criteria:**

You are able to work in ways that:

- 3.1 Assess potential risks in the work setting of work-related ill health
- 3.2 Identify and implement methods that support workers to avoid work-related ill health
- 3.3 Monitor work-related ill health within the work setting including trends within the workforce
- 3.4 Take action to address identified work-related ill health

## Unit 526

# Lead and manage health, safety and security in the work setting

## Supporting Information

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

Work-related ill health – this would cover physical and mental health, including stress. See the HSE resources for further information and guidance.

### ***Related NOS***

- SCDFMC C1 Lead and manage practice for health and safety in the work setting

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

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

### ***Resources***

- Control of Substances Hazardous to Health (COSHH): <http://www.hse.gov.uk/coshh/index.htm>
- Dermatitis in health and social care: <http://www.hse.gov.uk/healthservices/dermatitis.htm>
- Electrical safety at work: <http://www.hse.gov.uk/electricity/index.htm>
- Equipment safety: <http://www.hse.gov.uk/healthservices/equipment-safety.htm>
- Falls from windows or balconies in health and social care: <http://www.hse.gov.uk/pubns/hsis5.htm>
- Falls from windows: <http://www.hse.gov.uk/healthservices/falls-windows.htm>
- Getting to grips with hoisting people: <http://www.hse.gov.uk/pubns/hsis3.pdf>
- Health and safety in care homes: <http://www.hse.gov.uk/pubns/books/hsg220.htm>
- How the Lifting Operations and Lifting Equipment Regulations apply to health and social care: <http://www.hse.gov.uk/pubns/hsis4.htm>

- Infections at work: <http://www.hse.gov.uk/biosafety/infection.htm>
- Legionella: <http://www.hse.gov.uk/healthservices/legionella.htm>
- Managing the risk from hot water and surfaces in health and social care: <http://www.hse.gov.uk/pubns/hsis6.htm>
- Managing stress in the workplace: <http://www.hse.gov.uk/stress/standards/index.htm>
- Moving and handling: <http://www.hse.gov.uk/healthservices/moving-handling.htm>
- Reporting injuries, diseases and dangerous occurrences in health and social care: <http://www.hse.gov.uk/pubns/hsis1.htm>
- RIDDOR: <http://www.hse.gov.uk/riddor/index.htm>
- Safe use of bedrails: <http://www.hse.gov.uk/healthservices/bed-rails.htm>
- Sensible risk assessment: <http://www.hse.gov.uk/healthservices/sensible-risk-assessment-care-settings.htm>
- Scalding and burning: <http://www.hse.gov.uk/healthservices/scalding-burning.htm>
- Sharps injuries: <http://www.hse.gov.uk/healthservices/needlesticks/index.htm>
- Slips and trips: <http://www.hse.gov.uk/healthservices/slips/index.htm>
- Workplace violence: <http://www.hse.gov.uk/healthservices/violence/index.htm>
- Work related ill health: <http://www.hse.gov.uk/statistics/industry/health.pdf>
- Social Care Wales resource 'First Steps in Management': <https://socialcare.wales/learning-and-development/first-steps-in-management>
- Social Care Wales resources for Code of Professional Practice and Practice guidance: <https://socialcare.wales/fitness-to-practise/codes-of-practice-and-guidance>

## Unit 527                      Lead and manage service provision for children and young people who are looked after

<b>Level:</b>	5
<b>GLH:</b>	45
<b>Credit:</b>	31
<b>Unit Summary:</b>	<p>This unit aims to support learners to develop the knowledge, understanding and skills needed to lead and manage service provision for children who are looked after</p> <p>In the context of this unit the term 'children' refers to children and young people who are looked after.</p>

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### Learning outcome:

1. The role of services for children and young people who are looked after

### Assessment criteria

You understand:

- 1.1 How to support workers understanding of:

- the range of services, arrangements and specialist placements for children who are looked after
- the roles and responsibilities of those involved in the delivery of services and specialist placements
- reasons why children may need to access services and/or specialist placements
- reasons why children may need to move within the care system and/or move away from their home area, and the impact this may have on them

- 1.2 The importance of providing:

- opportunities and support for permanency for children
- psychologically informed environments
- opportunities for involving children in the design of services

- 1.3 Procedures that should be followed and safeguards that should be in place if a child or young person needs to move away from their home area

- 1.4 What needs to be taken into account when children are returning to their home area

You are able to work in ways that:

- 1.5 Support workers to understand:

- the range and role of services and specialist placements
- why children may access different types of services and specialist placements as they move through the care system
- the importance of permanency

- the importance of psychologically informed environments
- 

### Learning outcome:

2. Lead and manage practice that complies to specific legislation, regulatory requirements, policy guidance and standards for children and young people

### Assessment criteria

You understand:

- 2.1 Specific **legislation, regulatory requirements**, policy guidance and standards for services for children who are looked after
- 2.2 The use of research in developing policy guidance and evidence informed practice for children who are looked after
- 2.3 How workers can be supported to:
  - promote and uphold the rights of children
  - understand how children's rights are enshrined within legislative frameworks
- 2.4 The role of different types of advocacy and how these can be used to support the rights of children

You are able to work in ways that:

- 2.5 **Implement systems, procedures and practice** that comply with specific **legislation, regulatory requirements**, policy guidance and standards for children who are looked after
- 2.6 Lead and manage practice that promotes and upholds children rights
- 2.7 Ensure that workers enable children to understand their right to advocacy, and provide support for this when it is required

### Range

**Legislation, regulatory requirements:** Regulation and Inspection of Social Care (Wales) Act 2016, The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 and the associated Statutory Guidance for Service Providers and Responsible Individuals on Meeting Service Standard Regulations for: Care Home Settings, Domiciliary Support Services, Secure Accommodation Services and Residential Family Care Services

**Implement systems, procedures and practice:** in accordance with legislative, regulatory and organisational contexts

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### Learning outcome:

3. Lead the application of evidence informed practice

### Assessment criteria

You understand:

3.2 How to:

- analyse theories, models, frameworks and approaches
- relate theories, models, frameworks and approaches to the provision of services for children

3.1 How research evidence can be applied alongside theories, models, frameworks and approaches

You are able to work in ways that:

3.2 Lead the use of research evidence, theories, models, frameworks and approaches to inform practice

3.3 Support the application of learning from research and evidence informed practice in work with children

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### Learning outcome:

4. Lead and manage the process of assessment, planning, implementation and review of children's care

### Assessment criteria

You understand:

4.1 Best practice related to the assessment and placement planning process that includes:

- the importance of matching
- how to balance and meet the diverse needs of children
- the need for accurate assessment to determine suitable placement opportunities and locations
- outcome focused planning
- regular and meaningful reviews of plans
- promotion of stability and predictability for children

4.2 Potential challenges related to the placement planning process

4.3 How to ensure that personal plans for children are outcome focused and strengths based

You are able to work in ways that:

4.4 **Implement systems, procedures and practice** that ensure that children:

- have meaningful involvement in the development of their personal plan
- are supported to have meaningful involvement in the development, review and evaluation of their care and support plan

4.5 Lead and manage practice that promotes stability and predictability for children

## Range

**Implement systems, procedures and practice** - in accordance with legislative, regulatory and organisational contexts

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### Learning outcome:

5. Lead and manage the support of children before, during and after change and moves

You understand:

5.1 How to support workers understanding of:

- the potential impact of planned and unplanned moves for children and their care givers
- the reasons why children who are looked after may need additional and focused support before, during and after change
- approaches that can be used to support children when changes are planned or unplanned
- the impact of family circumstances on changes and moves
- the importance of supporting children to build and retain an understanding of their life journey

5.2 How to ensure that children have meaningful involvement in:

- planning and preparing for changes and moves
- interventions that will support them before, during and after changes and moves

You are able to work in ways that:

5.3 **Implement systems, procedures and practice** that ensure children have meaningful involvement in:

- planning and preparing for changes and moves
- interventions that will support them before, during and after changes and moves

5.4 Implement systems, procedures and practice that continually monitor and evaluate interventions and plans, identifying additional information and support when needed

5.5 Lead and manage practice that promotes stability and predictability for children

## Range

**Implement systems, procedures and practice** - in accordance with legislative, regulatory and organisational contexts

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### Learning outcome:

6. Lead and manage practice that supports children and young people to develop a positive sense of self

### Assessment criteria

You understand:

6.1 How children can be supported to take risks as part of their development

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- 6.2 Evidence of links between being a child or young person who is looked after, and the achievement of **positive outcomes**
- 6.3 How children can be supported to have high expectations of themselves and set realistic goals towards achieving these
- 6.4 How to support workers to explore
- the impact of power, discrimination and society on children and their families/carers, across the life span
  - the impact of choice of words and language on how children are perceived and treated
  - how the judgement, stereotypical assumptions and expectations of others can lead to children who are looked after being stigmatised
  - how the stigma experienced can impact directly and others that provide care for them
  - the complexities between relationship-based practice that helps children to feel secure and loved and professional boundaries
  - the importance of positive role modelling and social learning theory in the development of children's emotional well-being and sense of self
- 6.5 How to support workers to recognise
- the impact of professional relationships on children
  - how being looked after can impact on the self-esteem and confidence of children
  - how effective support can make a difference to children, including establishing and maintaining positive relationships
  - how life journey work can help children to develop a positive '**sense of self**'
- 6.6 How to support workers to know
- the range of methods available to children to develop resilience, emotional intelligence and self-belief

You are able to work in ways that:

- 6.7 Lead and manage practice that sets high expectations for children
- 6.8 Lead and manage practice that supports workers to enable children to feel secure and loved, whilst developing a positive sense of self
- 6.9 **Implement systems, procedures and practice** that:
- provide children with opportunities to participate in activities and experiences that contribute to them developing a positive sense of self
  - support the achievement of positive outcomes for children
  - develop children's self-esteem, confidence and positive sense of self
  - support the development and maintenance of positive relationships
  - support children to develop resilience, emotional intelligence and self believe
- 6.10 Lead and manage practice that ensures that workers use **accurate and specific words** to describe the children that they care for

## Range

**Positive outcomes** - educational attainment, employment or training, independence, stable and safe family and peer relationships, permanent housing, good physical and mental health, life choices, high aspirations, hope, recognising talents and abilities

**Sense of self** - self-worth, self-confidence, sense of identity and belonging, emotional intelligence, feelings and resilience, sense of control, relationships (wider family members and informal networks), concepts of parental responsibility and accountability

**Implement systems, procedures and practice** - in accordance with legislative, regulatory and organisational contexts

**Accurate and specific words** - that describe specific characteristics of children and do not perpetuate inaccurate or ambiguous perceptions or stereotypes

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### Learning outcome:

7. Lead and manage practice that supports children and young people's development and educational achievement

### Assessment Criteria:

You understand:

7.1 How to support workers understanding of:

- links between educational achievement and being looked after
- the impact of moves on a child's education
- the range of educational opportunities available to children
- the differing roles of professionals involved with the education of children who are looked after
- the importance of ensuring that children are not stigmatised in education as a result of being looked after
- how exclusion from education impacts on children
- how to recognise the indications of 'Additional Learning Needs' and access support for children
- their role in supporting children with their educational activities

7.2 How to support workers to:

- encourage children to engage and re-engage in educational activities
- build confidence and celebrate children's successes

7.3 The importance of participation of workers and children in the professional group involved in education

You are able to work in ways that:

7.9 **Implement systems, procedures and practice** that support:

- engagement in positive educational opportunities and experiences for children
- workers to build children's confidence and celebrate their successes

7.10 Ensure workers support children to develop positive aspirations for the future and encourage self-belief

7.11 Lead practice that advocates for children's rights and entitlements to be included in education provision

### Range

**Implement systems, procedures and practice** - in accordance with legislative, regulatory and organisational contexts

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**Learning outcome:**

8. Lead the application and understanding of child development

**Assessment criteria**

You are able to work in ways that:

8.1 Support workers to apply understanding of:

- **theories of human life course development**
- The critical stages in neurological and brain development during:
  - the pre-birth period
  - early childhood
  - adolescence
  - young adulthood
- possible factors and Adverse Childhood Experiences which could affect neurological and brain development
- the potential of stress and trauma to cause harm to overall development and well-being of children throughout their life span
- how abuse and trauma can impact the neurodevelopment of children as they grow up
- how different attachment styles may impact the way that children and adults function in society, form relationships and react to others
- the potential for change in the presentation of children who have experienced abuse and trauma across their life span
- links between behaviour, developmental stages, and experiences of abuse and trauma
- how intergenerational trauma can be perpetuated

**Range**

**Theories of human life course development:** Sociological, biological, psychological, psychosocial

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**Learning outcome:**

9. Lead and manage practice that uses early intervention and prevention to minimise the risk of crises

**Assessment criteria**

You understand:

- 9.1 The importance of prevention and early intervention in preventing crises situations
  - 9.2 Types of crises situations
  - 9.3 The components of the **Positive Behavioural Support** framework and how this can help to minimise the risk of crises situations
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- 9.4 When and how **restrictive interventions** can be used
- 9.5 How to ensure that children have a clear behaviour support plan
- 9.6 How to respond if a crisis situation occurs
- 9.7 the **main components of post incident practice**

You are able to work in ways that:

- 9.8 Embed a culture of prevention and early intervention to avoid crises situations
- 9.9 Ensures workers:
  - undertake **training on the use of positive approaches** prior to training on the use of restrictive interventions
  - regularly undertake **training to carry out agreed restrictive interventions** safely in line with legislative, regulatory and organisational requirements
- 9.10 **Implement systems, procedures and practice** that supports others to manage crisis situations should they occur
- 9.11 Implement systems, procedures and practice for **post incident practice**
- 9.12 Ensure all reports/records are updated in line with organisational procedures

### Range

**Positive Behavioural Support** - ethical, values-based approaches, theory and evidence base, functional analysis, primary prevention, secondary prevention, reactive strategies

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

**Main components of post incident practice** - Post incident support (sometimes referred to as debriefing) – attention to physical and emotional well-being of the individual and others involved in an incident, personal and emotional support is provided both immediately and in the longer term if needed. Post incident review – to learn from the incident and reflect on practice, this is provided separately to post incident support, asking someone to recall an incident while they are still in a distressed state is unhelpful and potentially traumatising

**Training on the use of positive approaches** - would include ethical and values-based approaches, the meaning of challenging behaviour and how this serves as a function for individuals, how the functions of behaviour apply to everybody, the impact of trauma and past experiences on behaviour, proactive interventions that improve well-being and prevent behaviours that challenge, how own attitudes and behaviour contribute to that of individuals, human rights and how they relate to the use of restrictive practices and restrictive interventions, the time intensity model, the importance of recording incidents accurately and objectively and how this information is used to support reduction practice

**Training to carry out agreed restrictive interventions** - using the 3-stage training model - verbal competence, role play competence, in-situ competence

**Implement systems, procedures and practice** - in accordance with legislative, regulatory and organisational contexts

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### Learning outcome:

- 10. Lead and manage practice that supports effective communication

### Assessment criteria

You understand:

10.1 Models of communication

10.2 How to support workers to know:

- The range of communication methods and approaches and how they can be used to support children
- Factors that need to be considered when identifying communication methods and approaches
- Sources of information, advice and support for the development of communication skills
- The importance of the use of appropriate communication methods and approaches with children
- The importance of the use and adaptation of language and methods of communication that are both age and ability appropriate
- How previous experiences, additional conditions and first language may influence a child or young person's willingness and ability to communicate
- How difficulties with communication and social interaction may impact on children
- How to establish when behaviour is being used as a form of communication

You are able to work in ways that:

10.3 **Implement systems, procedures and practice** to support workers use and adapt a range of communication methods and approaches with children

10.4 Support others to use creative methods that help children to express their thoughts and feelings

10.5 Lead and manage the evaluation of methods used to support effective communication

### Range

**Implement systems, procedures and practice:** in accordance with legislative, regulatory and organisational contexts

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### Learning outcome:

11. Lead and manage the use of medication for children and young people

### Assessment criteria

You understand:

11.1 How to ensure that workers are clear about:

- The policy and procedure of the administration, storage and disposal of medication
- The importance of regular reviews for the use of medication and who needs to be involved
- The importance of accessing up-to-date support and guidance on the use of medication

11.2 The importance of ensuring that medications are not used as a method to control behaviour

11.3 Responsibilities for reporting and investigating errors and safety issues related to the use of medication

You are able to work in ways that:

11.4 Ensure that workers receive appropriate training for the administration of medication

11.5 Establish methods for assessing the competence of workers related to the administration of medication

11.6 Ensure that workers follow policies and procedures for the administration, storage and disposal of medication

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### Learning outcome:

12. Lead and manage support for nutrition and hydration of children and young people

### Assessment criteria

You understand:

12.1 How to ensure that workers know:

- current national guidance for a balanced diet for children
- the role of essential nutrients in supporting holistic growth and development, and well-being
- factors that influence the intake of food and drink
- how to encourage healthy eating and plan menus that respond to children's individual needs
- the **potential challenges** that may arise and strategies to manage these
- the reasons why food should not be used as a reward
- the **potential impact** of poor nutrition and hydration

You are able to work in ways that:

12.2 Ensure that:

- workers use strategies that ensure eating and drinking routines that encourage social interaction
- workers are supported to take account of potential challenges and factors that influence intake of food and drink
- children are encouraged to experiment with and experience new foods
- workers respond positively to children's objections to food and drink, making adaptations as necessary
- children are encouraged to drink a sufficient volume of fluid

### Range

**Potential challenges** - behavioural, environmental, physical

**Potential impact** - failure to thrive, malnutrition, dehydration, obesity, constipation

# Unit 527                      Lead and manage service provision for children and young people who are looked after

## Supporting Information

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

**Challenges related to the placement planning progress** - may include:

- Insufficient referral information about children and young people
- Failure to provide a holistic view of the child
- Inappropriate location
- Lack of meaningful involvement of children
- Lack of use of a strengths-based approach that only sees the behaviour of children or young people as presented
- Family relationships
- Sufficiency of service/placement availability

**Change and moves:** may include moving home, school, changes of other children in the home, changes in staff, change of activity, changes in family, change in peer network, change of environment, change of routine.

**Critical stages:** induction of the neural tube, development, structure and purpose of the neurons, (proliferation, migration, differentiation, and pruning), formation and purpose of synapses (exuberance and pruning), plasticity, myelination, evolving structures of the brain, their function and how they interact, formation and purpose of white and grey matter.

**Digital technology:** Internet, email, social media, apps, Smart phones and others

**Educational Activities:** could include - School, extra-curricular activities, education other than at school, home-work, parents and carers evenings, eisteddfod, presentations, assemblies, concerts, fund raising and special events, school fayres, trips

**Environment** - this would include:

- The physical layout and design of the home
- Personal space and communal areas
- Homely, welcome and comfortable surroundings
- Outdoor spaces

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

**Individualised approach:** could include – supporting children to stay safe according to age, ability and stage of development. Working 'with' not 'to'. Supporting others to understand

the links between outcome focussed practice and the safeguarding of children; personalised safety planning with the child and clarity about reasons for boundaries and expectation. Help children understand – why and how some relationships are beneficial and others may be detrimental to their health and well-being.

**Methods of communication:** could include:

- Alder and Rudman (2006)
- Linear Model of Communication (Shannon and Weaver 1949)
- Transactional model of communication (Barnlund 1970)
- PCS model (Thompson 1997; 2006)
- Motivational Interviewing (Miller and Rollnick; Various)
- Makaton
- Picture exchange communication system

**Outcome focused and strengths based personal plan:** – this should be based on factors that include:

- The child's current care and support plan
- What matters to them
- The outcomes that they would like to achieve
- Encouraging high aspirations
- Strengths and abilities
- The child's history
- Underlying possible causes for presenting behaviours
- Relationships

**'Permanence' for children and young people looked after and its dimensions:** emotional permanence (attachment), physical permanence (stability), and legal permanence (who has parental responsibility)

**Positive behavioural support:**

- Is based on Social Role Valorisation, Applied Behaviour Analysis and Person-Centred Planning
- Promotes intervention approaches based on values and evidence
- Focuses on improving quality of life as a central aim
- Uses individualised interventions derived from functional assessment of the child's behaviour
- Emphasises primary prevention as the main approach, including active support, skills teaching, improving communication, improving physical and social environments, and addressing triggers and functions of behaviours drawn from the functional assessment.
- Includes secondary prevention strategies to avoid escalation of behaviour
- Includes ethical, non-pain based reactive strategies designed only to keep the child and others safe.
- Includes individually prescribed debriefing strategies for the child and others involved following an incident of challenging behaviour
- Stipulates the methods to be used for evaluating impact of interventions and when the PBS plan should be reviewed.

**Post incident review:** includes:

- 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
- Emotional support
- Personal reflection
- Opportunities to express how they are feeling
- Additional training
- Changes to plans for positive behaviour support

**Post Incident Support** (sometimes referred to as debriefing) - How individuals workers, carers and others involved should be supported following an incident of challenging behaviour and includes:

- Help to return to a calm state
- Emotional support
- First aid if needed
- Time away
- Quiet time
- Opportunities to express how they are feeling

**Potential placement options:** within family and friends care, with a parent, person with parental responsibility or in whose favour a child arrangement order has been made, with a relative, friend or connected person, with unrelated local authority foster carers, with an independent fostering agency, with a prospective adopter ('foster to adopt'), in a children's home, and in 'other arrangements' including supported lodgings, supported living arrangements, residential special schools and independent accommodation with floating support

**Professional group:** could include – social workers, health visitors, midwives, teachers, learning support assistants, family support workers, speech and language therapists, educational psychologists, independent reviewing officers, Looked After Child Education Co-ordinators, advocates.

**Psychologically informed environments:** Services that take into account the emotional and psychological needs of children and young people, understands the impact of trauma and ACEs and incorporates the following:

- Developing a psychological framework,
- The physical environment and social spaces,
- Staff training and support,
- Managing relationships,
- Evaluation of outcomes<sup>2</sup>.

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<sup>2</sup> Psychologically Informed Environments: A Literature Review – accessed on 24.06.2019 at <https://www.mentalhealth.org.uk/publications/psychologically-informed-environments-literature-review>

**Relationships:** parents/carers, other family members, siblings, pets, peers, friends, neighbours, independent visitors, others

**Reasons why children and young people may need to access services and/or specialist placements:** could include children who have experienced abuse, trauma and/or neglect, babies and young children, babies withdrawing from substances, children with foetal alcohol syndrome, children experiencing mental health difficulties, children using substances, children with disabilities, children being criminally or sexually exploited, children exposed to modern slavery, unaccompanied asylum seeking children, children with complex sexual histories, children placed cross border or out of county, children with multiple moves, and others.

**Restrictive practices** - include a wide range of activities that stop individuals from doing things that they want to do or encourage them to do things 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 someone is going to seriously harm themselves

**Services, arrangements:** Residential Care, Foster Care, kinship care, placement with parents, Special Guardianship orders, adoption.

**Specialist placements:** Parent and child placements, therapeutic care, short break care, supported lodgings, 'when I'm ready', enhanced family support/ family intervention, domiciliary care, shared care, parent and child residential assessment, crisis, remand and youth justice, secure accommodation

**Theories, models and approaches:** positive role modelling, Social Learning Theory, strengths based approaches, outcomes based, stable and consistent approaches, Trauma Recovery Model, Maslow Hierarchy of Needs, attachment based approaches, Social Pedagogy, systemic approaches

**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***

- **SCDLMC B6** Lead and manage provision of care services that supports the development of children and young people
- **SCDLMC B7** Lead and manage group living provision within care services
- **SCDLMC B8** Lead and manage provision of care services that supports the development of positive behaviour
- **SDCHSC 0452** Lead practice that promotes the rights, responsibilities, equality and diversity of individuals

### ***Legislation and guidance***

- Well-being of Future Generations (Wales) Act 2015
- Social Services and Well-being (Wales) Act 2014
- UN Convention on the Rights of the Child
- Equality Act (2010)
- Human Rights Act 1998
- Rights of Children's and Young Peoples' Measure 2011
- Mental Capacity Act 2005
- NHS Wales Act 2006
- Welsh Language Act (1993)
- Welsh language measure (2011)
- Regulation and Inspection of Social Care (Wales) Act 2016 and associated regulations and statutory guidance
- Additional Learning Needs and Education Tribunal (Wales) Act 2018
- Children Act 1989 and 2004
- Adoption and Children Act 2002
- Children and Families Act 2014
- Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015
- Education Act 1996
- The Care and Support (Direct Payments) (Wales) Regulations 2015

### ***Resources***

- NICE Guideline – looked after babies, children and young people  
<https://pathways.nice.org.uk/pathways/looked-after-babies-children-and-young-people>
- Children and Young People's National Participation Standards
- The residential child care worker practice guidance  
<https://socialcare.wales/resources/the-residential-child-care-worker---practice-guidance>
- The residential child care worker resource <https://socialcare.wales/service-improvement/children-who-are-looked-after#section-31468-anchor>

- SCIE children's services <https://www.scie.org.uk/children/>
- Fostering network <https://www.thefosteringnetwork.org.uk/about/about-us/our-work-in-wales>
- Social pedagogy professional organisation <https://sppa-uk.org/>
- Children in Wales <http://www.childreninwales.org.uk/>
- Children and Young People's National Participation Standards  
**<https://gov.wales/sites/default/files/publications/2019-06/good-practice-guide.pdf>**
- Children's Commissioner for Wales **<https://www.childcomwales.org.uk/>**

## Unit 528                      Lead and manage service provision for disabled children and young people

<b>Level:</b>	5
<b>GLH:</b>	50
<b>Credit:</b>	30
<b>Unit Summary:</b>	<p>This unit aims to support learners develop the knowledge, understanding and skills needed to lead and manage support disabled children and young people to achieve of positive outcomes including their holistic growth, learning and development.</p> <p>In the context of this unit, the term 'children' refers to 'disabled children and young people'.</p>

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### Learning outcome:

1. Develop understanding of perceptions, perspectives and nature of disability

### Assessment criteria

You understand:

- 1.1 How legislative frameworks, Welsh Government policy and guidance and current models of service design and delivery aim to support disabled children and their families/carers
- 1.2 Why the life chances of disabled children may be more limited than those of the general population and how legislation, national policy and support services aim to address this balance
- 1.3 How to support workers understanding of:
  - how the UN Convention of Rights of Persons with Disabilities and the UN Convention of the Rights of the Child support a rights-based approach for disabled children
  - what is meant by the terms 'impairment' and 'disabled' and the importance of seeing the child first and not the impairment
  - the nature and characteristics of a **range of impairments/conditions**
  - **potential causes** of a **range of impairments/conditions**
  - social and medical perspectives of a **range of impairments/conditions**, how these have evolved and changed over time and influenced models of service delivery
  - how societal attitudes and values towards disabled children impact on equality, diversity and inclusion
  - the impacts (positive and negative) of being labelled as being a disabled child
- 1.4 How to support workers to explore:

- the impact of power, discrimination and society on children and their families/carers, across the life span
- the impact of choice of words and language on how children are perceived and treated
- how the judgement, stereotypical assumptions and expectations of others can lead to disabled children being stigmatised, and how this stigma can impact on both the child and their families/carers

You are able to work in ways that:

- 1.5 **Implement systems, procedures and practice** that recognise the centrality of the child rather than the impairment
- 1.6 Lead the development and evaluation of service design and delivery that:
  - reflects the intentions of legislative frameworks, Welsh Government Policy and Guidance
  - incorporates the views and opinions of children and their families/carers
- 1.7 Ensure that services are designed and delivered in ways that have a positive impact on children and their families/carers
- 1.8 Lead and manage practice that promotes positive perceptions of, and attitudes to disabled children
- 1.9 Lead and manage practice that actively challenges prejudice, stereotypical images, discrimination and negative attitudes towards disabled children
- 1.10 Lead and manage practice that ensures that:
  - Workers use **accurate and specific words** to describe children and their families/carers

## Range

**Potential causes** - acquired, congenital, genetic

**Range of impairments/conditions** - acquired brain injury, attention deficit hyperactivity disorder (ADHD), autism, learning disability, physical impairment, sensory loss

**Implement systems, procedures and practice** - in accordance with legislative, regulatory and organisational contexts

**Accurate and specific words** - that describe specific characteristics of children and do not perpetuate inaccurate or ambiguous perceptions or stereotypes

## Learning outcome:

2. Lead and manage practice that supports children to develop a positive sense of self

## Assessment criteria

You understand:

- 2.1 How to support workers understanding of:
  - the roles and responsibilities of workers within the service provision, other agencies and services in relation to work with disabled children, families/carers
  - the impact of multi-agency working on children and their families/carers

- child development and how expected development may differ for disabled children
- ways in which developmental delay in one area affects the ability to acquire skills in other areas
- the importance of children having equal opportunities for holistic growth, play, learning and development, including taking risks
- key features of an **accessible environment** that supports holistic learning growth and development
- aids and adaptations that can be used to support active participation
- strategies to overcome real or perceived barriers to the active participation and inclusion of children and their families/carers
- why children may have been, or may be discouraged or prevented from taking risks
- how the judgement, stereotypical assumptions and expectations of others can be unduly influenced because of a child's impairment
- links between being a disabled child, and the achievement of **positive outcomes**
- how to support children and their families/carers to have high expectations and help them to set realistic goals towards achieving these
- how to build trust with children and their families/carers
- how being disabled can impact on the self-esteem and self-confidence of children
- how effective support can help children develop a positive '**sense of self**'
- methods that can be used to support children develop resilience, emotional intelligence and self-belief

You are able to work in ways that:

2.2 **Implement systems, procedures and practice** that supports children to:

- explore their own social, emotional needs according to age, ability and stage of development
- develop a positive sense of self
- safely develop independence and life skills, taking into account age, ability and stage of development
- achieve a balance between safety, risk taking and challenge
- access and engage in play, learning and development according to age, ability and stage of development
- achieve positive outcomes

2.3 Ensure that environments are adapted to support participation and inclusion and reflect the individual needs of children

### Range

**Positive outcomes** - educational attainment, employment or training, independence, stable and safe family and peer relationships, permanent housing, good physical and mental health, life choices, high aspirations, hope, recognising talents and abilities

**Sense of self** - self-worth, self-confidence, sense of identity and belonging, emotional intelligence, feelings and resilience, sense of control, relationships (wider family members and informal networks), concepts of parental responsibility and accountability

**Accessible environment** - physical environment, sensory environment and psychologically informed environment

**Implement systems, procedures and practice** - in accordance with legislative, regulatory and organisational contexts

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Learning outcome:

3. Lead and manage support for children during change and transition

Assessment criteria

You understand:

3.1 How to support workers understanding of:

- the **different types of transition** that children experience and the different ways they may respond to these
- why disabled children may need additional and focused **support** before, during and after change and transition
- the potential impact of transitions on the behaviour of children
- methods to support children through change and transition
- the importance of involving children when planning for, or responding to, change and transition taking account of age, ability and stage of development

3.2 You are able to work in ways that:

3.3 **Implement systems, procedures and practice** that:

- meaningfully support children prepare for change and transition
- develops, uses and evaluates models of intervention which support children through change and transitions
- uses evaluation of interventions to inform new ways of working

Range

**Different types of transition:** physical, emotional, personal or psychological, predictable or unpredictable over a short or long period of time including major life changes, day to day changes (changing activities, changes to environment, changes to structure and routines

**Support:** practical and emotional

**Implement systems, procedures and practice:** in accordance with legislative, regulatory and organisational contexts

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Learning outcome

4. Lead and manage support for effective communication with disabled children

Assessment criteria

4.1 You understand:

4.2 Models of communication

4.3 How to support workers to understand:

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- the communication methods and approaches that can be used to support children with a **range of impairments and conditions**
- factors that need to be considered when identifying communication methods and approaches
- the range of professionals who may offer advice and support to develop communication skills
- the importance of the use of appropriate communication methods and approaches with children
- the importance of using and adapting language and methods of communication that are both age and ability appropriate
- how previous experiences, additional conditions and first language may influence a child/young person's willingness and ability to communicate
- how difficulties with communication and social interaction may impact on children
- how to establish when behaviour is being used as a form of communication

4.4 You are able to work in ways that:

4.5 **Implement systems, procedures and practice** for the use and evaluation of a range of communication methods and approaches to support children

### Range

**Range of impairments and conditions:** acquired brain injury, attention deficit hyperactivity disorder (ADHD), autism, learning disability, physical impairment, sensory loss

**Implement systems, procedures and practice:** in accordance with legislative, regulatory and organisational contexts

### Learning outcome:

5. Lead and manage support for nutrition and hydration of disabled children

### Assessment criteria

You understand:

5.1 How to ensure that workers know:

- current national guidance for a balanced diet for children
- the role of essential nutrients in supporting holistic growth and development, and well-being
- factors that influence the intake of food and drink
- how to encourage healthy eating and plan menus that respond to children's individual needs
- the **potential challenges** that may arise and strategies to manage these
- the reasons why food should not be used as a reward
- the **potential impact** of poor nutrition and hydration
- the importance of hydration for children

You are able to work in ways that:

- 5.2 **Implement systems, procedures and practice** for the use strategies that ensure:
- safe eating and drinking routines that encourage social interaction according to age and stage of development
  - opportunities for the development of independent skills according to age and stage of development
- 5.3 Ensure that:
- workers are supported to take account of potential challenges and factors that influence intake of food and drink
  - children are encouraged to experiment with and experience new foods
  - workers respond positively to children's objections to food and drink, making adaptations as necessary
  - children are encouraged to drink a sufficient volume of fluid
  - workers monitor and record intake of food and drink as required

### Range

**Potential challenges** - behavioural, environmental, physical

**Potential impact:** failure to thrive, malnutrition, dehydration, obesity, constipation

**Implement systems, procedures and practice** - in accordance with legislative, regulatory and organisational contexts

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### Learning outcome:

6. Lead and manage the use of medication when working with disabled children

### Assessment criteria

You understand:

- 6.1 How to ensure that workers are clear about:
- The policy and procedure of the administration, storage and disposal of medication
  - The importance of regular reviews for the use of medication and who needs to be involved
  - The importance of accessing up-to-date support and guidance on the use of medication
  - The importance of ensuring that medications are not used as a method to control behaviour
- 6.2 Responsibilities for reporting and investigating errors and safety issues related to the use of medication
- 6.3 You are able to work in ways that
- 6.4 Ensure that workers receive appropriate training for the administration of medication
- 6.5 Establish methods for assessing the competence of workers related to the administration of medication
- 6.6 Ensure that workers follow policies and procedures for the administration, storage and disposal of medication

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Learning outcome:

7. Develop understanding of support for healthcare for disabled children

Assessment criteria

You understand:

7.1 How to support workers understanding of:

- the range of healthcare checks and support for children
- incubation periods of illnesses, infections/infestations and notifiable diseases
- physical and behavioural signs and symptoms of potential ill health, infections/infestations and notifiable diseases in children
- actions to take where there are concerns about potential illnesses, infections/infestations and notifiable diseases
- symptoms that require urgent action

You are able to work in ways that:

7.2 Ensure that children access healthcare checks and support

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Learning outcome:

8. Lead and manage practice that uses early intervention and prevention to minimise the risk of crises

Assessment criteria

You understand:

- 8.1 The importance of prevention and early intervention in preventing crises situations
- 8.2 Types of crises situations
- 8.3 The components of the **Positive Behavioural Support framework** and how this can help to minimise the risk of crises situations
- 8.4 When and how **restrictive interventions** can be used
- 8.5 How to ensure that children have a clear behaviour support plan
- 8.6 How to respond if a crisis situation occurs
- 8.7 The **main components of post incident practice**

You are able to work in ways that:

- 8.8 Embed a culture of prevention and early intervention to avoid crises situations
- 8.9 Ensures workers:
  - undertake **training on the use of positive approaches** prior to training on the use of restrictive interventions
  - regularly **undertake training to carry out agreed restrictive interventions** safely in line with legislative, regulatory and organisational requirements

- 8.10 **Implement systems, procedures and practice** that supports others to manage crisis situations should they occur
- 8.11 **Implement systems, procedures and practice** for post incident practice
- 8.12 Ensure all reports/records are updated in line with organisational procedures

## Range

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

**Positive Behavioural Support** - ethical, values-based approaches, theory and evidence base, functional analysis, primary prevention, secondary prevention, reactive strategies

**Main components of post incident practice** - Post incident support (sometimes referred to as debriefing) – attention to physical and emotional well-being of the individual and others involved in an incident, personal and emotional support is provided both immediately and in the longer term if needed. Post incident review – to learn from the incident and reflect on practice, this is provided separately to post incident support, asking someone to recall an incident while they are still in a distressed state is unhelpful and potentially traumatising

**Training on the use of positive approaches** - would include ethical and values-based approaches, the meaning of challenging behaviour and how this serves as a function for individuals, how the functions of behaviour apply to everybody, the impact of trauma and past experiences on behaviour, proactive interventions that improve well-being and prevent behaviours that challenge, how own attitudes and behaviour contribute to that of individuals, human rights and how they relate to the use of restrictive practices and restrictive interventions, the time intensity model, the importance of recording incidents accurately and objectively and how this information is used to support reduction practice

**Training to carry out agreed restrictive interventions** - using the 3 stage training model - verbal competence, role play competence, in-situ competence

**Implement systems, procedures and practice** - in accordance with legislative, regulatory and organisational contexts

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## Learning outcome:

9. Lead and manage practice that actively involves families/carers in the support of disabled children

## Assessment criteria

You understand:

- 9.1 How to support workers to know:
- what is meant by the term '**carer**'
  - legislation, policy and guidance about the rights of carers for entitlements, assessment and support
  - the **potential impact on families** of caring for a disabled child
- 9.2 The importance of families/carers being supported with sensitivity to:
- identify the role they are undertaking in caring for the child

- decide how they wish to be supported with this
- explore 'what matters' to them
- understand the range of support available from the service provision and other services that can help them to achieve their personal outcomes

You are able to work in ways that:

9.3 Lead practice that supports families/carers to understand:

- their rights and entitlements
- the range of support available and how this can be accessed
- the support that is available from the service provision

9.4 Take account of the individual impact on families of caring for a disabled child or young person

### Range

**Carer** - young carers and carers who are adults

**Potential impact on families** - positive and negative including parents/carers, siblings and wider family members and informal networks (family dynamics, sibling relationships, individual well-being, socio economic factors, relationships and engagement in social and community activities, pressures from the extent of professional input)

## **Unit 528      Lead and manage service provision for disabled children and young people**

### Supporting Information

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

**Aids and adaptations** - may include physical aids, but also adaptations to communication or social interactions

**Carers/young carers** - The Social Services and Well-being (Wales) Act (the Act) defines a carer as “a person who provides or intends to provide care for an adult or disabled child”.

The definition is broad and includes adult carers, young carers, young adult carers, parent carers (caring for a disabled child) and so-called sandwich carers (these are people caring for an older person/relative as well as bringing up a family).

The Welsh Government defines young carers as being carers who are under the age of 18. Whilst someone under 18 is still regarded as a carer their rights as a young carer will differ at times to those of an adult.

The Code of Practice for Part 3 of the Act defines young adult carers as being aged 16-25. A person is not a carer under the Act if the person provides or intends to provide care (a) under a contract, or (b) as voluntary work.

The term ‘**disabled children and young people**’ describes those who experience discrimination on the grounds of their impairment and/or medical condition. Discriminatory practices such as negative attitudes, inaccessible environments and institutional systems can make it difficult and sometimes impossible for disabled children and young people to experience the same opportunities as non-disabled children.

**Change and transition** - may include moving home, school, changes of other children in the home, changes in staff, change of activity, changes in family, change in peer network, change of environment, change of routine

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

#### **Factors that influence the intake of food and drink:**

- Special dietary requirements for medical reasons can include texture modification to make food easier to eat e.g. pureed or mashed; gluten free for children/ young people with Coeliac disease, modified diet for diabetes, food allergy and intolerances.
- Provision for cultural, religious reasons, vegetarian or vegan,
- Shape, colour, texture, smell and presentation and choice of food, food avoidance, eating with peers, a consistent approach and positive role modelling,

encouragement to experiment, fun food activities and initiatives including involving children in food preparation and serving.

- Low income and food poverty

**Holistic growth, learning and development:** places a focus on nurturing all parts of a child's learning and development, including physical, emotional, spiritual, intellectual and creative elements and how learning can support this. It focuses on all parts of children's learning and development intrinsically not in isolation

**Ill health, infections/ infestations and notifiable diseases:**

Common childhood illnesses (mumps, rubella, polio, chicken pox, measles, meningitis, whooping cough)

Allergies/ conditions (eczema, asthma, hay-fever or food allergies)

Minor illnesses (cough, cold, earache, sore throat, croup, fever and high temperature, diarrhoea and vomiting, sunburn and heat stroke)

Infections/ infestations (ringworm, tapeworm, head lice, herpes simplex, impetigo, conjunctivitis, scabies)

**Impairment/condition** - 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 child/young person that differs from the commonplace

**Legislative frameworks, Welsh Government policy and guidance and current models of service design** would include:

- UN Convention on the Rights of Persons with Disabilities
- Social Services and Well-being (Wales) Act including the rights of carers to assessment and having their needs met, rights to advocacy
- Benefits, rights and entitlements of disabled children and their families
- Models of service design and delivery could be residential short breaks, community short breaks/day services, domiciliary support services, residential schools, play schemes, use of direct payments/personal assistants or continuing health care funding

**Models of communication:** could include:

- Alder and Rudman (2006)
- Linear Model of Communication (Shannon and Weaver 1949)
- Transactional model of communication (Barnlund 1970)
- PCS model (Thompson 1997; 2006)
- Motivational Interviewing (Miller and Rollnick; Various)
- Makaton
- Picture exchange communication system

**Notifiable diseases:** as set out by Public Health Wales

**Play learning and development:** education, training, volunteering, work experience, leisure pursuits, social opportunities, play opportunities

**Positive behavioural support:**

- Is based on Social Role Valorisation, Applied Behaviour Analysis and Person-Centred Planning
- Promotes intervention approaches based on values and evidence
- Focuses on improving quality of life as a central aim
- Uses individualised interventions derived from functional assessment of the child's behaviour
- Emphasises primary prevention as the main approach, including active support, skills teaching, improving communication, improving physical and social environments, and addressing triggers and functions of behaviours drawn from the functional assessment.
- Includes secondary prevention strategies to avoid escalation of behaviour
- Includes ethical, non-pain based reactive strategies designed only to keep the child and others safe.
- Includes individually prescribed debriefing strategies for the child and others involved following an incident of challenging behaviour
- Stipulates the methods to be used for evaluating impact of interventions and when the PBS plan should be reviewed.

**Post incident review:** includes:

- 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
- Emotional support
- Personal reflection
- Opportunities to express how they are feeling
- Additional training
- Changes to plans for positive behaviour support

**Post Incident Support** (sometimes referred to as debriefing) - How individuals workers, carers and others involved should be supported following an incident of challenging behaviour and includes:

- Help to return to a calm state
- Emotional support
- First aid if needed
- Time away
- Quiet time
- Opportunities to express how they are feeling

**Positive outcomes:** educational attainment, independence, stable and safe family and peer relationships, physical and mental health, life choices, high aspirations, hope, recognising talents and abilities

**Psychologically informed environments:** Services that take into account the emotional and psychological needs of children and young people, understands the impact of trauma and ACEs and incorporates the following:

- Developing a psychological framework,

- The physical environment and social spaces,
- Staff training and support,
- Managing relationships,
- Evaluation of outcomes

**Relationships:** parents/carers, other family members, siblings, pets, peers, friends, neighbours, independent visitors, others

**Restrictive practices** - include a wide range of activities that stop individuals from doing things that they want to do or encourage them to do things 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 someone is going to seriously harm themselves

**Restrictive practices** - include a wide range of activities that stop individuals from doing things that they want to do or encourage them to do things 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 someone is going to seriously harm themselves

**Rights of carers for entitlements, assessment and support:** advocacy, assessment of own needs, benefits, grant payments, direct payments, 3<sup>rd</sup> sector support, holiday grants, community networks and resources, play schemes/opportunities, young carers groups

**Sense of self:** self-worth, self-confidence, sense of identity and belonging, emotional intelligence, feelings and resilience, sense of control, relationships (friends, wider family members and peer groups)

**Ways in which developmental delay in one area affects the ability to acquire skills in other areas**

- speech and language development
- social and emotional development
- fine and gross motor skills

**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***

- **SCDHSC0315** Work with children and young people with additional requirements to meet their personal support needs

## ***Legislation and guidance***

- Well-being of Future Generations (Wales) Act 2015
- Social Services and Well-being (Wales) Act 2014
- UN Convention on the Rights of the Child
- Equality Act (2010)
- Human Rights Act 1998
- Rights of Children's and Young Peoples' Measure 2011
- Mental Capacity Act 2005
- NHS Wales Act 2006
- Welsh Language Act (1993)
- Welsh language measure (2011)
- Regulation and Inspection of Social Care (Wales) Act 2016 and associated regulations and statutory guidance
- Additional Learning Needs and Education Tribunal (Wales) Act 2018
- Children Act 1989 and 2004
- Adoption and Children Act 2002
- Children and Families Act 2014
- Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015
- Education Act 1996
- The Care and Support (Direct Payments) (Wales) Regulations 2015

## ***Resources***

- Children in Wales <http://www.childreninwales.org.uk/>
- Council for disabled children <https://councilfordisabledchildren.org.uk/>
- Snap Cymru <http://www.snapcymru.org/>
- Children and Young People's National Participation Standards  
<https://gov.wales/sites/default/files/publications/2019-06/good-practice-guide.pdf>
- The residential child care worker practice guidance  
<https://socialcare.wales/resources/the-residential-child-care-worker---practice-guidance>
- The residential child care worker resource <https://socialcare.wales/service-improvement/children-who-are-looked-after#section-31468-anchor>

- SCIE children's services <https://www.scie.org.uk/children/>
- Fostering network <https://www.thefosteringnetwork.org.uk/about/about-us/our-work-in-wales>
- Social pedagogy professional organisation <https://sppa-uk.org/>
- NSPCC <https://www.nspcc.org.uk/>
- Children's Commissioner for Wales <https://www.childcomwales.org.uk/>

## Unit 529

# Lead and manage support for reducing restrictive practices through positive approaches for behaviour support

<b>Level:</b>	5
<b>GLH:</b>	40
<b>Credit:</b>	21
<b>Unit Summary:</b>	<p>This unit is for those who are responsible for leading and managing positive behavioural support</p> <p>In the context of this unit, the term 'individual' refers to adults or children and young people</p>

### Learning outcome:

1. Lead and manage practice that embeds legislation, national/local policies and guidance that underpin positive approaches to reduce restrictive practices and support positive behaviour

### Assessment criteria

You understand:

- 1.1 How to support workers understanding of:
  - the definition of the terms 'challenging behaviour'/'behaviours that challenge'
  - how legislation, national/local policies and guidance provide a framework for the reduction of restrictive practices and **restrictive interventions**
  - why an **ethical, values-based approach** is important in relation to the use of restrictive practices and restrictive interventions
- 1.2 How a cultural shift from crisis management of behaviours that challenge to primary prevention can:
  - Improve the well-being of individuals
  - Improve the job satisfaction of workers
  - Reduce the use of restrictive practices and restrictive interventions
- 1.3 The importance of organisational systems, procedures and practice reflecting legislation, national/local policies and guidance for the use and reduction of restrictive practices and restrictive interventions
- 1.4 The importance of organisational monitoring, review and evaluation of the use of restrictive practices and restrictive interventions to identify trends and inform reduction strategies
- 1.5 How to influence organisational commitment to supporting the reduction of restrictive practices and restrictive interventions

You are able to work in ways that:

- 1.6 **Implement systems, procedures and practice** that:
  - aim to reduce restrictive practices and restrictive interventions
  - embed an **ethical, values-based approach**
  - reflect legislation, guidance and national policies for adults and/or children and young people
- 1.7 Ensure that workers are supported to understand their roles and responsibilities for positive approaches in the context of legislative, regulatory and organisational requirements
- 1.8 Actively support organisational monitoring, review and evaluation of the use of restrictive practices and restrictive interventions to inform reduction strategies
- 1.9 Implement agreed restrictive practice/restrictive intervention reduction strategies

### Range

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

**Implement systems, procedures and practice:** in accordance with legislative, regulatory and organisational contexts

**Ethical, values-based approach:** person/child-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. Understand models and frameworks that support ethical, values-based approaches for the use and reduction of restrictive practices and restrictive interventions

### Assessment criteria

You understand:

- 2.1 Frameworks and models for positive behaviour support and how these can support for:
  - the use of restrictive practices and restrictive interventions
  - the reduction of restrictive practices and restrictive interventions
- 2.2 The components of the **Positive Behavioural Support framework** and how these are applied in practice

### Range

**Positive Behavioural Support framework:** ethical, values-based approaches, theory and evidence base, functional analysis, primary prevention, secondary prevention, reactive strategies

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### Learning outcome:

3. Lead and manage practice for the development, implementation, monitoring, review and evaluation of plans that support the positive behaviour of individuals

### Assessment criteria

You understand:

#### 3.1 How to support workers understanding of:

- the **behavioural model** and the **four common functions** of challenging behaviour
- **components of a plan** that supports positive behaviour
- the importance of ensuring positive approaches for the development, implementation, review and evaluation of plans to support positive behaviour that:
  - are **ethical and values-based**
  - are rights-based
  - promote voice and control, prevention and early intervention, well-being, co-production and partnership/multi-agency working
    - the importance of maintaining a safe, predictable and stable environment
    - the range of **primary prevention strategies and early interventions** that may be used to support positive behaviour
    - how to **assess the functions of behaviour** to identify the most appropriate primary prevention strategies and early interventions to support positive behaviour and reduce the use of restrictive practices and restrictive interventions
    - behaviour support specialist and other professionals who would be involved in the development, review and evaluation of plans
    - how and when to seek clarification from behaviour specialists to support understanding of data

You are able to work in ways that:

#### 3.2 Ensure that all plans:

- include information on the contextual nature of the challenging behaviour and how it serves as a function for the individual
- support strategies that are evidence based, multi-element and use preventative antecedent interventions
- seek to offer the individual a functional alternative behaviour where appropriate
- include clearly defined reinforcement strategies
- include a robust crisis management strategy based on the least restrictive options
- ensure effective team co-ordination and communication

#### 3.3 **Implement systems, procedures and practice** for the development, implementation, monitoring, review and evaluation of plans to establish how well they:

- support positive behaviour
- embed an **ethical, valued-based approach**
- support the reduction of restrictive practices and restrictive interventions

### 3.4 Lead and manage practice that routinely:

- monitors and reviews the use of restrictive practices and restrictive interventions
- analyses the functions of behaviour and the effectiveness of primary preventative strategies and early interventions
- updates plans for positive behaviour support based on evidence from data collection and analysis
- updates training plans for the workforce based on evidence from data collection and analysis

### 3.5 Ensure that a multi-disciplinary approach is used for the development, review and evaluation of plans

## Range

**Behavioural model:** The 4-term contingency: motivation, antecedents, behaviour and consequences – the inter-relationship between any establishing or motivating operations, a discriminative stimulus, behaviour and consequence

**Four common functions:** social attention, avoidance/escape, access to tangibles, sensory stimulation

**Components of a plan:** personal profile, summary of functional assessment, how to meet key health needs, primary and secondary prevention strategies, clear descriptions of the behaviours that require reactive strategies and how and when these should be used, post incident support, goals and plans for the reduction of restrictive practices and restrictive interventions

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

**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

**Assess the functions of behaviour:** data collection methods, application of the behavioural model, collation and presentation of data that facilitates assessment

**Implement systems, procedures and practice:** in accordance with legislative, regulatory and organisational contexts

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## Learning outcome:

### 4. Lead and manage practice for the safe use and reduction of restrictive interventions

## Assessment criteria

You are able to work in ways that:

#### 4.1 Ensure that:

- workers undertake **training on the use of positive approaches** prior to training on the use of restrictive interventions
- workers regularly undertake **training to carry out agreed restrictive interventions** safely in line with legislative, regulatory and organisational requirements
- workers are supported to understand the meaning of the term 'ethical reactive strategies'
- workers understand when and how they are able to use restrictive interventions
- any use of restrictive interventions that have not been agreed as part of an individual's personal plan are reviewed immediately
- safeguarding guidance is followed in the use of restrictive interventions
- relevant people/bodies that should be informed of the use of restrictive interventions in line with an individual's personal plan and safeguarding requirements

4.2 Observe the practice of workers and provide constructive feedback to develop their:

- implementation of positive approaches
- ethical use of restrictive practices and restrictive interventions

### Range

**Training on the use of positive approaches:** would include ethical and values-based approaches, the meaning of challenging behaviour and how this serves as a function for individuals, how the functions of behaviour apply to everybody, the impact of trauma and past experiences on behaviour, proactive interventions that improve well-being and prevent behaviours that challenge, how own attitudes and behaviour contribute to that of individuals, human rights and how they relate to the use of restrictive practices and restrictive interventions, the time intensity model, the importance of recording incidents accurately and objectively and how this information is used to support reduction practice

**Training to carry out agreed restrictive interventions:** using the 3 stage training model - verbal competence, role play competence, in-situ competence

### Learning outcome:

5. Lead and manage support for individuals and others following incidents of behaviours that challenge

### Assessment criteria:

You understand:

- 5.1 How to support workers understanding of the **main components of post incident practice** and how to implement these
- 5.2 The importance of supporting workers to recognise and take account of:
  - the impact of past trauma, negative experiences and difficulties with communication on an individual's reaction to the use of restrictive interventions
  - the potential stress experienced by workers as a result of applying restrictive interventions
- 5.3 How post incident support can have a positive influence on restrictive intervention reduction through its role in the repair of trusting relationships and the re-establishment of feelings of safety

You are able to work in ways that:

5.4 **Implement systems, procedures and practice** for post incident practice that:

- implements the **main components of post incident practice** following incidents of behaviour that challenge
- reviews incidents and identifies any changes required for individual's plans or the practice of workers

### Range

**Main components of post incident practice:** Post incident support (sometimes referred to as debriefing) – attention to physical and emotional well-being of the individual and others involved in an incident, personal and emotional support is provided both immediately and in the longer term if needed. Post incident review – to learn from the incident and reflect on practice, this is provided separately to post incident support, asking someone to recall an incident while they are still in a distressed state is unhelpful and potentially traumatising

**Implement systems, procedures and practice:** in accordance with legislative, regulatory and organisational contexts

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## Unit 529 **Lead and manage support for reducing restrictive practices through positive approaches for behaviour support**

### Supporting Information

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

**Active Support Model** - Active Support is a person-centred model of how to interact with individuals to enable their participation in activity as independently as possible, combined with a daily planning system to promote an active lifestyle associated with a good quality of life. It includes a simple recording system to assess impact and support evidence-based decision on support plans.

To include:

- Daily plans and levels of participation in a valued range of meaningful activities and support arrangements
- Records and analysis of participation on a range of typical activities
- Model of positive interaction, i.e. levels of assistance; task analysis and positive reinforcement
- Skills teaching/Opportunity plans

**Behavioural Model** - The behavioural model explains how all behaviour works and therefore how behaviour can be shaped. The main elements are: triggers (stimulates behaviour); the behaviour itself; reinforcers or maintaining functions or consequences (strengthens behaviour) and punishment (weakens behaviour). Manipulating triggers, reinforcers or punishers will alter behaviour. This is the same for everyone and for all behaviour, not just behaviours that challenge. Contemporary ethical approaches such as PBS focus on changing triggers and reinforcers and avoid any use of punishment.

**Challenging behaviour/behaviours that challenge** - these terms conceptualise challenging behaviour as a complex result of many factors (an interaction between personal and environmental factors) instead of simply blaming the individual. They highlight that these behaviours are a challenge to services and other people. If we can understand the purpose that challenging behaviour serves for the person, then we can remove the need for them to use challenging behaviour to get what they need/express how they are feeling, and improve their quality of life. Challenging behaviour may include behaviours that are:

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

- Verbally abusive

**Daily plans and levels of participation.** Daily plans set out in detail the daily routine of an individual. They provide opportunities for individuals to participate in a valued range of activities throughout the day, avoid lengthy periods of disengagement, and help staff to plan their time effectively. The plans can be used flexibly to respond to changing circumstances, and take account of individuals choice, control, abilities and needs. Levels of participation are recorded and analysed to assess the balance of participation in different types of activity and what changes in support are needed to promote a typical lifestyle, increased skills and as much independence as possible. Daily Plans and levels of participation are part of Active Support

**Ethical reactive strategies** - are ways of responding safely and efficiently to challenging behaviours that have not been prevented. They can include physical interventions that minimize discomfort, do not cause pain and, comply with the Restraint Reduction Network Training Standards 2019 for the use of physical interventions. They must only be used as a last resort to manage a situation where there is real possibility of harm to the individual or others if no action is taken. They must never be used to punish, to inflict pain, suffering, humiliation or to achieve compliance. Not all reactive strategies are physical interventions. Some behaviours that challenge require only minimal responses, such as to doing very little other than discreetly observing, keeping calm, not interacting with the person to give them time to regain composure (Non-aversive reactive strategies)

**Frameworks and models:**

- Positive Behavioural Support
- Active Support
- Newcastle Model
- Good Work: Dementia Learning and Development Framework
- Recovery Model
- Restorative approaches

**Functions of behaviour:**

What behaviour achieves or the direct result of the behaviour for the person such as

- gaining social attention;
- access to tangibles such as food, activities, favourite items;
- avoidance or escape from something the person doesn't like
- adjusting levels of sensory stimulation etc

**Leadership** - is the ability to provide strategic direction and a sense of purpose. Effective leaders create a sense of trust, confidence and belief, inspiring people to adopt the values and behaviours they promote. They are innovative, creative and motivating

**Legislation, guidance and national policies:**

Welsh Government Framework for the reduction of restrictive practices (not published yet)

Social Services and Well-Being (Wales) Act 2014

Mental Health Act 1983 and Code of Practice for Wales 2016, Mental Capacity Act (2005), Liberty Protection Safeguards (LiPS)

Regulation and Inspection of Social Care (Wales) Act 2016 and associated regulations and statutory guidance

Children Act 1989 and 2004

Additional Learning Needs and Education Tribunal (Wales) Act 2018

The Right Way: A children's Rights Approach (Children's Commissioner for Wales 2017)

The Human Rights Act 1998

Human Rights Framework on restraint (Equality and Human Rights Commission not published yet)

United Nations Convention on the Rights of the Child 1989

United Nations Principles for Older Persons 1991

United Nations Convention on the Rights of Persons with Disabilities 2006

**Levels of assistance (or support or help)** - refers to graded levels of assistance, from simple verbal reminders that provide the lowest level of support, through non-verbal prompts, gestures and demonstrations, to direct physical guidance that provides the highest level of help. Assistance should be given flexibly according to the individual's need for help, and only the lowest level of assistance required should be provided in order to encourage as much participation and independence as possible. Levels of assistance are part of Active Support

**Management** - is the ability to set the operational direction and organise the effective running of the service provision to meet the overall service needs including ethical, legislative, regulatory and organisational requirements. Effective managers facilitate and organise resources in order to optimise the performance of others, allowing them to carry out tasks and achieve goals efficiently and effectively. They provide clarity and accountability that enable teams to meet their objectives

**Newcastle Model** - a framework and process to understand behaviour that challenges as needs which are unmet, and suggests a structure in which to develop effective interventions that keep people with dementia central to their care

**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.

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

If an individual is at risk of any restrictive practice being used on them behaviour support guidelines should be included in their personal plan. These behaviour support guidelines should be continually under review and should be adapted as the needs of the individual develop or change.

If behaviour support guidelines contain a restrictive intervention the personal plan should also include guidelines for reduction of future use of this. These reduction guidelines should be regularly monitored and reviewed and should be transferred from service to service, as part of the individual's personal plan.

Everyone involved in the individual's life should be familiar with and understand the guidelines set out for the individual for whom the plan has been developed. The planning process should ensure that everyone involved in the individual's life is clear about guidelines contained in any plan for an individual. Children and individuals should be assured a consistent response to behaviour support and the use of restrictive interventions.

**Plans** - positive behavioural support, personal plans, daily plans, skills teaching plans

**Positive behavioural support:**

- Is based on Social Role Valorisation, Applied Behaviour Analysis and Person-Centred Planning
- Promotes intervention approaches based on values and evidence
- Focuses on improving quality of life as a central aim
- Uses individualised interventions derived from functional assessment of the persons behaviour
- Emphasises primary prevention as the main approach, including active support, skills teaching, improving communication, improving physical and social environments, and addressing triggers and functions of behaviours drawn from the functional assessment.
- Includes secondary prevention strategies to avoid escalation of behaviour
- Includes ethical, non-pain based reactive strategies designed only to keep the person and others safe.
- Includes individually prescribed debriefing strategies for the individual and others involved following an incident of challenging behaviour
- Stipulates the methods to be used for evaluating impact of interventions and when the PBS plan should be reviewed.

**Positive interaction** - refers to the three-stage model of interaction to promote active participation in activity. This model comprises: The five levels of assistance; task analysis and positive reinforcement. Positive interaction is part of Active Support

**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.

**Reinforcement (positive and negative) strengthens behaviour:**

Positive Reinforcement occurs when an individual gains something they desire from a specific behaviour, such as gaining access to a preferred activity or item, gaining social attention from someone, gaining sensory stimulation and so on.

Negative reinforcement occurs when an individual avoids or escapes from something they dislike, such as avoiding having to undertake a task, escaping from unwanted attention or a noisy environment, relief from pain and so on.

**Post incident review:** includes:

- 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
- Emotional support
- Personal reflection
- Opportunities to express how they are feeling
- Additional training
- Changes to plans for positive behaviour support

**Post Incident Support** (sometimes referred to as debriefing) - How individuals, workers, carers and others involved should be supported following an incident of challenging behaviour and includes:

- Help to return to a calm state
- Emotional support
- First aid if needed
- Time away
- Quiet time
- Opportunities to express how they are feeling

**Primary prevention** - Changing aspects of an individual's living, working and recreational environments to improve their wellbeing so that the possibility of challenging behaviour occurring is reduced it includes:

- 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
- Building resilience, particularly for children and young people

**Restorative approaches** would include:

- 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

**Restrictive interventions** - (sometimes referred to as restraint) 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 interventions would include: 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 to do things that they don't want to do

**Secondary prevention** - Strategies that apply when a person's challenging behaviour begins to escalate, to help them calm in order to prevent a major incident

**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

**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

**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***

- **SCDLMC B8** Lead and manage provision of care services that supports the development of positive behaviour

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

- Welsh Government Framework for the reduction of restrictive practices (not published yet)
- Social Services and Well-Being (Wales) Act 2014
- Mental Health Act (1983) amended 2007
- Mental Health Act Code of Practice for Wales (2016)
- Mental Health (Wales) Measure (2010)
- Mental Capacity Act 2005 and associated Code of Practice
- Liberty Protection Safeguards (LiPS)
- Regulation and Inspection of Social Care (Wales) Act 2016 and associated regulations and statutory guidance
- Children Act 1989 and 2004
- Additional Learning Needs and Education Tribunal (Wales) Act 2018
- The Right Way: A children's Rights Approach (Children's Commissioner for Wales 2017)
- The Human Rights Act 1998
- Human Rights Framework on restraint (Equality and Human Rights Commission not published yet)
- United Nations Convention on the Rights of the Child 1989
- United Nations Principles for Older Persons 1991
- United Nations Convention on the Rights of Persons with Disabilities 2006

### ***Resources***

- Children's Commissioner for Wales (2017) The Right Way: A Children's Rights Approach in Wales. Swansea: Children's Commissioner for Wales. Available at:

**<https://www.childcomwales.org.uk/wp-content/uploads/2017/04/The-Right-Way.pdf>**

- Department of Health (2014) Positive and Proactive Care: reducing the need for restrictive interventions, London, UK: DH.
- 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
- Gore, et al (2013) Definition and scope for positive behavioural support, International Journal of Positive Behavioural Support 3,2, 14-23
- Hastings , R P, Allen, D, Baker, P, Gore, N J, Hughes, J C, McGill, P, Noone S J and Toogood, S (2013) A conceptual framework for understanding why challenging behaviours occur in people with developmental disabilities. International Journal of Positive Behavioural Support, 3, 2, 5–13
- National Independent Safeguarding Board Wales (2018) A Practitioner’s Guide: Basic Legal Principles. Available at:  
**<http://safeguardingboard.wales/2018/12/06/practitioners-guide/>**
- NICE (2015). Challenging Behaviour and Learning Disabilities: Prevention and Interventions for People with Learning Disabilities whose Behaviour Challenges. London, UK: NICE
- **NICE (2018) guideline on learning disabilities and behaviour that challenges: service design and delivery**
- **<https://www.nice.org.uk/guidance/NG93>**
- PBS Academy (n.d.) Improving the Quality of Positive Behavioural Support (PBS): The Standards for Training. Available at: **<http://pbsacademy.org.uk/standards-for-training/>**
- Restraint Reduction Network (2019) Ethical Training Standards to Protect Human Rights and Minimise Restrictive Practices. Available at:  
**[http://restraintreductionnetwork.org/wp-content/uploads/2016/11/RRN\\_standards\\_Feb2019\\_DRAFT.pdf](http://restraintreductionnetwork.org/wp-content/uploads/2016/11/RRN_standards_Feb2019_DRAFT.pdf)**
- Royal College of Psychiatrists, British Psychological Society and Royal College of Speech and Language Therapists (2007) Challenging behaviour: a unified approach, Clinical and service guidelines for supporting people with learning disabilities who are at risk of receiving abusive or restrictive practices. College Report CR144
- Social Care Wales (2016) Positive Approaches: Reducing Restrictive Practices in Social Care <https://socialcare.wales/resources/positive-approaches-reducing-restrictive-practices-in-social-care>
- Skills for Care & Skills for Health (2014). A Positive and Proactive Workforce. A guide to workforce development for commissioners and employers seeking to minimise the use of restrictive practices in social care and health, London: SfH/SfC
- Free e learning courses on Positive Behavioural Support (PBS):
- **<http://www.bild.org.uk/capbs/pbsinformation/introduction-to-pbs/>**
- **<http://www.bild.org.uk/capbs/pbs-awareness-course/>**
- Free info on Positive Behavioural Support (PBS):
- **<http://www.bild.org.uk/capbs/capbs/>**
- **<http://pbsacademy.org.uk/>**

## Unit 530

# Lead and manage care and support for individuals living in their own homes

<b>Level:</b>	5
<b>GLH:</b>	40
<b>Credit:</b>	19
<b>Unit Summary:</b>	This unit aims to support learners to develop the knowledge, understanding and skills needed to lead and manage care and support for individuals living in their own homes

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### Learning outcome:

1. Manage a dispersed team providing care and support in individuals' own homes

### Assessment criteria

You understand:

- 1.1 **Specific requirements** for care and support for individuals living in their own homes
- 1.2 **Challenges, requirements and sensitivities** around providing care and support in individual's homes
- 1.3 Complexities of monitoring and managing worker safety when providing care and support at home

You are able to work in ways that:

- 1.4 Embed a culture of dignity and respect when working in individual's own homes
- 1.5 Ensure that workers understand:
  - challenges of gaining the trust of individuals and families/carers
  - the importance of recognising and acknowledging the skills and expertise that families/carers have for the ongoing support of individuals
  - how to negotiate professional boundaries and a relationship-based approach when working in individual's homes in line with organisational requirements
  - their level of authority to make decisions
  - the roles of, and relationships with, other agencies and individuals engaged in providing care and support at home
- 1.6 **Implement systems, procedures and practice** that
  - ensure the involvement and influence of individuals, families/carers
  - establish expectations; ways in which these may be met and how they relate to the role of workers
  - support communication, boundaries and relationships between individuals, families/carers and workers

- match workers with individuals
- 1.7 Ensure that workers understand how to respond when the individual or their family/carer refuse care and support
  - 1.8 **Implement systems, procedures and practice** to ensure that workers are clear about their role in relation to administration and management of medication
  - 1.9 Ensure workers are supported to raise concerns around safety, mental capacity and medication management
  - 1.10 **Implement systems, procedures and practice** for meeting specific requirements in ways that take account of sensitive situations

## Range

**Specific requirements** – Regulation and Inspection of Social Care (Wales) Act 2016, The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 and the associated Statutory Guidance for Service Providers and Responsible Individuals on Meeting Service Standard Regulations for: Care Home Settings, Domiciliary Support Services, Secure Accommodation Services and Residential Family Care Services, national policy guidance and standards, organisation structure/roles and responsibilities

**Challenges, requirements and sensitivities** - working within the individual's home, working within carer's and family's home; understanding the individuals and families/carers expectations; safety, confidentiality and accessibility of medication and the individual's records/information, handling money, not being judgemental about individual's circumstances

**Implement systems, procedures and practice** – in accordance with legislative, regulatory and organisational contexts

## Learning outcome:

2. Lead and manage support for a dispersed workforce

## Assessment criteria

You understand:

- 2.1 Potential **challenges** faced by workers when providing care and support at home
- 2.2 The potential impact of challenges on the well-being of workers
- 2.3 How to ensure workers are supported to:
  - develop resilience
  - access support to cope with any impact of challenges
  - address related stress
- 2.4 Ways to build own resilience and how this helps the support of workers

You are able to work in ways that:

- 2.5 Promote a culture that supports continuity and motivation of workers through an ethos of co-production and enablement
- 2.6 **Implement systems, procedures and practice** to support good communication exchange with and between a dispersed workforce
- 2.7 Recognise signs, symptoms and potential causes of stress within the workforce

- 2.8 Manage tensions and solve problems within teams to minimise their impact on individuals and their families/carers
- 2.9 Support workers to reflect on and be accountable for their practice in problem-solving
- 2.10 Provide opportunities for workers to support each other
- 2.11 Ensure that workers have timely access to support with:
  - having difficult conversations
  - dealing with conflict
- 2.12 Ensure workers are supported to reflect on:
  - feelings of vulnerability or unease when providing care and support within individuals' homes
  - serious incidents or near misses
- 2.13 Ensure workers are provided with emotional support and opportunities to debrief and learn

### Range

**Challenges** - working alone, supporting individuals living with a diverse range of circumstances (e.g. health conditions, providing palliative and end of life care, dementia, learning disability, mental health conditions, acquired brain injury, substance use/misuse, physical impairments), family dynamics, hoarding and self-neglect, potential impact of the worker's personal life experiences/circumstances on their work role

**Implement systems, procedures and practice** - within legislative, regulatory and organisational contexts

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### Learning outcome:

3. Lead and manage practice that supports individuals to balance rights, risks and responsibilities

### Assessment criteria

You are able to work in ways that:

- 3.1 Facilitate a shared understanding of how to balance rights, risks and responsibilities when working with individuals in their own homes and how this is affected by:
  - the power imbalance in providing and receiving care and support
  - the context of working in the personal home settings of individuals and their families/carers
- 3.2 **Implement systems, procedures and practice** that support workers to balance rights, risk and responsibilities when working alone and making decisions in their daily practice
- 3.3 Ensure that workers have the skills and understanding to carry out environmental and dynamic risk assessments as part of their daily practice
- 3.4 Ensure that workers are able to work within internal and external risk assessments pertinent to individuals

### Range

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## **Implement systems, procedures and practice** - in accordance with legislative, regulatory and organisational contexts

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### Learning outcome:

4. Lead and manage practice that supports flexible and responsive care and support at home

### Assessment criteria

You understand:

4.1 The importance of ensuring flexible approaches for service provision that can:

- adapt to changes to agreed vision or expectation for the service
- respond and adapt to changing needs and circumstances
- support workers to understand changing needs and circumstances
- evolve to embed emerging evidence-informed practice
- reflect Welsh Government policy and guidance

You are able to work in ways that:

- 4.2 Embed the agreed vision and expectations for the service
  - 4.3 Establish clear expectations for workers about their role, flexibility, accountability and autonomy to make decisions
  - 4.4 Lead practice that promotes an enabling and re-abling approach when working with individuals and families/carers
  - 4.5 Support workers to understand how and why service provision will change
  - 4.6 Ensure that individuals and families/carers are supported to understand how and why service provision will change
  - 4.7 Use evidence informed practice, theories and models to support workers to adapt to, and manage, change
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### Learning outcome:

5. Maintain quality standards within a dispersed workforce

### Assessment criteria

You understand:

- 5.1 The challenges in maintaining consistent quality standards with a dispersed workforce
- 5.2 Approaches to use that will support best quality practice with a dispersed workforce

You are able to work in ways that:

- 5.3 Develop a shared understanding of good practice
  - 5.4 Use observation, supervision and team meetings to influence quality of practice
  - 5.5 Monitor, review and evaluate information recorded in communication systems
  - 5.6 **Implement systems, procedures and practice** for checking, evaluating and improving the practice of a dispersed team
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## Range

**Implement systems, procedures and practice** in accordance with legislative, regulatory and organisational contexts

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### Learning outcome:

6. Collaborative working

### Assessment criteria

You understand:

- 6.1 How to navigate roles, responsibilities, attitudes, expectations and models of working to provide seamless and effective care and support to the individual
- 6.2 How care and support provided by families/carers and communities can complement or align with care and support at home

You are able to work in ways that:

- 6.3 Lead and manage practice that promotes respect and clarity about roles with others to provide seamless care and support to the individual
  - 6.4 Ensure collaborative approaches that involve individuals, families/carers and others in:
    - developing personal plans
    - reviewing personal plans both formally and informally
  - 6.5 Use feedback from individuals, families/carers, workers and others to monitor, update, tailor and challenge current approaches to practice
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### Learning outcome:

7. Business continuity

### Assessment criteria

You understand:

- 7.1 Funding options available for care and support at home and how they can be accessed
- 7.2 How to evaluate the potential service provision based on resources and funding
- 7.3 The role of contracts with individuals and other organisations

You are able to work in ways that:

- 7.4 Contribute to the development of plans for service delivery that have evaluated what is achievable with resources available
  - 7.5 Develop strategies and approaches to ensure there are sufficiently skilled workers to be able to provide care and support to individuals:
    - in the short term through working hours and availability, taking account of potential travel times and rurality
    - in the longer term through recruitment, retention and development of the workforce
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- 7.6 Ensure that worker requests and expectations are balanced with requirements of the service
  - 7.7 Lead and manage contingency planning for emergencies, unavailability of workers and failure of equipment or technology
  - 7.8 Implement processes for dealing with emergencies
  - 7.9 Ensure that workers understand processes for dealing with emergencies and have the skills and resources to be able to respond
  - 7.10 Work within organisational requirements to charge for services and manage budgets
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### Learning outcome:

8. Lead and manage technology in care and support at home

### Assessment criteria

You understand:

- 8.1 How technology can support:
  - communication systems
  - learning development
  - service delivery
- 8.2 Resources that can be used for technology based learning and development

You are able to work in ways that:

- 8.3 Lead and manage practice that embraces the use of technology
- 8.4 Reflect on the benefits, risks and challenges of using
  - technology for exchange of communication
  - technology for learning and development
  - social media to support workers
- 8.5 **Implement systems, procedures and practice** that promote the teams use of technology to support
  - appropriate communication
  - learning development
- 8.6 Ensure that workers are able to use technology as required for their role
- 8.7 Ensure that workers have the skills, time, access and equipment to support technology based learning and development

### Range

**Implement systems, procedures and practice** in accordance with legislative, regulatory and organisational contexts

## Unit 530                      Lead and manage care and support for individuals living in their own homes

### Supporting Information

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

**Complexities of monitoring and managing worker safety** - This should cover both managing and monitoring of worker safety. For example, managing complexities may include aspects such as family dynamics, changing behaviours and circumstances; whilst monitoring may be more related to logistics, such as lone working or the challenges of geographical locations.

**Emergencies** - could include medical emergencies for the individual or carers/families, adverse weather, falls, theft, break-in, workers' emergency, car breaking down

**Leadership** - is the ability to provide strategic direction and a sense of purpose. Effective leaders create a sense of trust, confidence and belief, inspiring people to adopt the values and behaviours they promote. They are innovative, creative and motivating

**Management** - is the ability to set the operational direction and organise the effective running of the service provision to meet the overall service needs including ethical, legislative, regulatory and organisational requirements. Effective managers facilitate and organise resources in order to optimise the performance of others, allowing them to carry out tasks and achieve goals efficiently and effectively. They provide clarity and accountability that enable teams to meet their objectives

**Others** - could include advocates, friends, neighbours, schools, care and support agencies, health professionals, therapists, district nurses, community psychiatric nurses, specialist nurses, social workers, housing associations, voluntary agencies, probation officers, drugs and alcohol services

**Range of tools** - these could include mentoring, coaching, mediation

**Sensitive situations** - when an individual or their carer/family is experiencing an emotionally difficult time, for example after an individual has died and the service needs to recover notes

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

- **SCDHSC0446** Manage a dispersed workforce to meet the needs and preferences of individuals at home
- **SCDLMCE3** Lead and manage the quality of care service provision to meet legislative, regulatory, registration and inspection requirements
- **SCDLMCE5** Develop operational plans and manage resources to meet current and future demands on the provision of care services

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

- Social Services and Well-Being (Wales) Act 2014
- Mental Health Act (1983) amended 2007
- Mental Health Act Code of Practice for Wales (2016)
- Mental Health (Wales) Measure (2010)
- Mental Capacity Act 2005 and associated Code of Practice
- Liberty Protection Safeguards (LiPS)
- Regulation and Inspection of Social Care (Wales) Act 2016 and associated regulations and statutory guidance
- Children Act 1989 and 2004
- Additional Learning Needs and Education Tribunal (Wales) Act 2018
- The Right Way: A children's Rights Approach (Children's Commissioner for Wales 2017)
- The Human Rights Act 1998
- United Nations Convention on the Rights of the Child 1989
- United Nations Principles for Older Persons 1991
- United Nations Convention on the Rights of Persons with Disabilities 2006
- General Data Protection Regulation (GDPR) 2018

## ***Resources***

- The social care manager – practice guidance  
**<https://socialcare.wales/fitness-to-practise/codes-of-practice-and-guidance>**
- 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
- Development of a strategic plan for care and support at home - Literature review  
**[https://socialcare.wales/cms\\_assets/file-uploads/Care-and-support-at-home-in-Wales-Literature-review.pdf](https://socialcare.wales/cms_assets/file-uploads/Care-and-support-at-home-in-Wales-Literature-review.pdf)**
- 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
- Above and beyond: National Review of Domiciliary Care in Wales 2015-16, CSSIW 2016
- 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
- Positive risk and shared decision-making  
**<https://socialcare.wales/resources/positive-risk-and-shared-decision-making-by-imogen-blood-and-shani-wardle>**

- Social Care Wales personal outcomes pages, including how to use an outcomes approach in domiciliary care, balancing rights and responsibilities and how to use an outcomes approach when working with carers: **<https://socialcare.wales/service-improvement/personal-outcomes#section-32607-anchor>**
- Mental Health Foundation: How to manage and reduce stress: **<https://www.mentalhealth.org.uk/publications/how-manage-and-reduce-stress>**
- Co-production network for Wales resources: **<https://info.copronet.wales/>**
- Social Care Wales resource - The anatomy of resilience: Toolkit: **[https://socialcare.wales/cms\\_assets/file-uploads/SCW-Digital-English-AoR-Toolkitv02.pdf](https://socialcare.wales/cms_assets/file-uploads/SCW-Digital-English-AoR-Toolkitv02.pdf)**

## Unit 531                      Lead and manage services for individuals living in care home settings

<b>Level:</b>	5
<b>GLH:</b>	30
<b>Credit:</b>	30
<b>Unit Summary:</b>	<p>This unit aims to support learners to develop the knowledge, understanding and skills needed to lead and manage services for 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. Lead and manage practice that complies to specific legislative and regulatory requirements, national policy guidance and standards for care home settings

### Assessment criteria

You understand:

- 1.1 **Specific requirements** for care home settings
- 1.2 The role of the Older People's Commissioner in setting requirements for care home settings
- 1.3 The role, responsibilities and accountabilities of those involved in care home settings
- 1.4 **Research and theoretical frameworks** that influence the requirements for care home settings and support evidence-based practice

You are able to work in ways that:

- 1.5 **Implement systems, procedures and practice** that comply to specific requirements for care home settings
- 1.6 Use research and theoretical frameworks to inform and develop practice

### Range

**Specific requirements** - Regulation and Inspection of Social Care (Wales) Act 2016, The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 and the associated Statutory Guidance for Service Providers and Responsible Individuals on Meeting Service Standard Regulations for: Care Home Settings, Domiciliary Support Services, Secure Accommodation Services and Residential Family Care Services, national policy guidance and standards, requirements set by the Older People's Commissioner for Wales

**Research and theoretical frameworks** - on rights-based approaches, the importance of relationships for older people and relationship-based care, intergenerational relationships, participation and community connections, the impact of isolation and loneliness on the well-being of older people, transitions, separation and loss, the importance of valued roles and engagement in meaningful activities, the physical and psychological consequences for individuals if left for long periods without movement or stimulation, learned helplessness, the Senses Framework

**Implement systems, procedures and practice:** according to legislative, regulatory and organisational contexts

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### Learning outcome:

2. Lead the design and delivery of the service in a manner that supports person centred practice and the well-being of individuals

### Assessment criteria

You understand:

2.1 The impact of **service design and delivery** on:

- Person centred practice
- Social inclusion
- Support for individuals to achieve positive outcomes
- Support for individuals to have full and valued lives

2.2 The importance of personal plans reflecting the future ambitions of individuals as well as their current care and support needs

2.3 The importance of the **physical environment** in supporting well-being

2.4 How routine and order can help individuals predict events and feel safe and in control but can also act against choice and control if rigid and inflexible

2.5 Legislation and policy guidance on the use of restrictive practices and restrictive interventions

2.6 The importance of ensuring that there are strategies in place to monitor, review and reduce restrictive practices and restrictive interventions

2.7 The importance of adopting positive approaches to reduce the use of restrictive practices and restrictive interventions

You are able to work in ways that:

2.8 Embed a culture of dignity and respect within the home

2.9 Lead the development of a **physical environment** that supports the well-being of individuals

2.10 Ensure that personal plans reflect the future ambitions of individuals as well as current care and support needs

2.11 Monitor, review and evaluate the impact of the design and delivery of the service on person centred practice, inclusion and the way that individuals are supported to achieve positive outcomes

2.12 Lead the continual review and development of the service design and delivery to improve practice and support for the achievement of positive outcomes

- 2.13 Ensure that the use of all restrictive practices and restrictive interventions meet legislative requirements and policy guidance
- 2.14 Monitor, review and evaluate the use of restrictive practices and restrictive interventions and implement strategies to reduce these

### Range

**Service design and delivery** - Staffing, routines, level of flexibility, structure, environment, physical location (proximity to community facilities), community connections

**Physical environment** - indoor and outdoor environment, reflects the backgrounds, preferences and needs of individuals, enables individuals to personalise their private space and keep their possessions safe and secure, supports individuals to retain a sense of security, continuity and belonging, is stimulating and encourages engagement, social inclusion and active participation in meaningful activities, provides quiet spaces, facilitates the movement of individuals whilst keeping them safe, supports mobility and navigation, reduces the risk of falls, is welcoming, is decorated, furnished and maintained to a high standard, supports a positive dining experience, supports the inclusion of families

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### Learning outcome:

- 3. Lead and manage practice that supports individuals and families to cope with change and transitions

### Assessment criteria

You understand:

- 3.1 The purpose and contents of a welcome pack for individuals and their families
- 3.2 How to support smooth transitions for individuals moving into the care home setting
- 3.3 Strategies for managing transitions within the home and/or between the home and **other places**

You are able to work in ways that:

- 3.4 Lead the use and development of strategies to support individuals and their families to cope with change and transitions

### Range

**Other places** - including hospital, both admission and discharge

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### Learning outcome:

- 4. Lead and manage practice that promotes the health and well-being of individuals

You understand:

- 4.1 The range of health checks that individuals need and how to access support for these
- 4.2 How to ensure that workers are supported to develop the knowledge, understanding and skills needed to:

- support individuals with their **health and well-being needs**
  - recognise when it is necessary to report concerns about individual's health and well-being needs
- 4.3 How to implement strategies that support individuals to **manage their continence**
  - 4.4 **Roles and responsibilities** for supporting individuals with pressure area care
  - 4.5 Legislative and regulatory requirements, national policy and standards on the use of medication in care home settings
  - 4.6 Systems and processes for the safe, ethical use of medication
  - 4.7 The use of anti-psychotic medication and psychosocial interventions to reduce its use
  - 4.8 The importance of ensuring regular reviews of medication and who needs to be involved in these
  - 4.9 Responsibilities for reporting and investigating errors and safety issues related to the use of medication
  - 4.10 The importance of having clear governance and agreed protocols for the delegation of health care tasks and activities

You are able to work in ways that:

- 4.11 Implement systems, procedures and practice that ensure that individuals are supported with their **health and well-being needs**

### Range

**Health and well-being needs** - foot care, mouth care, management of continence, pressure area care, the use of medication, nutrition and hydration, falls prevention, mobility, managing pain and discomfort, health conditions commonly associated with aging, specific health conditions individuals may have

**Manage their continence** - continence assessment, factors that can impact on continence, interventions to improve continence, equipment and resources for continence management

**Roles and responsibilities** - own responsibilities and those of other professionals including assessment, safeguarding, monitoring and reporting on trends

### Learning Outcome

5. Lead and manage support for the Welsh language in the care home setting

### Assessment criteria

You understand:

- 5.1 Legislative and regulatory requirements, national policy and guidance for the Welsh language and the 'Active Offer' in the care home setting
- 5.2 The characteristics of services that provide an Active Offer
- 5.3 How to provide information bilingually
- 5.4 Practical ways of developing and promoting Welsh in the workplace

You are able to work in ways that:

5.5 **Implement systems, processes and practice** that support the 'Active Offer' and the development of Welsh in the workplace

### Range

**Implement systems, processes and practice:** in the context of legislative, regulatory and organisational contexts

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### Learning Outcome

6. Lead and manage practice for palliative and end of life care in the care home setting

### Assessment criteria

You understand:

6.1 Legislative and regulatory requirements, national policies and guidance for palliative and end of life care for individuals

You are able to work in ways that:

6.2 **Implement systems, processes and practice** that promote support for palliative and end of life care for individuals

### Range

**Implement systems, processes and practice:** in the context of legislative, regulatory and organisational contexts

# Unit 531                      Lead and manage services for individuals living in care home settings

## Supporting Information

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

#### **Characteristics of services i.e.**

Quality of life:

- A pre-admission assessment includes a language assessment
- There is an ongoing assessment in respect of how language needs will continue to be met
- Care delivery is observed to be provided through the medium of Welsh
- The individual care plan is available in Welsh
- Members of staff are observed routinely engaging with people using the service through the medium of Welsh
- The Welsh culture is reflected in the life of the home by way of cultural and sporting events, significant dates and anniversaries, food and music
- Activities are routinely provided in the medium of Welsh or bilingually
- There are links with the local community to promote cultural and language experiences.

Staffing:

- A register is maintained of Welsh-speaking staff
- The key worker system ensures 'named' staff members are 'matched' to people who are Welsh-speaking
- There are Welsh speakers in the staff group. Where this is not the case, Welsh-speaking volunteers are recruited
- Welsh language skills/abilities play a key role in the recruitment and selection process of the service
- Staff are encouraged to use Welsh in their daily work
- There is an obvious Welsh 'learning' culture within the staff group
- Welsh language training is promoted and available
- Welsh-speaking staff are clearly identifiable
- Welsh language skills are considered in relation to visiting professionals and services (for example: district nursing, chiropody or hairdressing visits).

Leadership and management

- In-house systems reflect and explicitly include consideration of Welsh. Managers and senior staff are observed speaking Welsh or using Welsh language phrases
- Senior Management actively promotes and supports Welsh language provision within the service

- Welsh language compliance is routinely captured as part of the quality assurance consideration
- Welsh language versions of key documents (statement of purpose, service user guide, key policies/procedures, assessment, management and review model) are produced and made available.

Environment:

- The physical environment reflects and promotes Welsh culture and language
- Signage in the service helps to orientate Welsh-speaking users
- There is sufficient audio visual equipment available to use through 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.

**Environment** would include:

- The physical layout and design of the home
- Personal space and communal areas
- Homely, welcoming and comfortable surroundings
- Outdoor spaces

**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 and 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

**Future ambitions** could include:

- Regaining mobility and independence skills
- Learning new skills
- Daily activities and experiences
- Maintaining contact with friend/family/ networks
- Using community facilities
- Returning home

**Leadership** is the ability to provide strategic direction and a sense of purpose. Effective leaders create a sense of trust, confidence and belief, inspiring people to adopt the values and behaviours they promote. They are innovative, creative and motivating

**Limiting physical and/or cognitive abilities** to include:

- Significant mobility issues
- Sensory loss
- Significant memory loss
- Confusion
- Learning disability
- Mental health
- Behaviours that could be considered as challenging

**Management** is the ability to set the operational direction and organise the effective running of the service provision to meet the overall service needs including ethical, legislative, regulatory and organisational requirements. Effective managers facilitate and organise resources in order to optimise the performance of others, allowing them to carry out tasks and achieve goals efficiently and effectively. They provide clarity and accountability that enable teams to meet their objectives

**Positive approaches**<sup>4</sup> are 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 that 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.

**Positive dining experience** - to include:

- Environment – welcoming, accessible

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<sup>4</sup>Positive Approaches: Reducing Restrictive Practices in Social Care (Social Care Wales publication)

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

**Practical ways** 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.

**Psychosocial interventions:** aim to help individuals build coping strategies, reduce distress, provide interpersonal connections and optimise abilities. They could include:

- Life story work
- Reminiscence theory
- Music therapy
- Approaches to interaction and communication
- Environmental modification
- Reality orientation

The Positive Behavioural Support framework can be used to support psychological interventions

**Restrictive interventions** (sometimes referred to as restraint) 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 interventions would include: 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 to do things that they don't want to do

**Support smooth transitions for individuals moving into their new home** to include:

- Helping individuals and their families know 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 know 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

**Those involved in care home settings:** care and support workers / healthcare support workers, co-ordinators of activities, registered nurses, registered manager, responsible individual, primary healthcare professionals, regulators of services, family members, support staff/auxillary workers e.g. cooks, cleaners, gardeners etc.

**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.

**For learners working in a clinical health environment the following range has been provided for the term 'Other places' in learning outcome 3:**

**Other places** - Transition to new care home environment

**The following delivery guidance is for learners working in a clinical health environment:**

**Care home settings** refers to long-stay or inpatient rehabilitation clinical areas

### ***Legislation and guidance***

- Welsh Government Framework for the reduction of restrictive practices (not published yet)
- Social Services and Well-Being (Wales) Act 2014
- Mental Health Act (1983) amended 2007
- Mental Health Act Code of Practice for Wales (2016)
- Mental Health (Wales) Measure (2010)
- Mental Capacity Act 2005 and associated Code of Practice
- Liberty Protection Safeguards (LiPS)
- Regulation and Inspection of Social Care (Wales) Act 2016 and associated regulations and statutory guidance
- The Human Rights Act 1998
- Human Rights Framework on restraint (Equality and Human Rights Commission not published yet)
- United Nations Principles for Older Persons 1991
- United Nations Convention on the Rights of Persons with Disabilities 2006
- General Data Protection Regulation (GDPR) 2018

## Resources

- A place to call home - A Review into the Quality of Life and Care of Older People living in Care Homes in Wales  
**[http://www.olderpeoplewales.com/en/reviews/residential\\_care\\_review.aspx](http://www.olderpeoplewales.com/en/reviews/residential_care_review.aspx)**
- Nutrition in Community Settings: A Pathway and Resource Pack for Health and Social Care Professionals, the Third Sector, Care Home Staff, Relatives and Carers (Welsh Government 2011)
- AgingwellinWales.com
- British Association of Occupational Therapists and College of Occupational Therapists (2011). Activity Matters Toolkit
- Social Care Wales (2016) Positive Approaches: Reducing Restrictive Practices in Social Care <https://socialcare.wales/resources/positive-approaches-reducing-restrictive-practices-in-social-care>
- Welsh Government Framework for the reduction of restrictive practices
- Welsh Government Palliative and End of Life Delivery Plan 2017
- All Wales Standards for Palliative Care
- More Than Just Words and the Follow-on Strategic Framework for Welsh Language Services in Health and Social 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>**
- 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=EAlalQobChMI4Kus5Oqj3AIVR\\_IRCh1fcQnIEAAYBCAAEgInafD\\_BwE](https://www.hospiceuk.org/?gclid=EAlalQobChMI4Kus5Oqj3AIVR_IRCh1fcQnIEAAYBCAAEgInafD_BwE)
- Note: add reference to All Wales Guidance for delegation

### ***Related NOS***

- **SCDLMC E2** Lead and manage group living provision within care services
- **SCDLMC E3** Lead and manage the quality of care service provision to meet legislative, regulatory, registration and inspection requirements

## Unit 532 care

## Lead and manage practice in dementia

<b>Level:</b>	5
<b>GLH:</b>	40
<b>Credit:</b>	31
<b>Unit Summary:</b>	<p>This unit aims to support learners to develop the knowledge, understanding and skills needed to lead and manage services for individuals living with dementia</p> <p>In the context of this unit, the term 'individual' relates to people living with dementia</p>

### Learning outcome:

1. Lead and manage practice that embeds Legislation, national policy and guidance to support the rights of individuals living with dementia

### Assessment criteria

You understand:

- 1.1 Research and theoretical frameworks that can inform support for individuals and their families/carers living with dementia
- 1.2 How to support others understanding of:
  - The importance of equality and human rights for individuals living with dementia and how these are protected by legislation
  - Legislative frameworks, Welsh Government policy and current models of service delivery that aim to support individuals and their families/carers and their impact on:
    - a full and valued life
    - rights
    - equality
    - voice and control
    - prevention and early intervention
    - well-being
    - co-production
    - inclusion and participation
    - life choices
    - opportunities to achieve positive outcomes/what matters
    - societal perception
    - access to community facilities
    - access to healthcare

- 1.3 The importance of leading a culture that develops positive perceptions and values associated with dementia
- 1.4 How to lead practice that supports the rights of individuals
  - to take risks
  - to address challenges that individuals may encounter in exercising their rights
- 1.5 How to support workers to understand what is meant by 'risk aversion' and how to avoid this in their practice
- 1.6 How workers can support individuals and their families/carers to understand
  - potential implications of mental capacity assessments and best interest decisions
  - types of advocacy available and how these can be accessed and used

You are able to work in ways that:

- 1.7 **Implement systems, procedures and practice** that comply with legislative frameworks and Welsh Government policy for individuals living with dementia
- 1.8 Lead the application of the principles of equality and human rights for service design, planning and delivery
- 1.9 Lead and manage practice that promotes co-productive, rights-based approaches which support individuals to:
- 1.10 lead full and valued lives
- 1.11 manage dilemmas that arise when balancing their rights to take risks with their safety and well-being
- 1.12 Lead practice that actively challenges situations where the rights of individuals are not being upheld
- 1.13 Lead and manage practice that promotes **positive culture, perception and values** of dementia
- 1.14 Ensure that individuals, families and carers are supported to understand implications of capacity and best interest decisions

## Range

**Implement systems, procedures and practice** - in accordance with legislative, regulatory and organisational contexts

**Positive culture, perception and values** - Seeing the person first and not the dementia, communication, language used to describe dementia, strengths based approaches, recognition, trust and respect

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## Learning outcome:

2. Lead and manage support for the health and well-being of individuals living with dementia

## Assessment criteria

You understand:

- 2.1 How to support others understanding of:
  - types of dementia, their potential causes and the range of different impacts associated with an individual's prognosis, abilities and general health and well-being

- differences and commonalities between the major types of dementia experienced in Wales
  - **memory impairment** and its impact on dementia
  - the benefits of supporting individuals to use the parts of the brain associated with creativity and emotions that are least affected by dementia
  - common psychotic symptoms that may sometimes manifest as a result of dementia
  - how some types of dementia can have a transient or permanent impact on physical abilities and well-being
- 2.2 Prevalence and demographics of dementia across different age groups and implications of this for service design, planning and delivery in Wales
- 2.3 The increased risk of individuals with a learning disability developing dementia, and the additional difficulties this may pose in assessment, management, support and service provision
- 2.4 The concept of cognitive and functional ability and how this informs service provision
- 2.5 How workers can be supported to know how:
- **lifestyle factors** can impact on the risk of developing dementia
  - **lifestyle factors** can impact on delaying the onset of dementia
  - dementia can mask underlying physical health issues
  - physical health, illness and the symptoms of dementia that an individual may be experiencing may be interrelated
  - individuals may not be able to communicate pain or distress
  - to mitigate increasing risk factors associated with maintaining physical well-being for **areas of physical care**
  - to support health promotion activities
  - health promotion activities can impact on the lived **experience of dementia**
- 2.6 Medications used for dementia and the potential impact they may have on physical and mental health and behaviour including side effects
- 2.7 The use of anti-psychotic medication, anti-depressants, anti-muscarinic drugs and sedatives and psychosocial interventions to reduce their use
- 2.8 How and where to access additional information and support for the use of psychosocial interventions
- 2.9 The limitations and problematic nature of over using antipsychotic medication, anti-depressants, anti-muscarinic drugs or sedatives
- 2.10 The importance of ensuring regular reviews of medication and who needs to be involved in these
- 2.11 The principles of capacity and consent in relation to administering prescribed medications to a person diagnosed with dementia
- 2.12 Systems and processes for the safe, ethical use of medication
- 2.13 Responsibilities for reporting and investigating errors and safety issues related to the use of medication

You are able to work in ways that:

- 2.14 Lead and manage practice that

- promotes the use of methods that respond effectively and sensitively to **symptoms and presentation of dementia**
- takes account of an individual's **experience of dementia** whilst recognising their strengths and abilities
- ensures support for individuals for agreed **areas of physical care**
- promotes healthy choices for individuals

2.15 Ensure that individuals and their families/carers are supported to access services and support to help them with healthy living

2.16 Implement systems, procedures and practice that ensure the safe, ethical use of medication for individuals

### Range

**Lifestyle factors** - Diet; Weight; Exercise; Intake of alcohol; Smoking; Blood pressure.

**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** - significance of short term memory in registering information and the 3 main categories of long term memory Semantic memory (enabling the recall of facts), Episodic memory (recall of events and experiences and emotions) and Procedural memory (implicit memory linked to motor function such as signing our name, driving a car etc.)

**Symptoms and presentation of dementia** - memory, judgement, language and orientation, whatever the cause

**Experience of dementia** - Tom Kitwood, experience of dementia depends on – the individuals' neurological impairment, their physical and mental health and medicines, their biography (life story), their personality, the way they are perceived and treated by others, i.e. social psychology.

### Learning outcome:

3. Lead and manage support for effective communication with individual's living with dementia

### Assessment criteria

You understand:

3.1 Research that informs approaches and methods of communication for individuals

3.2 How to support workers to recognise:

- that an individual living with dementia may have difficulties in adapting their communication
- behaviour can be a way of communicating
- the impact of the environment on effective communication
- the important role that touch can play in communication

3.3 How to support workers to adapt their communication to respond to each individual's sense of reality, needs and preferences

3.4 The importance of the individual's first language and the specific requirements for the support of Welsh through the Active Offer

You are able to work in ways that:

- 3.5 Lead and manage practice for the use and adaptation of communication that responds to each individual's sense of reality, needs and preferences
- 3.6 **Implement systems, procedures and practice** that support the 'Active Offer' and development of Welsh in the workplace
- 3.7 Use research and evidence informed practice to develop strategies that support effective approaches for communication

## Range

**Implement systems, procedures and practice:** in accordance with legislative, regulatory and organisational contexts

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### Learning outcome:

4. Lead and manage support for individuals and their families/carers to adapt to a diagnosis of and living with dementia

### Assessment criteria

You understand:

- 4.1 **Potential impacts of diagnosis** and how these will differ across individuals and families/carers
- 4.2 Lead the implementation of approaches that can be used by services to support individuals and families/carers at the time of diagnosis and throughout their dementia journey:
  - supporting sensitive, open and honest conversations about how individuals and families/carers are feeling
  - providing individuals and their families/carers with timely information and advice
  - accessing support from other agencies, professionals, communities and networks
  - ensuring timely use of interventions and adaptations that support ongoing independence
  - planning for the future
  - planning for palliative and end of life care
- 4.3 The role of research and how it can inform the development of approaches used to support individuals and families/carers
- 4.4 The importance of continually reviewing and adapting approaches used by the service provision to support individuals and families/carers as their dementia progresses

You are able to work in ways that:

- 4.5 Implement systems, procedures and practice for the use of a range of approaches that support individuals and families/carers at the time of diagnosis and throughout their dementia journey
- 4.6 Ensure that individuals and families/carers are supported to explore the impacts of diagnosis and consider ways of adjusting to living with dementia

- 4.7 Lead and manage use of the Senses Framework to support individuals and their families/carers

### Range

**Potential impacts of diagnosis** - risks to mental health and well-being - covert (social isolation, relationship issues, personal losses experienced, maladjustment to diagnosis, fear) - overt (clinical signs and symptoms of mental health issues), empowers individuals and families/carers through understanding

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### Learning outcome:

5. Lead and manage support for individuals living with dementia to achieve positive outcomes

### Assessment criteria

You understand:

- 5.1 Own role in the **planning process** with individuals
- 5.2 How to support workers to use outcomes focused approaches that highlight an individual's strengths and aspirations rather than their needs only
- 5.3 The importance of personal plans reflecting the future ambitions of individuals as well as their current care and support needs
- 5.4 How to support workers understanding of:
- **the use of life story work**
  - the importance of effective communication that responds to each individual's sense of reality, needs and preferences
  - the concepts of 'silent harms', 'learned helplessness' and implications for the well-being of individuals and their families/carers
  - the importance of the **physical environment**
  - the positive impact that continuing to have a valued role can have on individuals' well-being and how they are perceived and treated by others in society
  - achievement of the 'little things that matter' as well as the big outcomes
  - the important role of families/carers, communities and networks
  - the importance of community participation and positive reciprocal relationships for well-being
  - how individuals can contribute to their community and enrich the lives of others
  - **how electronic assistive technology can be effectively considered, used and monitored** to enhance the independence, safety and well-being of individuals
- 5.5 The importance of supporting workers to recognise:
- that gender identity and sexual orientation can change through time, and the complexities that may result from dementia
  - the rights that individuals have to continue to express the gender, identity and sexual orientation

You are able to work in ways that:

- 5.6 Implement systems, procedures and practice that embed a co-productive approach with individuals and their families/carers in the **planning process**
- 5.7 Support workers to clarify expectations with individuals and their families/carers the support and resources they need to achieve positive outcomes
- 5.8 Lead and manage the implementation of agreed plans
- 5.9 Lead and manage **the use of life story work** and cognitive and functional assessments to inform the way that care and support is developed and delivered within the service provision
- 5.10 Implement systems, procedures and practice for the use of **methods of working** that support 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
- 5.11 Ensure that families/carers are encouraged to engage in appropriate aspects of care and support

## Range

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

**The use of life story work** - help reinforce the valued roles of individuals, support individuals as a memory aid and communication tool, help individuals plan for the future recognising what is important to them, help design and deliver care and support that is individualised, personalise living spaces and activities, help interpret and respond to behaviours that may be perceived as challenging

**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, sensory stimulation, outdoors and natural environment

**Methods of working** - taking account of life story of individual, co-productive, rights-based approach, reablement, strengths-based, taking account of cognitive and functional ability, maximising use of parts of the brain least affected by dementia continually adapting to change and dementia journey, relationship based, supporting participation in meaningful activities, using sensory focused objects and activities, using positive approaches to reduce restrictive practices

**How electronic assistive technology can be effectively considered, used and monitored** - ensuring that decisions about the use of assistive technology are outcome-focused, inclusive, open and transparent, the limitations and constraints of assistive technology, the concept of 'least restrictive' option in relation to using electronic monitoring and tracking devices and the implications for practice, ensuring that all decisions regarding the use of electronic monitoring and tracking technology are fully recorded and reviewed on a regular basis

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### Learning outcome:

6. Lead and manage the planning of support for palliative and end of life care

### Assessment criteria

You understand:

6.1 How to support workers understanding of:

- the importance of planning for palliative and end of life care from the point of diagnosis
- specific palliative care needs and end of life protocols for individuals living with dementia
- support for palliative and end of life care that is available to individuals and their families/carers
- the importance and use of Advance Directives
- limitations of 'proxy directives' or 'general values directives' in the absence of the legally binding Advance Directives
- the concept and use of Lasting Power of Attorney
- how to manage sensitively any conflict that may arise with families/carers, individuals and/or professionals in the absence of advance planning
- the need to support physical (including environment), social, psychological and spiritual needs of individuals and families/carers during palliative and end of life care

You are able to work in ways that:

6.2 Support workers to

- facilitate honest and open conversations around end of life/end of life care
- support individuals and their families/carers to understand Advance Directives and what they mean for end of life choices
- signpost individuals and their families/carers to information and support that is available for palliative and end of life care

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### Learning outcome:

7. Lead and manage practice that develops positive approaches to reduce the use of restrictive practices and restrictive interventions

### Assessment criteria

You understand:

7.1 How to support workers understanding of:

- the meaning of the terms 'challenging behaviour' and 'behaviours that challenge'
- how dementia may lead to individuals engaging in behaviours that challenge including lack of insight
- the impact on individuals and families/carers of changing behaviours
- the importance of recognising when restrictive practices and **restrictive interventions** have or are being used

- how legislation, guidance and national policies provide a framework for the reduction of restrictive practices and restrictive interventions
- why **ethical, values-based approaches** are important in relation to the use of restrictive practices and restrictive interventions
- the components of the **Positive Behavioural Support** framework and how this is used for individuals who have behaviours that challenge

You are able to work in ways that:

- 7.2 Implement systems, procedures and practice that use **ethical, values-based approaches** to reduce the use of restrictive practice and restrictive interventions within the service provision
- 7.3 Support workers to understand behaviours that challenge and their impact on individuals and families/carers

### Range

**Restrictive interventions:** physical restraint, mechanical restraint, use of medication, psychosocial restraint (sanctions), time out or time away, environmental interventions  
 Implement systems, procedures and practice: in the context of legislative, regulatory and organisational contexts

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

**Positive Behavioural Support framework:** ethical, values-based approaches, theory and evidence base, functional analysis, primary prevention, secondary prevention, reactive strategies

## Unit 532

## Lead and manage practice in dementia care

### Supporting Information

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

**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, locator devices electronic reminders and prompts, talking clocks, communication aids, smoke alarms, telecare alarms, fall detectors, GPS devices, health monitoring equipment, seizure monitoring).

Other technologies for people with dementia could include memory books, calendars, diaries or maps.

#### **Equality and humans rights legislation:**

Human Rights Act 1998

Equality Act 2010

Mental Capacity Act 2005

#### **Full and valued life** could include:

- Choice and control over both small day to day details and life defining matters
- Education, training and employment
- Social and economic well-being
- Engagement in a valued range of meaningful activities
- Access to primary and specialist healthcare
- Parenthood
- Sexual relationships
- Sexual orientation and gender identity
- Support for faith and cultural links
- Social inclusion and community connections
- Relationships and friendships

**How dementia may lead to individuals engaging in behaviours that challenge** could include:

sensory loss, physical causes or a response to pain or ill health, communication difficulties, 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

**Interrelationship between physical and mental health conditions and the symptoms of dementia:** delirium, depression, psychosis, urinary tract infection, dehydration, exhaustion, obsessive compulsive disorder.

#### **Legal and formal terms:**

- The difference between advance decisions and advance statements.
- Lasting power of attorney (LPA) for health and welfare and LPA for property/financial matters.
- The difference between a lasting power of attorney and an advance decision.
- The process of Advance Care Planning.
- Advance decisions and the Mental Capacity Act.
- The role of the Office of the Public Guardian.
- The role of the Court of Protection.
- The role of the Personal Welfare Deputy and the Property and Financial Affairs Deputy.
- The role of the Independent Mental Capacity Advocate

#### **Medication**

There are a range of medications that can be prescribed to manage dementia or related conditions such as heart problems or strokes. There may be adverse physical reactions to medications or combinations of medications (polypharmacy).

Anti-psychotics - Risperidone is licensed for use in people with dementia. Other commonly used antipsychotics include aripiprazole, olanzapine, quetiapine and haloperidol.

There is NICE guidance available at <https://www.nice.org.uk/advice/ktt7>

**Multi-disciplinary team** - registered and non-registered nurses, social workers, occupational therapists, physiotherapists, psychiatrists, psychologists, pharmacists, support workers, peer support workers

**Partners** - statutory services, third/voluntary sector, private/independent sector, primary and secondary healthcare, families/carers

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

#### **Principles of the Mental Capacity Act:**

Principle 1: A presumption of capacity – a person has a right to make their own decisions and must be assumed to have capacity to do so unless it is proved otherwise. This means that you cannot assume that a person cannot make a decision for themselves just because they have a particular medical condition or disability, e.g. dementia.

Principle 2: People must be supported to make their own decisions – a person must be given all practicable help before anyone treats them as not being able to make their own decisions. This means you should make every effort to encourage and support people to make the decision for themselves. If lack of capacity is established, it is still important that you involve the person as far as possible in making decisions.

Principle 3: Unwise decisions – people have the right to make decisions that others might regard as unwise or eccentric. You cannot treat a person as lacking capacity for this reason. Everyone has their own values, beliefs and preferences which may not be the same as those of other people.

Principle 4: Best interests – anything done for or on behalf of a person who lacks mental capacity must be done in their best interests – and not in order to protect the agency or the interests of others at the expense of the person.

Principle 5: Less restrictive option – someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person's rights and freedoms of action, or whether there is a need to decide or act at all. Any intervention should be weighed up in the particular circumstances of the case.

**Psychosocial interventions (including therapeutic interventions)**- aim to help individuals build coping strategies, reduce distress, provide interpersonal connections and optimise abilities. They could include:

- Life story work
- Reminiscence theory
- Music therapy
- Approaches to interaction and communication
- Environmental modification
- Reality orientation

The Positive Behavioural Support framework can be used to support psychological interventions

**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.

**Risk aversion** - People with dementia can be subject to 'silent harms' (Clarke et al, 2011), when those who support them are risk-averse and preoccupied with physical safety, rather than the achievement of meaningful quality of life. This can lead to 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.

**Support** – peer support groups, family mediation, peer support networks, community organisations, short breaks and respite, online information, Information Advice and Assistance services

**Symptoms and presentation of dementia** could include memory, judgement, language and orientation, changing behaviour, sleep disruption, depression or anxiety, hallucinations.

**Valued range of 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***

- Social Services and Well-Being (Wales) Act 2014
- Mental Health Act (1983) amended 2007
- Mental Health Act Code of Practice for Wales (2016)
- Mental Health (Wales) Measure (2010)
- Mental Capacity Act 2005 and associated Code of Practice
- Liberty Protection Safeguards (LiPS)
- Regulation and Inspection of Social Care (Wales) Act 2016 and associated regulations and statutory guidance
- The Human Rights Act 1998
- Human Rights Framework on restraint (Equality and Human Rights Commission not published yet)
- United Nations Convention on the Rights of Persons with Disabilities 2006
- General Data Protection Regulation (GDPR) 2018
- Equality Act 2010;
- Welsh Language Act 1993: Welsh language measure (2011) and Mwy na Geriau Welsh Government Strategic Framework for the Welsh Language in Health and Social Care (2013)

### ***Resources***

- <https://socialcare.wales/resources/good-work-dementia-learning-and-development-framework>
- <https://socialcare.wales/resources/national-dementia-vision-for-wales>
- <https://socialcare.wales/resources/dementia-more-than-just-memory-loss>
- <http://dementia-wellbeing.org/adi-conference/what-do-we-about-the-efficacy-of-a-social-movement-like-dementia-friends/>
- <https://socialcare.wales/service-improvement/people-with-dementia>
- <https://www.alzheimers.org.uk/>

- <https://www.nice.org.uk/guidance/conditions-and-diseases/mental-health-and-behavioural-conditions/dementia>
- <https://www.publicguardian.qld.gov.au/guardianship-and-decision-making/understanding-capacity>
- <https://www.dementivoices.org.uk/>
- <http://www.1000livesplus.wales.nhs.uk/mh-dementia>
- <http://www.innovationsindementia.org.uk/>

## Unit 533

# Lead and manage services for individuals living with mental ill-health

<b>Level:</b>	5
<b>GLH:</b>	40
<b>Credit:</b>	31
<b>Unit Summary:</b>	<p>This unit aims to support learners to develop the knowledge, understanding and skills needed to lead and manage services for individuals living with mental ill-health</p> <p>In the context of this unit, the term 'individual' relates to adults living with mental ill-health.</p>

### Learning outcome:

1. Lead and manage practice that promotes well-being in mental health services

### Assessment criteria

You understand:

- 1.1 Prevalence and demographics of mental ill-health in the population and implications for service provision
- 1.2 How to support workers understanding of:
  - types of **mental health problems** that individuals may experience
  - the importance of taking a holistic view of mental ill-health that focuses on the person and not just their symptoms
  - what is meant by the terms 'mental distress' and 'mental ill-health'
  - different ways that individuals may experience and express mental distress and mental ill-health
  - **potential impacts** for individuals and families/carers of getting a diagnosis for the mental ill-health they are experiencing and how a diagnosis is made
  - **factors** that can influence and affect an individual's well-being and may result in a period of mental ill-health
  - **change and transitions** for individuals
- 1.3 The **continuum and range of responses** available to individuals and how workers can support access to these
- 1.4 The range of local resources that can support individuals living with mental ill-health and how to support workers to establish appropriate signposting
- 1.5 Considerations for children and young people as they move into adulthood
- 1.6 The role of **funding considerations** and **contracts** when an individual requires commissioned care and support

**You are able to work in ways that:**

- 1.7 Support others to understand the potential impact of mental ill-health
- 1.8 Support workers to recognise the impact on service delivery of prevalence rates and demographic factors of mental ill-health in Wales
- 1.9 Manage practices and procedures that support smooth transitions between different teams, settings and services
- 1.10 Lead and manage practice that supports individuals and their families/carers to build resilience

## Range

**Mental health problems** - to include, depression, anxiety disorders, psychosis, bi-polar disorder, schizophrenia, personality disorders, eating disorders, post-traumatic stress disorder, attention deficit hyperactivity disorder

**Potential impacts** - positive and negative

**Factors** - Adverse Childhood Experiences, other trauma/adverse life events experienced in adulthood, discrimination, poverty, physical ill-health

**Change and transitions** - into/within and services; into/from the secure estate; children to adult services

**Continuum and range of responses** - on-line information and advice, open access community groups; electronic assistive technology, primary levels services including health promotion, GP, community well-being hubs, school liaison and student well-being services, third sector support; primary mental health services including CAMHS and psycho-education; secondary mental health services, including CAMHS and specialist services; tertiary services including forensic

**Funding considerations** - local systems including brokerage, Continuing Health Care, assessment and eligibility, Mental Health Act section 117 after-care

**Contracts** - contracts with individuals and with local authorities/health boards

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## Learning outcome:

2. Lead and manage practice that challenges stigma, discrimination and power differentials

## Assessment criteria

You understand:

- 2.1 How to recognise own value base and challenge discrimination within self
- 2.2 How to support workers to recognise:
  - stigma associated with mental-ill health
  - **potential impacts** of societal attitudes and values on individuals
  - power differentials that exist within society and within services used by individuals
  - how attitudes and services have changed over time as a result of social policy and legislation
  - how individuals living can experience **multiple oppressions** and inequality of treatment in wider society and within services
- 2.3 You are able to work in ways that:

- 2.4 Lead and manage practice that recognises and actively challenges prejudice, stereotypical assumptions, discrimination and negative attitudes towards individuals and their families/carers
- 2.5 Challenge stigma, discrimination and power differentials
- 2.6 Promote positive perceptions of and attitudes to individuals

### 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)

**Multiple oppressions** - to include oppression experienced by people in relation to disability, gender, sexuality, age, religion, socio-economic status, and a recognition that people from black and minority ethnic groups are often over represented in mental health services and can experience less positive outcomes

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### Learning outcome:

3. Lead, manage and promote practice that uses legislation, policy and guidance to support the rights of individuals

### Assessment criteria

You understand:

- 3.1 How to support others understanding of the:
  - importance of equality and human rights for individuals and how these are protected by legislation
  - challenges that individuals may experience in exercising their rights
- 3.2 Specific **legislation, national policies, guidance** and standards that underpin the provision of mental health care and support, including families and carers
- 3.3 How the **Mental Health Act** and **Mental Capacity Act** may affect the liberty of some individuals
- 3.4 How workers can support individuals and their families/carers to understand:
  - potential implications of mental capacity assessments and best interest decisions
  - types of **advocacy** available and how these can be accessed and used
- 3.5 The importance of the individual's first language and the specific requirements for the support of Welsh through the Active Offer

You are able to work in ways that:

- 3.6 **Implement systems, procedures and practice** that:
  - comply with specific **legislation, national policies, guidance** and standards for mental health
  - ensure that individuals are able to access advocacy support
  - ensure individuals are supported to use their **preferred language/method of communication**
  - ensure the significance of an individual's heritage and culture is recognised

- support the 'Active Offer' and development of Welsh in the workplace

## Range

**Legislation, national policies, guidance** - Mental Health Act (1983), Mental Health (Wales) Measure 2010, Mental Capacity Act (2005), associated Codes of Practice, Human Rights Act (1998), Children Act (2004) Social Services and Well-being (Wales) Act 2014, Equalities Act (2010), Dementia Action Plan (2018), Together for Mental Health (2012)

**Advocacy** - Independent Mental Health Advocate, Independent Mental Capacity Advocate, Independent Professional Advocacy

**Mental Health Act** - section 2, section 3, section 17 leave, section 117 aftercare, section 135, section 136; Community Treatment Orders; Guardianship; Restriction Orders and Conditional Discharge; role of the Mental Health Review Tribunal

**Mental Capacity Act** - 5 principles, the concept of a deprivation of liberty, the role of the Court of Protection, Lasting Power of Attorney, the purpose of a Best Interests Meeting

**Implement systems, procedures and practice** - in accordance with legislative, regulatory and organisational contexts

**Preferred language/method of communication** - preferred spoken language, British Sign Language, the use of interpreters where required

## Learning outcome:

4. Lead and manage practice that applies theories, models and approaches for the support and recovery of individuals living with mental ill-health

## Assessment criteria

You understand:

- 4.1 How to apply **theories, models and approaches** that underpin support for individuals living with mental ill-health
- 4.2 The impact of tensions between different models, particularly the medical and social models
- 4.3 How to support workers to know:
  - the range of **treatments, therapies and social, health and well-being resources** that are available to support the treatment and recovery of individuals
  - the potential side effects of **medication**, including impact on life expectancy
  - additional supervising and monitoring required for certain mental health medications
  - systems and processes for the safe, ethical use of medication
  - the potential impact of smoking, alcohol and other substances on the efficacy of prescribed mental health medications
  - the importance of **physical health monitoring** for individuals
  - what needs to be considered when supporting individuals to access healthcare or medical treatment including their capacity to consent

You are able to work in ways that:

- 4.4 Lead application of the use of theories, models and approaches
- 4.5 Lead and manage practice that works productively with differing models and approaches
- 4.6 **Implement systems, procedures and practice** that:
- **promote and support recovery**
  - support individuals to access treatment, therapies and resources
  - support individuals to access physical health monitoring

### Range

**Theories, models and approaches** - Attachment theory, systems theory, medical model, social model, bio-psychosocial model, recovery approach, strengths-based approach, outcome focused approach, preventative approach, stress vulnerability model

**Medication** - anti-depressants, anti-psychotic medication (including Clozapine), mood stabilisers (including lithium), hypnotics, anxiolytics, Methylphenidate

Treatments, therapies and social, health and well-being resources - Cognitive Behavioural Therapy, Dialectical Behavioural Therapy, counselling, emotional regulation, self-help, mindfulness, psycho-education, motivational interviewing, creative/meaningful activities, healthy lifestyle activities

**Physical health monitoring** - Bloods (including individual medication monitoring), blood pressure, weight monitoring, ECG

**Implement systems, procedures and practice** - within legislative, regulatory and organisational contexts

**Promote and support recovery** - through engagement in meaningful activities, using co-productive approaches with individuals and families, encouraging individuals to use reflection, using the continuum and range of responses

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### Learning outcome:

5. Lead and manage ongoing support for individuals living with mental ill-health

### Assessment criteria

You understand:

- 5.1 How to support workers understanding of:

- potential benefits of rehabilitation and reablement for ongoing support
- the importance of involving families and carers in the rehabilitative process
- the importance of using a strengths-based approach to build skills, confidence and self-esteem
- the concept of 'learned helplessness' and the need to maintain motivation and celebrate individual successes
- approaches that help individuals and their families/carers build resilience
- the significance of relationships, networks and communities for supporting **individual health and well-being**

You are able to work in ways that:

- 5.2 Lead and manage practice that:
- embeds an enabling and re-abling approach

- supports individuals to take as much responsibility as possible for the use of their current skills; regaining former skills; acquiring new skills

5.3 Lead practice that supports individuals to engage in relationships, networks and communities

### Range

**Individual health and well-being** - during periods of crisis, during recovery and for building resilience

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### Learning outcome:

6. Lead and manage practice that supports individuals with co-occurring conditions

### Assessment criteria

You understand:

6.1 How to support workers understanding of:

- the term 'dual-diagnosis' and its reference to individuals with mental ill-health and co-occurring substance misuse
- the prevalence of **co-occurring conditions** and the implications for service delivery
- some individuals having complex mental ill-health with more than one mental health diagnosis
- issues faced by individuals with a dual-diagnosis or co-occurring condition
- how to support individuals with a dual-diagnosis or co-occurring condition
- the importance of **effective partnership** working for individuals with a dual-diagnosis or co-occurring condition

You are able to work in ways that:

- 6.2 Take account of co-occurring conditions, dual-diagnosis and complex mental ill-health when providing and designing services for supporting individuals
- 6.3 **Implement systems, procedures and practice that** enable effective partnership working to support individuals with dual diagnosis or co-occurring conditions

### Range

**Co-occurring conditions** - mental ill-health with learning disability, mental ill-health with a neurological condition/dementia, mental ill-health with autism

**Effective partnership** - third sector substance misuse organisations, Substance Misuse Area Planning Boards

**Implement systems, procedures and practice** - in accordance with legislative, regulatory and organisational contexts

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### Learning outcome:

7. Lead, manage and promote practice that ensures effective partnership working

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## Assessment criteria

You understand:

7.1 How to support others understanding of the:

- value and role of **partners** and **multi-disciplinary teams** working together to support individuals with mental ill-health to achieve positive outcomes
- importance of ensuring that all partnership working involves individuals and families/carers
- importance of co-producing and reviewing plans with individuals
- importance of involving carers and families in developing and reviewing plans
- importance of involving individuals, carers and other agencies when developing and reviewing risk assessments/safety plans and sharing information appropriately
- importance of reflecting the individual's voice in recording and reporting
- role of the care co-ordinator

7.2 **Protocols** for partnership working

You work in ways that:

- 7.3 Ensure **governance arrangements** are in place where aspects of care and support are assigned by other professionals
- 7.4 **Implement systems, procedures and practice** that embed a culture of partnership working and information sharing where appropriate
- 7.5 Manage partnership working between internal and external agencies
- 7.6 Manage effective inter-agency working with the third sector
- 7.7 Ensures participation from people with lived experience of mental ill-health in the planning, design and delivery of services
- 7.8 Collaborates with partners in the planning, design and delivery of services

## Range

**Multi-disciplinary team** - registered and non-registered nurses, social workers, occupational therapists, physiotherapists, psychiatrists, psychologists, pharmacists, support workers, peer support workers

**Partners** - Third/voluntary sector, statutory including housing and homelessness services, private/independent sector, police and criminal justice services, education, welfare advice, children's services, primary care

**Protocols** - Confidentiality and information sharing, record keeping

**Governance arrangements** - the purpose of the tasks that have been assigned, roles, responsibilities and accountability, knowledge, understanding and skills needed to undertake the tasks and training/ support available, how the work will be monitored, recording and reporting; information sharing; escalating concerns

**Implement systems, procedures and practice** - within legislative, regulatory and organisational contexts

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### Learning outcome:

8. Lead and manage practice that promotes the balancing of rights, responsibilities and risks when working with individuals living with mental ill-health

### Assessment criteria

You understand:

- 8.1 How to support others understanding of the:
- importance of rights-based approaches and positive risk taking for individuals living with mental ill-health
  - impact of risk-averse practice on an individual's well-being
  - use of risks assessments/safety plans in enabling recovery for individuals living with mental ill-health
  - importance of risk assessments/safety plans being regularly reviewed and updated in partnership with individuals
  - importance for individuals living with mental ill-health of ownership and participation in decision-making
- 8.2 How individuals may be supported to:
- describe and recognise their relapse indicators
  - identify what may trigger difficulties or crises

You are able to work in ways that:

- 8.3 Role model rights-based approaches
- 8.4 Appropriately challenges practice when an individual's rights are not being respected
- 8.5 **Implement systems, procedures and practice** that:
- actively support the use of risk assessments/safety plans to support individuals with mental ill-health to take positive risks
  - promote a culture of positive risk taking
  - ensure staff have the skills to carry out environmental and dynamic risk assessments as part of daily practice
- 8.6 Lead and manage practice that supports individuals to keep themselves safe and requests support on their behalf when appropriate

### Range

**Implement systems, procedures and practice:** in accordance with legislative, regulatory and organisational contexts

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### Learning outcome:

9. Lead and manage practice that minimises the risk of adverse incidents and effectively manages crisis situations

## Assessment criteria

You understand:

- 9.1 How to support workers understanding of:
  - types of **crisis situations** and adverse incidents
  - the components of the Positive Behavioural Support framework and how this can help to minimise the risk of crisis situations
  - when and how restrictive interventions can be used
  - the importance of prevention and early intervention and strategies to help prevent crisis situations occurring
  - how individuals can be supported to develop a bespoke, accessible Crisis Plan
  - how individuals can access appropriate crisis support both within and outside of working hours
  - how to de-escalate a situation if someone is becoming agitated or aggressive
  - how to support individuals experiencing suicidal ideation and/or engaging in deliberate self-harm
- 9.2 The importance of organisational systems, procedures and practice reflecting legislation, guidance and national policies for the use and reduction of restrictive practices and restrictive interventions
- 9.3 How to lead and support others to manage crisis situations should they occur
- 9.4 Post-incident support that should be provided to staff and individuals
- 9.5 How to reflect on the impact of difficult situations and recognise how you respond to stress
- 9.6 How to carry out team stress risk assessments
- 9.7 The role of Inquiry Reports and how to apply recommendations
- 9.8 The role of the Coroner and roles and responsibilities preparing reports for the Coroner

You are able to work in ways that:

- 9.9 **Implement policies, procedures and practice** that:
  - actively reduce the likelihood of crisis situation occurring
  - promote a culture of prevention and early intervention when working with individuals
  - support staff to manage crisis situations should they occur
  - ensure all reports/records are updated in line with organisational procedures
- 9.10 Lead the provision of post-incident support to staff and individuals if a crisis situation should occur
- 9.11 Implement recommendations from team stress risk assessments in line with organisational agreements
- 9.12 Act as a positive role model in using skills and strategies to manage stress

## Range

**Crisis situations** - risk to self, others or health including: threatening, aggressive, inappropriate or violent behaviour, accidental overdose, significant self-harm (including overdose), acute mental distress, suicidality, significant self-neglect, wandering, fire hazard  
**Implement systems, procedures and practice** - in accordance with legislative, regulatory and organisational contexts

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#### Learning outcome:

10. Lead improvement within your setting and support continued learning and development

#### Assessment criteria

You understand:

- 10.1 The value of learning from individuals with lived experience of mental ill-health and their families
- 10.2 Current research and innovations in mental health care and support
- 10.3 Evidence-based approaches to mental health care and support

You are able to work in ways that:

- 10.4 Lead practice that promotes learning from:
  - individuals lived experience of mental ill-health
  - research, evidence and innovation in mental health practice

## **Unit 533                      Lead and manage services for individuals living with mental ill-health**

### **Supporting Information**

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

**Advocacy** - Some individuals may need the support of an advocate to represent their views. Where possible work with the individual to decide on the best approach as there are different types of advocacy.

The Social Services and Well-Being (Wales) Act (2014) defines advocacy services as 'services which provide assistance (by way of representation or otherwise) to persons for purposes relating to their care and support'. Advocacy supports and enables people who have difficulty representing their interests, to exercise their rights, express their views, explore and make informed choices and could include:

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

Part 4 of the Mental Health (Wales) Measure (2010) also makes provision for advocacy in the form of Independent Mental Health Advocates as does the Mental Capacity Act (2005) which introduced the statutory role of the Independent Mental Capacity Advocate.

Where the individual has capacity to provide consent then gain consent to make a referral and share information with independent advocacy services. Where an individual lacks capacity to agree to a referral then agreed protocols should be followed.

Advocacy Support Cymru: <https://www.ascymru.org.uk/>

Advocacy Matters Wales: <http://www.advocacymatterswales.co.uk/>

National Youth Advocacy Services: <https://www.nyas.net/services/our-services-in-wales/>

Mind: <https://www.mind.org.uk/information-support/guides-to-support-and-services/advocacy/types-of-advocacy/#.W1WkINJKiUk>

**Attachment theory** - Attachment theory underpins much child-centred practice and forms the basis for the principles of principles of Dyadic Developmental Practice and PACE Parenting.

<https://ddpnetwork.org/about-ddp/dyadic-developmental-practice/>

<https://socialcare.wales/service-improvement/how-children-form-attachments>

**Autism** - Being autistic means an individual experiences the world differently because it affects the way they think and feel. The term autism describes qualitative differences and impairments in social interaction and social communication, combined with restricted interests and rigid and repetitive behaviours. Autism spectrum disorders (ASD) are diagnosed in children, young people and adults if these behaviours meet the criteria defined in the International Statistical Classification of Diseases and Related Health Problems (ICD-10) and the Diagnostic and Statistical Manual of Mental Disorders DSM-IV Fourth Edition (DSM-IV) and have a significant impact on function. The over-arching term used in these definitions is pervasive developmental disorder, but this term is now used interchangeably with autism spectrum disorder. The term Asperger's (or Asperger's Syndrome) is sometimes used to describe an individual with ASD who has average or above average intelligence.

<https://www.autism.org.uk/about/what-is/asd.aspx>

There are certain types of mental health problems that people with ASD experience more commonly, such as anxiety: <https://www.autism.org.uk/about/health/mental-health.aspx>

**Certain mental health medications** - Some medication requires additional monitoring, e.g. Lithium, Clozapine, Methylphenidate.

**Continuum and range of responses** - There is a range of support that may be appropriate for someone experiencing mental distress or ill-health. Listening to and signposting the individual is of vital importance at every point along their journey.

- discussion with and support from friends or family, school liaison, student well-being service or Employee Assistance programme in the workplace
- going to see the GP, information on-line, attending community-based open access groups, health and well-being activities, advice and support with finances or accommodation
- Third sector organisations giving practical support such as help with debt management or sourcing more suitable accommodation. They may also be involved in providing guided self-help and offering counselling services
- Primary Mental Health Services, psycho-education, guided self-help, groups that educate and support individuals to manage distress and understand emotions, Cognitive Behavioural Therapy, Dialectical Behaviour Therapy, psychological therapy, family therapy, counselling, trauma focused therapy, mindfulness and other talking therapies
- Secondary mental health services can also offer a range of therapies, care and support from mental health professionals, advice and management of complex medications, crisis planning and response.

- Hospital admission on a formal or informal basis is sometimes needed in order to keep an individual safe and/or to enable them to have the care, treatment and support they need. In this setting, treatment such as complex medications that require high levels of monitoring can be given.
- Accommodation with support, residential settings or specialist support in the home setting to enable an individual to have periods of reablement and rehabilitation.

**Electronic Assistive Technology** - including how to ensure that decisions regarding assistive technology are outcome focused and inclusive. Electronic assistive technology can include everyday devices such as mobile phones, smart living controls, smart phones, smart TVs, games consoles, computers; devices designed to support specific health and social care needs such as personal and activity alarms, electronic reminders and prompts, talking clocks, communication aids, smoke alarms, telecare alarms, fall detectors, GPS devices, health and seizure monitoring equipment.

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

Lifestyle including work, diet, drugs and lack of sleep can all affect mental health, however if an individual experiences mental ill-health there are usually other factors as well. Factors can be divided into three main categories - biological, psychological and environmental/social and can include:

- adverse childhood experiences including emotional, physical and sexual abuse, trauma, or neglect
- domestic violence
- bullying experienced during childhood/adulthood
- 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/unstable housing
- being a long-term carer for someone
- being a refugee/asylum seeker
- drug and alcohol misuse
- significant trauma, such as: being involved in a serious incident, being the victim of a violent crime, military combat, war-related trauma (including displacement and family separation)
- 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

Public Health Wales carried out a 'Welsh Adverse Childhood Experiences (ACE) Study' in 2015, which showed that people who have experienced four or more ACEs have a much greater likelihood of developing depression, anxiety and psychosis in adulthood than the general population. ACEs are adverse events such as being the victim of physical, emotional and sexual abuse or growing up in a household where there is domestic violence, poor mental health or criminal activity.

**<http://www.wales.nhs.uk/sitesplus/documents/888/ACE%20Chronic%20Disease%20report%20%289%29%20%282%29.pdf>**

**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

**Mental Health Act** - The guiding principles that should always be considered when making decisions under the Mental Health Act are laid out in the Code of Practice for Wales:

- Dignity and respect
- Least restrictive option and maximising independence
- Fairness, equality and equity
- Empowerment and involvement
- Keeping people safe
- Effectiveness and efficiency

**Mental health problems** - At any one time 1 in 4 people in the UK will be experiencing mental ill-health. Not all individuals who are experiencing mental ill-health problem have a diagnosed mental disorder. There are a wide range of diagnoses, each with their own diagnostic criteria which have been classified by the World Health Organisation:

**<https://www.who.int/classifications/icd/icdonlineversions/en/>**

They include:

- Addictions, including gaming addiction
- ADHD
- Anxiety disorders including obsessive-compulsive disorder
- Bipolar disorder
- Body dysmorphia
- Deliberate self-harm
- Depression
- Dissociative disorders
- Eating disorders
- Panic disorders
- Personality disorders including emotionally unstable/borderline personality disorder
- Phobias
- Postnatal depression
- Post-partum psychosis

- Post-traumatic stress disorder
- Psychosis
- Schizoaffective disorder
- Schizophrenia
- Seasonal affective disorder

Not everyone agrees that using diagnoses to understand or describe mental distress and ill-health is helpful. Other perspectives include:

- British Psychological Society: Power, Threat Meaning Framework  
**<https://www.bps.org.uk/news-and-policy/introducing-power-threat-meaning-framework>**
- Centre of Excellence in Inter-disciplinary Mental Health: Social Perspectives on Mental Distress **<https://www.birmingham.ac.uk/research/activity/social-policy/ceimh/film-resources/social-perspectives-mental-distress.aspx>**
- Shaping Our Lives: Social Model of Madness and Distress  
**<https://www.shapingourlives.org.uk/wp-content/uploads/2016/05/FROM-MENTAL-ILLNESS-PDF-2.pdf>**

**Mental Capacity Act** - The Act has 5 guiding principles:

Principle 1: A presumption of capacity – a person has a right to make their own decisions and must be assumed to have capacity to do so unless it is proved otherwise. This means that you cannot assume that a person cannot make a decision for themselves just because they have a particular medical condition or disability, e.g. dementia.

Principle 2: People must be supported to make their own decisions – a person must be given all practicable help before anyone treats them as not being able to make their own decisions. This means you should make every effort to encourage and support people to make the decision for themselves. If lack of capacity is established, it is still important that you involve the person as far as possible in making decisions.

Principle 3: Unwise decisions – people have the right to make decisions that others might regard as unwise or eccentric. You cannot treat a person as lacking capacity for this reason. Everyone has their own values, beliefs and preferences which may not be the same as those of other people.

Principle 4: Best interests – anything done for or on behalf of a person who lacks mental capacity must be done in their best interests – and not in order to protect the agency or the interests of others at the expense of the person.

Principle 5: Less restrictive option – someone making a decision or acting on behalf of a person who lacks capacity must consider whether it is possible to decide or act in a way that would interfere less with the person's rights and freedoms of action, or whether there is a

need to decide or act at all. Any intervention should be weighed up in the particular circumstances of the case.

**<https://www.legislation.gov.uk/ukpga/2005/9/contents>**

If an individual has been assessed as lacking capacity to make decisions in relation to a specific area then any decisions made on their behalf must be made in their best interests:

**<https://www.mind.org.uk/information-support/legal-rights/mental-capacity-act-2005/overview/#.X00DdsHQZPw>**

In certain circumstances an individual may need to be deprived of their liberty so that they can remain safe and be given the care and treatment they need:

**<https://1f2ca7mxjow42e65q49871m1-wpengine.netdna-ssl.com/wp-content/uploads/2019/04/Mental-Capacity-Guidance-Note-Best-Interests-April-2019.pdf>**

**Mental Health Measure** - The guiding principles which underpin the Mental Health (Wales) Measure 2011 are set out in the Code of Practice for Parts 2 and 3:

**[http://www.assembly.wales/Laid%20Documents/GEN-LD8880%20-%20Code%20of%20Practice%20to%20Parts%202%20and%203%20of%20the%20Mental%20Health%20\(Wales\)%20Measure%202010-23042012-232786/gen-ld8880-e-English.pdf](http://www.assembly.wales/Laid%20Documents/GEN-LD8880%20-%20Code%20of%20Practice%20to%20Parts%202%20and%203%20of%20the%20Mental%20Health%20(Wales)%20Measure%202010-23042012-232786/gen-ld8880-e-English.pdf)**

The Measure is made up of 6 parts but there are 4 main parts which relate to the direct provision of services for individuals:

**<http://www.mentalhealthwales.net/mental-health-measure/>**

**Mental Health Review Tribunal** - The Code of Practice (for Wales, 2016) for the Mental Health Act explains the role of the Mental Health Review Tribunal for Wales who provide a significant safeguard to people under restriction of the Mental Health Act.

**<https://gweddill.gov.wales/docs/dhss/publications/160920mentalacten.pdf>**

**Mental ill-health** - There is no consensus on the best way to describe mental ill-health. You may hear the terms: mental health issues, mental health problems, mental illness, mental distress, mental disorder and others. It is usually best to ask the individual experiencing mental ill-health to describe what they are feeling and how they would like this to be described.

Mental distress and ill-health are experienced by individuals in unique ways and so listening to the individual and their story and current life circumstances is of primary importance.

Recognising that an individual's culture and heritage may mean they express distress in different ways is also important, as is consideration of an individual's life experiences, religious/spiritual beliefs, age, gender, sexuality and so on.

**Methylphenidate** - This is one of a group of stimulants sometimes prescribed for the treatment of ADHD. It can act as an appetite suppressant and so additional weight monitoring is required, particularly when prescribed for children and young people. Some prescribed

stimulants do not have to be taken every day and so can be used on certain days only, such as school days.

**Multiple oppressions** - Whilst the area remains under researched it is widely accepted that people from black and minority ethnic groups are over represented in mental health services and there are differences in rates of compulsory detention under the Mental Health Act, treatment options/outcomes and diagnoses. There are also over representation issues in regard to gender and other protected characteristics.

**<https://lankellychase.org.uk/wp-content/uploads/2015/07/Ethnic-Inequality-in-Mental-Health-Confluence-Full-Report-March2014.pdf>**

**[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(19\)30027-6/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(19)30027-6/fulltext)**

**[https://www.who.int/mental\\_health/prevention/genderwomen/en/](https://www.who.int/mental_health/prevention/genderwomen/en/)**

**Neurodevelopmental disorders** - these can include:

- Autism Spectrum Disorders
- Tic disorders (such as Tourette's syndrome)
- Traumatic brain injury

**Physical health monitoring** - Research indicates that physical health and mental health are often interrelated. There are high rates of mental ill-health found in people with long-term physical health problems and also reduced life expectancy for people with severe mental ill-health, often related to poor physical health.

**[https://www.kingsfund.org.uk/sites/default/files/field/field\\_publication\\_file/Bringing-together-Kings-Fund-March-2016\\_1.pdf](https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Bringing-together-Kings-Fund-March-2016_1.pdf)**

**<https://www.nice.org.uk/sharedlearning/improving-the-physical-health-of-people-with-serious-mental-illness-a-quality-improvement-approach>**

**Positive behavioural support:**

- Is based on Social Role Valorisation, Applied Behaviour Analysis and Person-Centred Planning
- Promotes intervention approaches based on values and evidence
- Focuses on improving quality of life as a central aim
- Uses individualised interventions derived from functional assessment of the persons behaviour
- Emphasises primary prevention as the main approach, including active support, skills teaching, improving communication, improving physical and social environments, and addressing triggers and functions of behaviours drawn from the functional assessment.
- Includes secondary prevention strategies to avoid escalation of behaviour
- Includes ethical, non-pain based reactive strategies designed only to keep the person and others safe.

- Includes individually prescribed debriefing strategies for the individual and others involved following an incident of challenging behaviour
- Stipulates the methods to be used for evaluating impact of interventions and when the PBS plan should be reviewed.

**<https://www.gov.uk/government/publications/positive-and-proactive-care-reducing-restrictive-interventions>**

**<https://www.nice.org.uk/search?q=violence+and+aggression>**

**Post incident review** - This includes:

- 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
- Emotional support
- Personal reflection
- Opportunities to express how they are feeling
- Additional training
- Changes to plans for positive behaviour support

**Post incident support** - This is sometimes referred to as debriefing and relates to how individuals workers, carers and others involved should be supported following an incident of challenging behaviour and includes:

- Help to return to a calm state
- Emotional support
- First aid if needed
- Time away
- Quiet time
- Opportunities to express how they are feeling

**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)

**Recovery approach** - The Recovery Approach can sometimes be referred to as the Recovery Model or Recovery Ethos. Recovery can be thought of a process, outlook, vision, conceptual framework or guiding principle. A recovery approach:

- provides a holistic view of mental ill-health that focuses on the person, not just their symptoms
- believes recovery from mental ill-health 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

A recovery approach aims to support individuals 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 and social care 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. 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.

**<https://www.scottishrecovery.net/>**

**Restrictive practice/interventions** - 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.

Restrictive interventions (sometimes referred to as restraint) 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 interventions would include: physical restraint, mechanical restraint, use of medication, psychosocial restraint (sanctions), time out or time away, environmental interventions.

**Risk assessments/Safety plans** - Formulating a risk assessment is not a single event and should be viewed as a collaborative process with the individual and involving their carer/family wherever possible. Risk assessment is not about completing a checklist but should be personalised and with the aim of building a relationship with the individual. Workers need training and ongoing supervision to support them to build relationships and make sound judgements in relation to considering and managing risk.

**<https://sites.manchester.ac.uk/ncish/reports/the-assessment-of-clinical-risk-in-mental-health-services/>**

**Signposting and 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 and this is described as social prescribing. It seeks to address people's needs holistically - recognising a range of social, environmental and economic factors. In the same way, signposting by health and social care workers, community connectors, third sector workers etc. can help in the recovery process and help to build personal and community resilience.

**<https://www.alliance-scotland.org.uk/wp-content/uploads/2017/10/ALLIANCE-Developing-a-Culture-of-Health.pdf>**

**Strengths-based approach** - Developing a strengths-based approach is seen as a key aspect of collaborative working between an individual and a worker – they work together to determine outcomes that draw on the individual's strengths and assets. The primary focus therefore is not on the individual's problems or perceived deficits, but instead on building an individual's resources and assets, focusing on their strengths and abilities, and those within their family/network and community. A strengths-based approach is outcome-focused - supporting the individual to identify the outcomes they would like to achieve in their lives and then working with them to achieve those desired outcomes.

**Therapy** - Also including Eye Movement Desensitisation and Reprocessing (EMDR), schema therapy, trauma-focused therapy, family therapy, psychodynamic psychotherapy.

**Valued range of meaningful activities** - this 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***

- **SFHMH90** Support others to promote understanding and help to improve people's mental health
- **SFHMH14** Identify potential mental health needs and related issues
- **SFHMH62** Identify the concerns, priorities and values of people and significant others in relation to their mental health and mental health needs
- **SFHMH38** Enable people with mental health needs to choose and participate in activities that are meaningful to them
- **SDCHSC 0452** Lead practice that promotes the rights, responsibilities, equality and diversity of individuals

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

- Additional Learning Needs and Education Tribunal (Wales) 2018  
**<http://www.legislation.gov.uk/anaw/2018/2/contents/enacted>**
- Ask and Act: Domestic Abuse, Sexual Violence and Violence against Women  
**<https://livefearfree.gov.wales/policies-and-guidance/ask-and-act?lang=en>**
- Crisis Care Concordat: Improving care and support for people detained under s.135/136 Mental Health Act  
**<https://gweddill.gov.wales/docs/dhss/publications/161109concordaten.pdf>**
- Dual Diagnosis (NICE Guidelines)  
**<https://www.nice.org.uk/search?q=dual+diagnosis>**
- Equality Act (2010)  
**<http://www.legislation.gov.uk/ukpga/2010/15/contents>**  
Equality Act 2010 (Statutory Duties) (Wales) Regulations 2011  
**[www.legislation.gov.uk/wsi/2011/1064/pdfs/wsi\\_20111064\\_mi.pdf](http://www.legislation.gov.uk/wsi/2011/1064/pdfs/wsi_20111064_mi.pdf)**
- General Data Protection Regulation guide  
**[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/711097/guide-to-the-general-data-protection-regulation-gdpr-1-0.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/711097/guide-to-the-general-data-protection-regulation-gdpr-1-0.pdf)**
- Human Rights Act (1998)  
**<https://www.legislation.gov.uk/ukpga/1998/42/contents>**
- Mental Health Act (1983) amended 2007  
**<https://www.legislation.gov.uk/ukpga/1983/20/contents>**
- Mental Health Act Code of Practice for Wales (2016)  
**<https://gweddill.gov.wales/topics/health/nhswales/mental-health-services/law/code-of-practice/?lang=en>**
- **Mental Health (Wales) Measure 2010**  
**<https://www.legislation.gov.uk/mwa/2010/7/contents>**
- Mental Health in Wales Fundamental Facts 2016  
**<https://www.mentalhealth.org.uk/sites/default/files/FF16%20Wales.pdf>**
- Prevent (Safeguarding people and communities from the threat of terrorism)

- <https://www.ltai.info/what-is-prevent/>
- Principles of Prudent Healthcare  
<http://www.bevancommission.org/en/prudent-healthcare>
- Safeguarding Vulnerable Groups Act (2006)  
<https://www.legislation.gov.uk/ukpga/2006/47/contents>
- Service Framework for the treatment of people with a co-occurring mental health and substance misuse problem  
<https://gov.wales/sites/default/files/publications/2019-02/service-framework-for-the-treatment-of-people-with-a-co-occurring-mental-health-and-substance-misuse-problem.pdf>
- Social Services and Well-being (Wales) Act 2014  
[http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw\\_20140004\\_en.pdf](http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf)
- Well-being of Future Generations (Wales) Act 2015  
<http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en>
- Section 117 Aftercare in England and Wales  
<https://www.mind.org.uk/media/5544543/leaving-hospital-2-pdf.pdf>
- Service framework for the treatment of people with co-occurring mental health and substance misuse problems  
<https://gov.wales/sites/default/files/publications/2019-02/service-framework-for-the-treatment-of-people-with-a-co-occurring-mental-health-and-substance-misuse-problem.pdf>
- Stronger in Partnership – co-production with individuals who use mental health services  
<http://www.wales.nhs.uk/documents/strongerpartner2e%5B1%5D.pdf>
- Talk to me 2: Suicide Prevention Strategy Wales  
<http://gov.wales/topics/health/publications/health/reports/talk2/?lang=en>
- Together for Mental Health and Well-being in Wales  
<http://gov.wales/topics/health/nhswales/mental-health-services/policy/strategy/?lang=en>
- UN Convention on the Rights of Persons with Disabilities  
<http://www.legislation.gov.uk/mwa/2011/1/contents/enacted>  
<https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html>
- Violent and Aggressive Behaviours in people with mental health problems (NICE Guidelines)  
<https://www.nice.org.uk/guidance/qs154>
- Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015  
<http://www.legislation.gov.uk/anaw/2015/3/contents/enacted>
- **Welsh Language Act (1993)**  
<https://www.legislation.gov.uk/ukpga/1993/38/contents>
- **Welsh Language (Wales) Measure 2011**  
<http://www.legislation.gov.uk/mwa/2011/1/contents/enacted>

## Unit 534                      Lead and manage support for individuals with a learning disability and/or autism

<b>Level:</b>	5
<b>GLH:</b>	40
<b>Credit:</b>	34
<b>Unit Summary:</b>	<p>This unit aims to develop learner’s knowledge, understanding and skills needed to lead and manage services for individuals with a learning disability and/or autism</p> <p>In the context of this unit, the term ‘individual’ refers to autistic adults and/or adults 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 The **prevalence of learning disability and autism** and its implications on the provision of services
- 1.2 Different types of learning disability and their potential causes
- 1.3 **Theories about autism** and the limited evidence related to its cause
- 1.4 The **main characteristics of autism** and what is meant by the ‘triad 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 and how to reflect this in the delivery of services
- 1.6 Social and medical perspectives of learning disability and autism, how these have evolved and changed over time and support the ethos of service provision
- 1.7 **Potential impacts** of societal attitudes and values on individuals and service provision
- 1.8 How attitudes and services continue to change over time as a result of social policy and legislation
- 1.9 How to support workers to explore the impacts (positive and negative) of being labelled as having a learning disability/autism
- 1.10 How to support workers to explore the impact of autism being sometimes seen as a hidden disability
- 1.11 Legislative frameworks, Welsh Government policy and current models of service design and delivery that aim to support individuals and families/carers and their impact on:
  - risk and protective factors
  - life choices
  - opportunities to achieve positive outcomes / what matters
  - societal perception

- access to community facilities
- inclusion and participation
- rights
- equality
- voice and control
- prevention and early intervention
- well-being
- co-production
- multi-agency/partnership approaches
- access to housing and healthcare

1.12 The importance of flexibility of support for individuals to take account of changing needs and circumstances

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 service design and delivery, external agencies and others in continually changing attitudes, policies and practice

You are able to work in ways that:

1.15 **Implement systems, procedures and practice** that promote the use of methods of support for individuals that take account of:

- the characteristics of the disability
- any barriers they are experiencing
- their individuality and personal preferences

1.16 Lead and manage practice that promotes positive perceptions of, and attitudes to individuals with a learning disability/autism

1.17 Lead the development and evaluation of service design and delivery that has a positive impact on individuals and challenges institutional practice

1.18 Lead and manage practice that actively challenges 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

**Theories about autism:** biological, psychological, neurological

**Main characteristics of autism:** difficulties with; verbal and non-verbal communication, understanding and engaging with others, understanding social rules and expected social interaction, social imagination and flexibility of thought, repetitive behaviours, restricted / special interests, adapting to changes, problem solving, sensory stimulation, anxiety

**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)

**Implement systems, procedures and practice:** in accordance with legislative, regulatory and organisational contexts

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### Learning outcome:

2. Lead and manage practice for person-centred and rights-based approaches, well-being, positive relationships and community participation

### Assessment criteria

You understand:

- 2.1 The application of theoretical frameworks and models for:
  - Social Role Valorisation/Normalisation
  - disability and impairment
  - citizenship
  - co-production
  - person centred practice
  - rights-based approaches
  - relationships
- 2.2 How to support others understanding of:
  - the importance of the National Well-being Outcomes for individuals' quality of life
  - how individuals can be supported to contribute to their community, enrich the lives of others and demonstrate their valued role in society
  - what is meant by 'circle of support' and how this can be promoted to support reciprocal relationships and the well-being of individuals
- 2.3 How to lead the development and use of strategies to address potential barriers that hinder:
  - community participation
  - positive reciprocal relationships
  - opportunities to achieve positive outcomes
- 2.4 How to support others to recognise the
  - interrelationship between positive risk taking and responsibilities, voice and control, and social inclusion
  - importance of risk taking in everyday life for individuals
  - impact of individuals having been discouraged or prevented from taking risks
- 2.5 The role of different types of advocacy and how these can be accessed to support the rights of individuals

You are able to work in ways that:

- 2.6 **Implement systems, procedures and practice** that promote a co-productive, rights-based approach which supports 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

2.7 Lead and manage practice that supports individuals to take informed risk

### Range

**Implement systems, procedures and practice:** in accordance with legislative, regulatory and organisational contexts

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### Learning outcome:

3. Lead and manage practice that supports effective communication

### Assessment criteria

You understand:

3.1 Models of communication

3.2 How to support workers to know:

- the range of communication methods and approaches and how they can be used to support individuals
- factors that need to be considered when identifying communication methods and approaches
- sources of information, advice and support for the development of communication skills
- the importance of the use of appropriate communication methods and approaches with individuals
- the importance of the use and adaptation of language and methods of communication that are both age and ability appropriate
- how previous experiences, additional conditions and first language may influence an individual's willingness and ability to communicate
- how difficulties with communication and social interaction may impact on individuals
- how to establish when behaviour is being used as a form of communication

You are able to work in ways that:

3.3 **Implement systems, procedures and practice** to ensure workers use and adapt a range of communication methods and approaches with individuals

3.4 Lead and manage the development and use of communication plans for individuals

3.5 Lead and manage the evaluation of methods used to support effective communication

### Range

**Implement systems, procedures and practice:** in accordance with, regulatory and organisational contexts

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### Learning outcome:

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

### Assessment criteria

You understand:

#### 4.1 How to support others to know:

- the purpose and components of person-centred planning
- how to use person-centred planning to help individuals to achieve what is important to them and to lead full and valued lives
- the importance of involving families, carers, friends and siblings in person-centred planning
- **Components of Active Support**, and how the model translates values into person-centred practice and the achievement of well-being

#### 4.2 The role of interactive training in influencing practice

#### 4.3 Research evidence of the psychological consequences for individuals if they are left for long periods without stimulation or engagement

#### 4.4 Research evidence on the benefits of person-centred planning and Active Support

#### 4.5 How to support workers to know how:

- autistic individuals can be supported to balance the need for routines with opportunities to experience different activities and build relationships
- to use a strengths-based approach to build skills, confidence, self-esteem and develop relationships
- to use electronic assistive technology to support independence, safety and well-being of individuals

#### 4.6 How to lead and manage the implementation and evaluation of person-centred planning and Active Support to establish impact on:

- achievement of positive outcomes and what matters to individuals
- engagement in a range of meaningful activities
- the development and maintenance of reciprocal relationships
- participation
- skills development
- levels of independence

You are able to work in ways that:

#### 4.7 **Implement systems, procedures and practice** for the use of a co-productive approach that supports individuals to participate in the person-centred planning process

#### 4.8 Lead and manage the implementation of:

- the Active Support Model
- interactive training
- personal plans for individuals

#### 4.9 Ensure that personal plans are routinely monitored, reviewed and evaluated

## 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

**Implement systems, procedures and practice** - in accordance with legislative, regulatory and organisational contexts

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### Learning outcome:

5. Understand the importance of sexuality, sexual expression and sexual health

### Assessment criteria:

You understand:

5.1 How to support workers to know:

- The importance of sexuality, sexual identity and sexual health for individuals
  - Factors that can impact on the sexual development and expression of sexuality of individuals
  - 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
  - How to access additional sources of support for individuals in relation to sexuality, sexual expression and sexual health
- 

### Learning outcome:

6. Lead and manage support for health promotion, prevention and early intervention to reduce the risk of ill health

### Assessment criteria:

You understand:

6.1 How to support others to know:

- **health conditions** commonly associated with learning disability and the challenges of identifying these
  - **factors** that expose individuals to health inequalities
  - Why individuals have a right to equal access for healthcare and end of life care
  - the importance of health promotion and early intervention to reduce the risk of ill health
  - requirements for annual checks and why these are important
  - responsibilities for arranging, carrying out and reviewing the outcomes from annual health checks
  - how individuals and others can be supported to understand the importance of an annual health check
-

- the challenges in accessing appropriate healthcare and end of life care for individuals
- 6.2 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 and evaluate outcomes
- 6.3 How to address challenges in accessing appropriate healthcare and end of life care for individuals

You are able to work in ways that:

- 6.4 **Implement systems, procedures and practice** that actively supports health promotion and early intervention to reduce the risks of ill-health
- 6.5 Ensure that changes in behaviour, mood and activity levels are investigated to reduce the risks of ill-health
- 6.6 Lead and manage the monitoring, review and evaluation of individual's access and use of:
- healthcare checks
  - healthcare identified to meet needs
- 6.7 Lead and manage the monitoring, review and evaluation of:
- actions identified from healthcare checks
  - outcomes of healthcare interventions

### Range

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

**Factors** - greater levels of material deprivation, poorer health-related behavioural conditions often associated with the causes of learning disability, poorer understanding of physical changes and problems that indicate illnesses or conditions that could be treated, poorer understanding of how to get support from health services

**Implement systems, procedures and practice** - in accordance with legislative, regulatory and organisational contexts

### Learning outcome:

7. Understand Positive Behavioural Support

### Assessment criteria:

You understand:

- 7.1 How to support others to know
- what is meant by '**positive behavioural support**'
  - the components of Positive Behavioural Support

- why a values-led approach is important for positive behavioural support
- why it is important to understand the functions of behaviour
- the difference between form (the behaviour) and function (the reason for that behaviour)
- the **four common functions** of challenging behaviour/behaviours that challenge
- the components of a behaviour support plan
- the **main components of post incident practice** and why this is important

### Range

**Positive Behavioural Support** - values-based approaches, theory and evidence base, functional analysis, primary prevention, secondary prevention, reactive strategies

**Four common functions** - social attention, avoidance/escape, access to tangibles, sensory stimulation

**Main components of post incident practice** - post incident support (sometimes referred to as debriefing) – attention to physical and emotional well-being of the individual and others involved in an incident, personal and emotional support is provided both immediately and in the longer term if needed. Post incident review – to learn from the incident and reflect on practice, this is provided separately to post incident support, asking someone to recall an incident while they are still in a distressed state is unhelpful and potentially traumatising

## **Unit 534                      Lead and manage support for individuals with a learning disability and/or autism**

### Supporting Information

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

**Active Support Model:-** - Active Support is a person-centred model of how to interact with individuals to enable their participation in activity as independently as possible, combined with a daily planning system to promote an active lifestyle associated with a good quality of life. It includes a simple recording system to assess impact and support evidence-based decision on support plans.

To include:

- Daily plans and levels of participation in a valued range of meaningful activities and support arrangements
- Records and analysis of participation on a range of typical activities
- Model of positive interaction, i.e. levels of assistance; task analysis and positive reinforcement
- Skills teaching/Opportunity plans

**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

**Autism** - The term autism describes qualitative differences and impairments in reciprocal social interaction and social communication, combined with restricted interests and rigid and repetitive behaviours. Autism spectrum disorders are diagnosed in children, young people and adults if these behaviours meet the criteria defined in the International Statistical Classification of Diseases and Related Health Problems (ICD-10) and the Diagnostic and Statistical Manual of Mental Disorders DSM-IV Fourth Edition (DSM-IV) and have a significant impact on function. The over-arching category term used in ICD-10 and DSM-IV is pervasive developmental disorder (PDD), a term now used synonymously with autism spectrum disorder (excluding Rett's syndrome); it is a behaviourally defined group of disorders, which is heterogeneous in both cause and manifestation

#### **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
- 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

**Current models of service design and delivery** could include:

- Co-operatives / social enterprises
- Supported living
- Shared lives / adult placement
- Short breaks
- Short-term intensive intervention
- Supported employment
- Day services
- Domiciliary care
- Residential care

**Daily plans and levels of participation** - Daily plans set out in detail the daily routine of an individual. They provide opportunities for individuals to participate in a valued range of activities throughout the day, avoid lengthy periods of disengagement, and help staff to plan their time effectively. The plans can be used flexibly to respond to changing circumstances, and take account of individuals choice, control, abilities and needs. Levels of participation are recorded and analysed to assess the balance of participation in different types of activity and what changes in support are needed to promote a typical lifestyle, increased skills and as much independence as possible. Daily Plans and levels of participation are part of Active Support

**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

**Factors that need to be considered when identifying communication methods and approaches** - characteristics of disability, cognitive abilities, language development, sensory loss, sensory stimulation, environment, behavioural triggers, anxiety levels

**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 and gender identity
- Support for faith and cultural links and practices
- Housing and accommodation
- Social inclusion and community connections
- Relationships and friendships

**Interactive training** (also known as in situ or practice-based training) takes place in the usual working environment where the desired staff performance is actually required to occur. It is designed to teach staff how to put theoretical knowledge into practical skills. The process involves the trainer working alongside staff as they support someone: observing, providing feedback, role modelling and coaching. (Stancliffe, R. Jones, E. Mansell, J. and Lowe, K. 2008; Jones, E., Felce, D. and Lowe, K. 2001)

**Leadership** - is the ability to provide strategic direction and a sense of purpose. Effective leaders create a sense of trust, confidence and belief, inspiring people to adopt the values and behaviours they promote. They are innovative, creative and motivating

**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 assistance (or support or help)** refers to graded levels of assistance, from simple verbal reminders that provide the lowest level of support, through non-verbal prompts, gestures and demonstrations, to direct physical guidance that provides the highest level of help. Assistance should be given flexibly according to the individual's need for help, and only the lowest level of assistance required should be provided in order to encourage as much participation and independence as possible. Levels of assistance are part of Active Support

**Management** - is the ability to set the operational direction and organise the effective running of the service provision to meet the overall service needs including ethical, legislative, regulatory and organisational requirements. Effective managers facilitate and organise resources in order to optimise the performance of others, allowing them to carry out tasks and

achieve goals efficiently and effectively. They provide clarity and accountability that enable teams to meet their objectives

**Models of communication** could include:

- Alder and Rudman (2006)
- Linear Model of Communication (Shannon and Weaver 1949)
- Transactional model of communication (Barnlund 1970)
- PCS model (Thompson 1997; 2006)

**National well-being outcomes:**

National Well-being Domains	Well-being outcome statements (taken from the National Well-being Statement) The full version of the Well-being Statement can be found at: <b><a href="http://gov.wales/docs/dhss/publications/150722well-beingen.pdf">http://gov.wales/docs/dhss/publications/150722well-beingen.pdf</a></b>
Securing rights and entitlements Also for adults: Control over day to-day life	<ul style="list-style-type: none"> <li>• I know and understand what care, support and opportunities are available and use these to help me achieve my well-being</li> <li>• I can access the right information, when I need it, in the way I want it and use this to manage and improve my wellbeing</li> <li>• I am treated with dignity and respect and treat others the same</li> <li>• My voice is heard and listened to</li> <li>• My individual circumstances are considered</li> <li>• I speak for myself and contribute to the decisions that affect my life or have someone who can do it for me</li> </ul>
Physical and mental health and emotional well-being	<ul style="list-style-type: none"> <li>• I am healthy and active and do things to keep myself healthy</li> <li>• I am happy and do things that make me happy</li> <li>• I get the right care and support, as early as possible</li> <li>• Protection from abuse and neglect</li> <li>• I am safe and protected from abuse and neglect</li> <li>• I am supported to protect the people that matter to me from abuse and neglect</li> <li>• I am informed about how to make my concerns know</li> </ul>
Education, training and recreation	<ul style="list-style-type: none"> <li>• I can learn and develop to my full potential</li> <li>• I do the things that matter to me</li> </ul>

Domestic, family and personal relationships	<ul style="list-style-type: none"> <li>• I belong</li> <li>• I contribute to and enjoy safe and healthy relationships</li> <li>• Contribution made to society • I engage and make a contribution to my community</li> <li>• I feel valued in society</li> </ul>
Social and economic well-being	<ul style="list-style-type: none"> <li>• I contribute towards my social life and can be with the people that I choose</li> <li>• I do not live in poverty</li> <li>• I am supported to work</li> <li>• I get the help I need to grow up and be independent</li> <li>• I get care and support through the Welsh language if I want it</li> </ul>
Suitability of living accommodation	<ul style="list-style-type: none"> <li>• I live in a home that best supports me to achieve my well-being</li> </ul>

**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>5</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.

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<sup>5</sup> Statutory guidance for service providers and responsible individuals on meeting service standard regulations (Welsh Government 2017)

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

**Plans** - positive behavioural support, 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 behavioural support:**

- Is based on Social Role Valorisation, Applied Behaviour Analysis and Person-Centred Planning
- Promotes intervention approaches based on values and evidence
- Focuses on improving quality of life as a central aim
- Uses individualised interventions derived from functional assessment of the persons behaviour
- Emphasises primary prevention as the main approach, including active support, skills teaching, improving communication, improving physical and social environments, and addressing triggers and functions of behaviours drawn from the functional assessment.
- Includes secondary prevention strategies to avoid escalation of behaviour
- Includes ethical, non-pain based reactive strategies designed only to keep the person and others safe.
- Includes individually prescribed debriefing strategies for the individual and others involved following an incident of challenging behaviour
- Stipulates the methods to be used for evaluating impact of interventions and when the PBS plan should be reviewed.

**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.

Reinforcement (positive and negative) strengthens behaviour:

Positive Reinforcement occurs when an individual gains something they desire from a specific behaviour, such as gaining access to a preferred activity or item, gaining social attention from someone, gaining sensory stimulation and so on.

Negative reinforcement occurs when an individual avoids or escapes from something they dislike, such as avoiding having to undertake a task, escaping from unwanted attention or a noisy environment, relief from pain and so on.

**Psychological consequences** i.e.:

- Listlessness and boredom
- Depression and lethargy
- Confusion
- 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

**Reasonable adjustments:**

Under the Equality Act 2010, all disabled people have the right to reasonable adjustments when using public services, including healthcare. These adjustments remove barriers that disabled people would otherwise face in accessing these services. Making reasonable adjustments means ensuring disabled people have equal access to good quality healthcare.

People with a learning disability face sharp healthcare inequalities. 1,200 people with a learning disability die avoidably every year, when good healthcare could have saved their lives. People with a learning disability die on average 17 years younger than the general population. That's why making reasonable adjustments for people with a learning disability in hospital is so important.

Reasonable adjustments can be simple changes made by one healthcare professional, or they can be more complex and need multiple teams to work together. Making reasonable adjustments can mean removing barriers that people with a learning disability face, or providing something extra for someone with a learning disability to enable them to access the healthcare they need.

(Mencap: Treat me well: Reasonable adjustments for people with a learning disability in hospital)

**Risk and protective factors through the life course** (Welsh Government Learning Disability Improving Lives Programme - June 2018)

<b>Period</b>	<b>Risk factors</b>	<b>Protective factors</b>
Early years (pre-birth – 7 years)	Assessment and diagnosis, parents not able to cope, parental unemployment	Prenatal, perinatal and postnatal support; family support and parenting – includes childcare options, short break services and looked after children; positive behavioural to reduce the risk of challenging behaviour; wider strategies to reduce Adverse Childhood Experiences

Adolescence (14 – 25 years)	Limited housing and education choices often out of area, potentially challenging behaviour, wanting independence and opportunities, risk of bullying and abuse, lack of education regarding personal and sexual relationships	Advocacy, rights, choice and empowerment, signposting and service navigation – including joining up health, social care and education, annual health & wellbeing checks to start at 14 years old, employment opportunities – supported traineeships
Early adulthood (19 years onwards)	Loss of children services at 18 years, loss of education at 19 years and may not meet the threshold for adult services, diverse adult services, want own front door with support	Awareness raising and education, health promotion and education – including secondary care reasonable adjustments, opportunities for day time activities/work, supported living options
Mid-life (30 years plus)	Changing health needs, nothing to do in the day, changing housing needs	Accessing healthcare, meaningful occupation/activity, integrated housing/health/social care models
Later life (50 years plus)	Risk of earlier onset of frailty and premature death, family and carers aging/dying, placed in residential care homes as no other options, lack of end of life planning	Changing support care – integrated health and social care services, housing options, palliative care, end of life care and bereavement
Across the lifespan	Definitions and data needs to be met, communication and team working, well trained and motivated workforce, awareness raising and education, accessing health and social care, more flexible funding	Improvements in commissioning, safeguarding through enabling people to protect themselves, standards monitoring, assurance, regulation and inspection ability to access services and opportunities – transport

**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

**Triad of impairments** - persistent difficulties with social communication and social interaction, restricted and repetitive patterns of behaviours, activities or interests that limit and impair everyday functioning and sensory sensitivity

**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***

- Social Services and Well-Being (Wales) Act 2014
- Mental Health Act (1983) amended 2007
- Mental Health Act Code of Practice for Wales (2016)
- Mental Health (Wales) Measure (2010)
- Mental Capacity Act 2005 and associated Code of Practice; Liberty Protection Safeguards (LiPS)
- Regulation and Inspection of Social Care (Wales) Act 2016 and associated regulations and statutory guidance
- The Human Rights Act 1998
- Human Rights Framework on restraint (Equality and Human Rights Commission not published yet)
- United Nations Convention on the Rights of Persons with Disabilities 2006

- General Data Protection Regulation (GDPR) 2018
- Equality Act 2010;
- Liberty Protection Safeguards (LiPS);
- Welsh Language Act 1993: Welsh language measure (2011) and Mwy na Geriau Welsh Government Strategic Framework for the Welsh Language in Health and Social Care (2013)
- Welsh Government: Learning Disability Improving Lives Programme (June 2018)
- National Commissioning Board: Commissioning Services for people with learning disabilities Good Practice Guidance (November 2017)
- National Well-Being Statement  
**<http://gov.wales/docs/dhss/publications/150722well - beingen.pdf>**
- **All Wales Strategy for the Development of Services for Mentally Handicapped People** (1983)
- "Fulfilling the Promises" Proposals for a framework for services for people with learning disabilities (2001)

## **Resources**

- Social Role Valorisation/Normalisation (Wolfensberger, W (1972) Normalization: The principle of normalization in human services. Toronto: National Institute of Mental Retardation, Leonard Crainford); (Wolfensberger, W (1983) Social Role Valorization: A Proposed New Term for the Principle of Normalization. **Mental Retardation, Vol. 21(6)** 234)
  - Disability and impairment
  - Citizenship
  - Co-production
  - Person centred practice
  - Rights-based approaches
  - Relationships
- **www.ASDinfoWales.co.uk** (all Wales website including FREE information, resources and training materials)
- NICE Guideline CG142: Autism in adults: diagnosis and management [**<http://www.nice.org.uk/guidance/cg142>**]
- NICE Guideline CG128, Autism in under 19s: recognition, referral and diagnosis. [[www.nice.org.uk/guidance/cg128](http://www.nice.org.uk/guidance/cg128)]
- Stancliffe, R., Jones, E., Mansell, J. & Lowe, K. (2008) Active Support: A Critical Review and Commentary. Journal of Intellectual Developmental Disabilities, 33(3), 196-214.
- Jones E, Felce D, Lowe K, Bowley C, Pagler J, Strong G, Gallagher B, Roper A and Kurowska K (2001) Evaluation of the Dissemination of Active Support training and training trainers. Journal of Applied Research in Intellectual Disabilities 14: 79-99
- Mencap: Treat me well: Reasonable adjustments for people with a learning disability in hospital - **<https://www.mencap.org.uk/sites/default/files/2018-06/Treat%20me%20well%20top%2010%20reasonable%20adjustments.pdf>**



## Unit 535 loss

## Lead work with individuals with sensory

<b>Level:</b>	5
<b>GLH:</b>	50
<b>Credit:</b>	20
<b>Unit Summary:</b>	This unit aims to support learners to develop the knowledge, understanding and skills to lead and manage practice for individuals with sensory loss.

### Learning outcome:

1. Perceptions, types and contexts of 'sensory loss'

### Assessment criteria

You understand:

- 1.1 The potential impact of **different types of 'sensory loss' on** individuals
- 1.2 The terms used to describe sensory loss
- 1.3 The meaning of the terms 'severely sight impaired (blind)' and 'sight impaired (partially-sighted)'
- 1.4 The meaning of the term 'Culturally Deaf'
- 1.5 The difference between 'Culturally Deaf' and 'deaf'
- 1.6 Why 'Culturally Deaf' individuals are incorporated into service provision for sensory loss and tensions that this can create
- 1.7 What is meant by the term 'cultural conversations' and why it is important for workers to engage in these with Deaf individuals
- 1.8 The positive and negative impacts of terminology used on individuals sense of well-being
- 1.9 The importance establishing with individuals their preferred use of terminology and recognising that this may change over time
- 1.10 The importance of recognising that all individuals with 'sensory loss' are not the same

You are able to work in ways that:

- 1.11 Ensure workers:
  - Establish, promote and use individual's preferred use of terminology for 'sensory loss'
  - recognise and promote recognition that all individuals with 'sensory loss' are not the same and reflect this in their practice

### Range

**Different types of 'sensory loss'** - Sensory loss from birth, acquired sensory loss (visual impairments, hearing loss, singular sensory loss (smell, taste, touch, no sense of the feeling of pain), vestibular and proprioceptive loss, Deafblind, multi-sensory impairment, Dual sensory loss)

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#### Learning outcome:

2. Understand legislation, national policies and guidance that underpin service design and delivery for individuals with 'sensory loss'

#### Assessment criteria

You understand:

- 2.1 Specific **legislation, national policies and guidance** that relate to service provision for individuals with 'sensory loss'
- 2.2 The intent of legislation, national policies and guidance in improving the quality of life of individuals with 'sensory loss'
- 2.3 The importance of supporting workers to:
  - promote the rights of individuals
  - challenge prejudice, stereotypical assumptions, discrimination and negative attitudes
- 2.4 The impact of legislation, national policies and guidance on service design and delivery
- 2.5 **Considerations** that should be made for service design, delivery, review and development for **different types of 'sensory loss'**
- 2.6 How to ensure that individuals are supported to be fully involved in the assessment and **planning process**

You are able to work in ways that:

- 2.7 Implement systems, procedures and practice that comply with specific legislation, national policies and guidance
- 2.8 Ensure that service design and delivery takes account of considerations for different types of 'sensory loss'
- 2.9 Monitor and evaluate the impact of service design and delivery on the quality of life of individuals with 'sensory loss' and take action to address any identified barriers including physical and environmental access
- 2.10 Lead and promote non-discriminatory practice that supports positive perceptions of and attitudes towards individuals with sensory loss

#### Range

**Legislation, national policies and guidance** – Social Services and Well-being (Wales) Act 2014 (Part 1, Part 2, Part 3, Part 4), Reasonable adjustments, UN Convention on the Rights of Persons with Disabilities

**Considerations** - Reasonable adjustments and anticipatory duties under the Equality Act, physical and environmental access, aids and resources, access to information, advice and support (Including immediate), the importance of not trying to fit individuals into existing services without reasonable adjustments and anticipatory duties

**Different types of 'sensory loss'** - Sensory loss from birth, acquired sensory loss (visual impairments, hearing loss, singular sensory loss (smell, taste, touch, no sense of the feeling of pain), vestibular and proprioceptive loss, Deafblind, multi-sensory impairment, Dual sensory loss)

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

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#### Learning outcome:

3. Use models to promote equality and inclusion

#### Assessment criteria

You understand:

- 3.1 The application of **models** in practice
- 3.2 The factors that influence the selection of models for service provision
- 3.3 The impact of using different models with individuals with 'sensory loss' and tensions that may exist between these
- 3.4 How the principles and values of the social model of disability are promoted in the Social services and Well-being (Wales) Act 2014

You are able to work in ways that:

- 3.5 Lead practice that ensures that the use of models is underpinned by the **principles and values** of health and social care

#### Range

**Models** - Social model of disability, Medical model of disability, Biopsychosocial model

**Principles and values** - Social Services and Well-being (Wales) Act 2014

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#### Learning outcome:

4. Lead and manage service provision for individuals who have acquired sensory loss

#### Assessment criteria

You understand:

- 4.1 How to support workers to recognise:
    - indicators of 'sensory loss'
    - how 'sensory loss' may be masked by other **circumstances**
  - 4.2 The importance of ensuring a sensitive approach towards individuals who may be experiencing sensory loss
  - 4.3 How individuals are diagnosed with having sensory loss
  - 4.4 The difference between certification (medical) and registration (social care) processes for visual impairment, timeframes and benefits
-

You are able to work in ways that:

4.5 Support workers to explore the potential impact that acquired sensory loss can have on:

- emotional and physical well-being
- voice and control
- choice
- confidence, self-esteem and sense of self
- independent living
- employment, training
- relationships
- social interactions
- community participation
- the ability to interact physically with an environment – both familiar and unfamiliar

4.6 Implement systems, procedures and practice that support:

- the recognition of changes that indicate sensory loss
- a sensitive approach to individuals who may be experiencing sensory loss and/or are diagnosed as having sensory loss
- workers to recognise the impact of acquired sensory loss
- workers to use a co-productive approach with individuals to seek solutions to identified impacts

4.7 Ensure workers are supported to develop the knowledge, understanding and skills needed to **support individuals who have acquired sensory loss**

### Range

**Circumstances** - Learning disability, dementia, substance misuse, mental health, physical impairment, age, language, denial of changes

**Support individuals who have acquired sensory loss** - access specialist support and equipment, develop new skills, adapt environment, adapt methods of communication, develop emotional resilience

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### Learning outcome:

5. Develop service provision for individuals who are culturally Deaf/British Sign Language users

### Assessment criteria

You understand:

5.1 How service design, planning and delivery can either support inclusion or present barriers to Deaf/deaf individuals

5.2 How to support workers understanding of **British Sign Language**

5.3 Resources and services for Deaf/deaf individuals

You are able to work in ways that:

5.4 Identify how inclusive service provision for Deaf/deaf individuals can be designed and developed

5.5 Take action to address any barriers for Deaf/deaf individuals in service provision

### Range

**British Sign Language** - as a language, not a communication method

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#### Learning outcome:

6. Understand the role of communication and language professionals

#### Assessment criteria

You understand:

- 6.1 Why it is important to use communication and language professionals
  - 6.2 Ethical considerations of using families, friends or unregistered communication and language professionals
  - 6.3 How to support workers to know the roles and services offered by:
    - British Sign Language/English interpreters
    - Lip Speakers
    - Interpreters for D/deafblind people
    - Notetakers/palantypists
    - Translators
  - 6.4 Best practice in the use of communication and language professionals
  - 6.5 The importance of ensuring that communication and language professionals are registered
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#### Learning outcome:

7. Lead and manage support for the use of assistive technology

#### Assessment criteria

You understand:

- 7.1 How to support workers to know:
  - the range and purpose of aids and technology that are available to those with sensory loss
  - potential benefits of **assistive technology**
  - the range of professionals who can support the use of assistive technology and the services that they offer
  - referral processes for support with assistive technology
  - the importance of ensuring that assistive technology is suitable for the individual
  - how to work with individuals to establish whether further reasonable adjustments are required alongside the use of assistive technology

You are able to work in ways that:

- 7.2 **Implement systems, procedures and practice** for the effective identification and use of assistive technology with individuals
- 7.3 Ensure workers are supported to develop and routinely update their knowledge, understanding and skills needed to support the use of **assistive technology**

### Range

**Implement systems, procedures and practice** - in accordance with legislative, regulatory and organisational contexts

**Assistive technology** - to include electronic assistive technology

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### Learning outcome:

8. Lead and manage support for effective communication

### Assessment criteria

You understand:

- 8.1 How to support workers understanding of **communication methods** and **preferred formats** for **different types of sensory loss**

You are able to work in ways that:

- 8.2 Implement systems, procedures and practice that ensures workers:
- establish preferred communication methods and formats with individuals
  - implement agreed methods of communication
  - continually evaluate methods of communication with individuals
  - access additional support for communication methods

### Range

**Communication methods** - Signed Support English, Cued Speech, lip speaking, Picture Communication Systems (PECS) gestures, Makaton

**Preferred format** - Braille, large print, moon, subtitled video, British Sign Language videos, audio description, audio version, email, text, Video Relay Service

**Different types of 'sensory loss'** - Sensory loss from birth, acquired sensory loss (visual impairments, hearing loss, singular sensory loss (smell, taste, touch, no sense of the feeling of pain), vestibular and proprioceptive loss, Deafblind, multi-sensory impairment, Dual sensory loss)

## Unit 535 loss

## Lead work with individuals with sensory

### Supporting Information

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

**Assistive technology:** could include

- Cochlear implants
- Canes
- Hearing aids
- iPad/specialist software
- Visual/audio alert (this also covers those who are unable to smell i.e audio or visual fire alarm)
- Magnifiers/screen readers
- Electronic assistive technology (for example mobile phones, smart living controls, smart phones, smart TVs, apps, computers and devices designed to support specific health and social care needs such as personal and activity alarms, electronic reminders and prompts, talking clocks, communication aids, smoke alarms, telecare alarms, falls detectors, GPS devices, health monitoring, seizure monitoring)

#### **Barriers:**

Further consideration should be given to:

- How **audio**-based technology may create barriers for Deaf, deaf and individuals with hearing loss
- How **visual** based technology may create barriers for individuals with a visual impairment

**Circumstances:** For example, dementia may mask an individual's sensory loss as a worker may assume that the sensory loss results from dementia rather than from impairment.

#### **Considerations**

- **Anticipatory duty.** This means a provider/organisation cannot wait until a disabled person wants to use its services but must think in advance (and on an ongoing basis) about what disabled people with a range of impairments might reasonably need.
- Access to information – this includes considering how individuals or families can contact the service provider using a range of different methods, not just by telephone.

#### **Communication and language professionals**

Best practice would include:

- Asking an individual if they have a preference over which communication and language professionals they want to work with

- Checking that communication and language professionals are registered with the necessary regulatory body e.g. National Register of Communication Professionals working with Deaf and Deafblind People (NRCPD)
- Checking to see if communication and language professionals are qualified as there are restrictions to what trainees can do in health and social care domains
- Allocating funding for communication and language professionals to work with individuals or their families, in line with anticipatory duties

### **Cultural conversations**

This is where a worker engage in specific conversations with culturally Deaf individuals – for example discussing which countries are doing well at the Deaflympics or which country has won the bid to host the World Federation of Deaf People’s Congress.

Example Events:

- Deaf Film Festival
- Deaflympics
- World Federation of Deaf People’s Congress (every four years)
- DSPY (Deaf Sports Personality of the Year)
- Deaf sports
- Deaf clubs/pubs

Example Deaf politics

- Recognition of British Sign Language
- Deaf education
- British Deaf Association

Example Deaf History

- Milan 1880
- British Sign Language marches
- Princess Diana using British Sign Language (1990)
- ‘Deaf President Now!’ campaign (Gallaudet University, Washington, USA)

### **Different types of ‘sensory loss’**

In addition to the main types of sensory loss listed in the range, the following could also be included:

- Pressure
- Itch
- Temperature
- Pain
- Thirst
- Hunger
- Direction
- Time
- Muscle tension
- Proprioception (the ability to tell where your body parts are, relative to other body parts)
- Equilibrioception (the ability to keep your balance and sense body movement in terms of acceleration and directional changes)
- Stretch Receptors (These are found in such places as the lungs, bladder, stomach, blood vessels, and the gastrointestinal tract)

- Chemoreceptors (These trigger an area of the medulla in the brain that is involved in detecting blood borne hormones and drugs. It also is involved in the vomiting reflex)

### **Legislation, national policies and guidance**

Should consider

- Social Services and Well-Being (Wales) Act 2014
- Mental Health Act (1983) amended 2007
- Mental Health Act Code of Practice for Wales (2016)
- Mental Health (Wales) Measure (2010)
- Mental Capacity Act 2005 and associated Code of Practice
- Liberty Protection Safeguards (LiPS)
- Regulation and Inspection of Social Care (Wales) Act 2016 and associated regulations and statutory guidance
- The Human Rights Act 1998
- United Nations Principles for Older Persons 1991
- United Nations Convention on the Rights of Persons with Disabilities 2006
- General Data Protection Regulation (GDPR) 2018
- Case law

### **Physical and environmental access:**

- Layout of the premises
- Water and comfort space for an assistance dog
- Suitable colours for visual impairments including signage
- Intercom/entry systems
- Lighting/windows
- Health and safety – moving furniture/obstructions
- Risk of over reliance on telephone to share data. Accepting that text and/or email are also suitable

### **Preferred terminology**

A person's preferred use of terminology may change over time, particularly if they need time to accept and adapt to the changes in their lives.

### **Specialist support and equipment could include:**

- Social Services (including assistive technology commissioned by direct payments)
- Audiology
- Advocacy
- Family support (visual or hearing loss)

Rehabilitation Officers/ Habilitation Officers for:

- Daily living skills training
- Mobility training (sighted guide training, long cane training)
- Communication skills (teaching braille/moon, IT)
- Access audits

- Emotional support and training.
- Health and Safety awareness (leaving bags in walkways etc)

### **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**

- Social Services and Well-Being (Wales) Act 2014
- Mental Health Act 1983 and Code of Practice for Wales 2016, Mental Capacity Act (2005), Liberty Protection Safeguards (LiPS)
- Regulation and Inspection of Social Care (Wales) Act 2016 and associated regulations and statutory guidance
- The Human Rights Act 1998
- United Nations Principles for Older Persons 1991
- United Nations Convention on the Rights of Persons with Disabilities 2006
- General Data Protection Regulation (GDPR) 2018
- Equality Act 2010

### **Resources**

- Action on Hearing Loss Cymru
- <https://www.actiononhearingloss.org.uk/about-us/wales.aspx>
- 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/>
- National Union of Sign Language Interpreters  
<https://nubsli.com/guidance/interpreter-awareness-guide/>
- 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>**
- Sense – Regional Data of Future Deafblind Population  
**<https://www.sense.org.uk/content/regional-data-future-deafblind-population>**
- 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>**
- Welsh Government – School Pupil Eye Care Service (SPECS) for Wales WLGA, Action on Hearing Loss Cymru, RNIB Cymru and Sense Cymru (2012) Sensory Loss in the adult population in Wales 2012 **<http://www.wlga.gov.uk/equalities-publications/wlga-publication-sensory-loss-in-the-adult-population-in-wales>**
- Scie.org.uk Dignity in care/pain management
- All Wales Standards:**<http://www.equalityhumanrights.wales.nhs.uk/all-wales-standards-for-accessible-commu>**
- British Deaf Association
  - **[https://bda.org.uk/wp-content/uploads/2017/03/BDA\\_EDDJ\\_Report\\_On\\_Access\\_to\\_Health\\_Services\\_2014.pdf](https://bda.org.uk/wp-content/uploads/2017/03/BDA_EDDJ_Report_On_Access_to_Health_Services_2014.pdf)**
  - **[https://bda.org.uk/wp-content/uploads/2017/03/AccessLocalHealthBoards\\_FINAL.pdf](https://bda.org.uk/wp-content/uploads/2017/03/AccessLocalHealthBoards_FINAL.pdf)**
  - **[https://bda.org.uk/wp-content/uploads/2017/03/BDA\\_Access\\_to\\_local\\_services\\_in\\_Newport\\_and\\_Monmouthshire\\_for\\_Deaf\\_and\\_hard\\_of\\_hearing\\_people\\_12-2014.pdf](https://bda.org.uk/wp-content/uploads/2017/03/BDA_Access_to_local_services_in_Newport_and_Monmouthshire_for_Deaf_and_hard_of_hearing_people_12-2014.pdf)**
  - **[https://bda.org.uk/wp-content/uploads/2017/03/BDA\\_EDDJ\\_Report\\_On\\_Council\\_Services\\_2014.pdf](https://bda.org.uk/wp-content/uploads/2017/03/BDA_EDDJ_Report_On_Council_Services_2014.pdf)**
  - **[https://bda.org.uk/wp-content/uploads/2017/03/BDA\\_BSL\\_Charter-Ver-3-January-2014-1.pdf](https://bda.org.uk/wp-content/uploads/2017/03/BDA_BSL_Charter-Ver-3-January-2014-1.pdf)**
- Making the Law Work for Deaf people - **<https://www.lawcentres.org.uk/policy-and-media/papers-and-publications/law-centre-publications>**

## Unit 536 misuse services

## Lead and manage work for substance

<b>Level:</b>	5
<b>GLH:</b>	40
<b>Credit:</b>	19
<b>Unit Summary:</b>	This unit will provide learners with the knowledge, understanding and skills needed to lead and manage work with individuals who misuse substances.

### Learning outcome:

1. Lead and manage practice that embeds legislation, national policies, guidance and standards into the design and delivery of substance misuse services

### Assessment criteria

You understand:

- 1.1 Specific legislation, national policies, guidance and standards that underpin the provision of services to support individuals who misuse substances, including families/carers
- 1.2 The ethos and principles of substance misuse services
- 1.3 How to ensure that knowledge, understanding and practice reflect current trends and development in substance misuse

You are able to work in ways that:

- 1.4 Implement systems, procedures and practice that comply with legislation, national policies, guidance and standards for substance misuse services
- 1.5 Support workers to understand:
  - specific **legislation**, national policies, guidance and standards that underpin the provision of services and how these are applied in practice
  - the types of substances individuals may use
  - clinical classifications of substances
  - the meaning of the term 'substance misuse'
  - different categories of substance use
  - the importance of updating knowledge and practice to reflect current trends and development in substance misuse
- 1.6 Support workers to uphold the ethos and principles of substance misuse services
- 1.7 Take account of specific legislation, national policy, guidance and standards in the design, delivery, review and development of substance misuse services
- 1.8 Ensure the participation of individuals in the design, review and development of substance misuse services

- 1.9 Contribute to the development of internal policies and guidance that informs the design and delivery of substance misuse services
- 1.10 Critically evaluate the impact of legislation, national policies, guidance and standards on the quality of life for individuals who misuse substances

### Range

**Legislation** - Misuse of Drugs Act 1971, Misuse of Drug Regulations 1973, Psychoactive Substances Act 2016, Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, Mental Health Act (1983) amended 2007, Mental Health Act Code of Practice for Wales (2016), Mental Health (Wales) Measure (2010), Mental Capacity Act 2005 and associated Code of Practice, Liberty Protection Safeguards (LiPS), the Cigarette Lighter Refill (Safety) Regulations 1999

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### Learning outcome:

2. Lead and manage the planning process for individuals who misuse substances

### Assessment criteria

You understand:

- 2.1 The range of agencies, professionals, support networks and resources that can support individuals who misuse substances
- 2.2 **Processes** that need to be in place for receiving and reviewing referrals
- 2.3 The role of self and others in the **planning process** with individuals

You are able to work in ways that:

- 2.4 **Implement systems, procedures and practice** for receiving and reviewing referrals
- 2.5 Implement systems, procedures and practice for the development, implementation, review and evaluation of **plans** with individuals that take account of:
  - the nature of the substance misuse
  - any barriers they are experiencing
  - their individuality and personal preferences
  - approaches to self-recovery
- 2.6 Lead and manage approaches for planning that are based on the principles of citizenship, co-production, person centered planning and rights-based approaches
- 2.7 Ensure that workers are supported to:
  - contribute to the planning process in line with expected standards
  - deal with conflicts between the views and choices of individuals and families/carers
- 2.8 Develop and embed protocols for gaining and confirming consent from individuals for information sharing with:
  - other agencies and professionals
  - families/carers
- 2.9 Actively involve relevant agencies, professionals and support networks in the planning process

## Range

**Processes** – appropriateness of referral, skill mix of workforce, capacity of service, specialist support needs, multi-agency support

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

**Implement systems, procedures and practice** - in accordance with legislative, regulatory and organisational contexts

**Plans** - care and support, personal plan, risk assessments, treatment plans.

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## Learning outcome:

3. Lead, manage and promote services that support ethical, values based and person-centred approaches with individuals who misuse substances.

## Assessment criteria

You understand:

### 3.1 How to support workers understanding of:

- the difference in outcomes that may occur between focusing on an individual's strengths and aspirations rather than their needs only
- how to support workers to challenge prejudice, stereotypical assumptions, discrimination and negative attitudes towards individuals who misuse substances
- different types of advocacy and how these can be used to support the rights of individuals
- the use of risks assessments/safety plans in enabling recovery for individuals who misuse substances
- the importance of the National Well-being Outcomes for individuals' quality of life
- 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:

### 3.2 **Implement systems, procedures and practice** that promote the **principles** of a co-productive, rights-based, person centred approach which supports individuals to:

- have voice, choice and control in decision making
- use their chosen language with access to interpreters where necessary
- access advocacy support
- participate in a valued range of meaningful activities that promote independence and recovery
- maintain and develop positive relationships
- lead full and valued lives
- build resilience
- manage dilemmas that arise when balancing their rights to take risks with their safety and well-being

### 3.3 Lead practice that:

- promotes positive perceptions of and attitudes to individuals who misuse substances

- actively challenges prejudice, stereotypical assumptions, discrimination and negative attitudes towards individuals who misuse substances
  - supports workers to actively challenge prejudice, stereotypical assumptions, discrimination and negative attitudes towards individuals who misuse substances
- 3.4 Promote a positive presence with **partners** including engagement in and delivery of educational awareness raising
- 3.5 Promote the value of substance misuse services

### Range

**Implement systems, procedures and practice** - in accordance with legislative, regulatory and organisational contexts

**Principles** - voice and control; prevention and early intervention; wellbeing; collaboration/multi-agency working.

**Partners** - Third/voluntary sector; statutory including housing and homelessness services; private/independent sector; police; probation; youth offending teams; youth service; employment programmes; schools and colleges

### Learning outcome:

4. Lead and manage support for individuals and others following challenging situations

### Assessment criteria

You understand:

- 4.1 How to support workers understanding of:
- the range of **challenging situations that may occur in service delivery**
  - the range of **situations that workers may find challenging**
- 4.2 How to develop an environment that minimizes the risk of challenging situations
- 4.3 How to balance risks, rights and responsibilities when working with individuals who misuse substances in a group and/or as a lone worker
- 4.4 How power dynamics can impact on relationships and contribute to challenging situations
- 4.5 Actions to be taken if a challenging situation occurs
- 4.6 The range of services available to support workers in the event of challenging situations
- 4.7 How behaviours and stress levels of workers impact on the team, individual and families/carers
- 4.8 How to build the resilience of self and workers
- 4.9 The importance of recording incidents of challenging situations

You are able to work in ways that:

- 4.10 Ensure that workers are supported to:
- identify what may trigger challenging situations
  - develop the skills and resources to respond appropriately to challenging situations

- carry out environmental and dynamic risk assessments as part of their daily practice
- balance risk, rights and responsibilities
- reflect on feelings of vulnerability or unease when providing services
- keep themselves safe
- use de-escalation techniques to manage challenging situations
- raise concerns around situations that challenge
- access additional support when needed

4.11 Build the resilience of self and workers

4.12 Lead and manage **post incident practice** for workers, individuals and others

4.13 Ensure all incidents of challenging situations are reported and recorded in line with organisational procedures

### Range

**Challenging situations that may occur in service delivery** - significant self-harm; suicidality; significant self-neglect; Effects of substance withdrawal, overdose, needle stick injuries; drug induced psychosis; aggressive, inappropriate or violent behaviour;

**Situations that workers may find challenging** - personal triggers; trauma; death of an individual who uses services; disclosure; breakdown in support plans.

**Post incident practice** - Post incident support (sometimes referred to as debriefing) – attention to physical and emotional well-being of the individual and others involved in an incident, personal and emotional support is provided both immediately and in the longer term if needed. Post incident review – to learn from the incident and reflect on practice, this is provided separately to post incident support, asking someone to recall an incident while they are still in a distressed state is unhelpful and potentially traumatising



## Unit 536                      Lead and manage work for substance misuse services

### Supporting Information

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

**Advocacy** - Some individuals may need the support of an advocate to represent their views. Where possible work with the individual to decide on the best approach as there are different types of advocacy.

The Social Services and Well-Being (Wales) Act (2014) defines advocacy services as 'services which provide assistance (by way of representation or otherwise) to persons for purposes relating to their care and support'. Advocacy supports and enables people who have difficulty representing their interests, to exercise their rights, express their views, explore and make informed choices and could include:

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

**Barriers** could include: individual motivation, levels of substances being used, mental capacity, mental health including stress, anxiety, mobility, physical health, resistance to change, previous attempts to change unsuccessful, lack of facilities to aid recovery, social networks that could prohibit change including family influences, financial situation

**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 and gender identity
- Support for faith and cultural links and practices
- Housing and accommodation
- Social inclusion and community connections

- Relationships and friendships

**Interpreters:** first language; sign language; written materials.

**Post incident review** includes:

- 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
- Emotional support
- Personal reflection
- Opportunities to express how they are feeling
- Additional training
- Changes to plans for positive behaviour support

**Post Incident Support** (sometimes referred to as debriefing) - How individuals workers, carers and others involved should be supported following an incident of challenging behaviour and includes:

- Help to return to a calm state
- Emotional support
- First aid if needed
- Time away
- Quiet time
- Opportunities to express how they are feeling

**Valued range of meaningful activities** - this 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***

- Misuse of Drugs Act 1971
- Misuse of Drug Regulations 1973
- The Cigarette Lighter Refill (Safety) Regulations 1999.
- Mental Health Act 1983
- Mental Capacity Act 2005
- Psychoactive Substances Act 2016,
- Social Services and Well-Being (Wales) Act 2014
- Mental Health Act (1983) amended 2007
- Mental Health Act Code of Practice for Wales (2016)
- Mental Health (Wales) Measure (2010)
- Mental Capacity Act 2005 and associated Code of Practice
- Liberty Protection Safeguards (LiPS)



## Unit 537

## Lead work in end of life care

<b>Level:</b>	5
<b>GLH:</b>	30
<b>Credit:</b>	11
<b>Unit Summary:</b>	The purpose of this unit is to assess the learner's knowledge, understanding and skills in leading and managing a service that provides end of life care. The learner will analyse a range of tools and theories to provide the best outcomes for individuals in end of life services and provide support to staff and others to achieve delivery in excellence for individuals, their families and carers.

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### Learning outcome:

1. How legislation, national policies and guidance impact on end of life care services in Wales

### Assessment criteria

You understand:

- 1.1 How to support other's understanding of the impact of legislation, policy and practice on the quality of life for individuals in end of life care services
- 1.2 The legal issues relating to decision making at end of life, and the impact of these issues on both the individual and the management of the service
- 1.3 How mental capacity act impacts end of life care

You are able to work in ways that:

- 1.4 Apply current legislation policy in end of life care to develop end of life care services
- 1.5 Apply local and national policy guidance for end of life care to the setting in which you work
- 1.6 Reflect on how your service can embed evidence informed outcomes of national research into workplace practices

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### Learning outcome:

2. Current theory and practice underpinning end of life care

### Assessment criteria

You understand:

- 2.1 How to support others to understand the impact of grief, loss and bereavement

- 2.2 How to support others to understand the current All Wales Tool for end of life care can support the individual and others
- 2.3 The ethical issues relating to decision making at end of life, and the impact of these issues on both the individual and the management of the service

You are able to work in ways that:

- 2.4 Use the current All Wales Tool for End of Life Care
  - 2.5 Lead and manage others using the current All Wales Tool for End of Life Care
- 

#### Learning outcome:

3. Lead and manage effective end of life care services

#### Assessment criteria

You understand:

- 3.1 The qualities of an effective leader in end of life care
- 3.2 The possible role of advocates in end of life care

You are able to work in ways that:

- 3.3 Lead and manage the use of effective communication to support individuals at end of life and others within your service
- 3.4 Manage the journey of the palliative care individual according to their wishes and preferences
- 3.5 Ensure and implement effective **care after death** provision
- 3.6 Manage own feelings and emotions in relation to end of life care

#### Range

**Care after death** – support for families/carers, support for staff, facilitation of arrangements, external agencies

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#### Learning outcome:

4. Establish and maintain key relationships to lead and manage end of life care

#### Assessment criteria

You are able to work in ways that:

- 4.1 Implement shared decision making strategies in working with individuals at end of life and others
  - 4.2 Analyse the components of MDT supporting End of Life Care within your setting
  - 4.3 How to analyse the use of partnership working to assess the impact of positive outcomes for individuals
  - 4.4 Overcome any barriers to partnership working
  - 4.5 Demonstrate when to refer for specialist advice
-

- 4.6 Analyse the use of partnership working to assess its impact on promoting positive outcomes for individuals within the service provision
- 

**Learning outcome:**

5. Lead and manage staff and others in the delivery of excellence in the end of life care service

**Assessment criteria**

You understand:

- 5.1 The importance of formal and informal supervision practice to support staff and volunteers who provide end of life care

You are able to work in ways that:

- 5.2 Lead and manage the support of workers and others to:  
5.3 Recognise when someone might be dying  
5.4 Use a range of resources as appropriate to manage own feelings when working in end of life care  
5.5 Prepare families and friends for the death of the individual  
5.6 Recognise when mental capacity has reduced and best interest decisions are required  
5.7 Access appropriate learning and development opportunities to equip staff and others for whom you are responsible  
5.8 Implement strategies to empower staff involved in the delivery of end of life care to ensure positive outcomes for individuals and others  
5.9 Provide feedback to staff on their practices in relation to end of life care
- 

**Learning outcome:**

6. Continuously improve the quality of the end of life care service

**Assessment criteria**

You understand:

- 6.1 How reflective practice can improve the quality of end of life care

You are able to work in ways that:

- 6.2 Implement systems, procedures and practice that:  
6.3 Use outcomes of reflective practice to improve aspects of the end of life care service  
6.4 Use a range of tools for end of life care to measure standards through audit and after death analysis

## Supporting Information

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

The learning resources for this unit can be obtained from the local Palliative Care Team

The content should include responses to Palliative Care Emergencies. Delivery should be focussed on the 5 principles of EOL outlined by One Chance to Get it Right and the All Wales Care Decisions tool for the last days of life

1. Recognising dying
2. Communicating effectively
3. ACP-decision making
4. Needs of family/carers
5. Assessment-symptom control –physical, psycho, social spiritual etc

**End of life care services** - may include those services provided at diagnosis, during treatment or palliative care, including the dying phase, or following death

**Individual** - the person receiving support or care in the work setting

**Others** - may include:

- care or support staff
- colleague
- manager
- non direct care or support staff
- carers
- families
- visitors
- volunteers
- health professionals
- other organisations
- social worker
- occupational therapist
- GP
- speech & language therapist
- physiotherapist
- pharmacist
- nurse
- Multidisciplinary specialist palliative care nurse
- independent mental capacity advocate
- clinical nurse specialists.
- Third Sector Teams
- Statutory Services

**'use of effective communication'** – refers to the systems, processes and procedures used to support own communication, as well as that of workers and others that reflect the sensitive nature of End of Life Care

### **Tool for end of life care**

- All Wales Care Decision Tool for End of Life Care
- Preferred priorities of care
- Advance care plan approaches

**Range of resources** may include:

- de-briefing
- mentoring
- supervision
- counselling services

**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

### **Related NOS**

- **EOL 501** Lead and manage care services
- **EOL 201** Understand How to Work in End of Life Care
- **SCDHSC0385** Support individuals at the end of life
- **SCDHSC0384** Support individuals through bereavement
- **SCDHSC0239** Contribute to the care of a deceased person
- **SCDHSC0224** Monitor the condition of individuals
- **SCDHSC0216** Help address the physical comfort needs of individuals
- **T/601/9495** Support individuals at end of life

### **Related legislation and guidance**

- The Mental Capacity Act 2005
- Dying Matters: <http://www.dyingmatters.org/page/legal-and-ethical-issues>
- Kübler-Ross: 5 Stages of Grief Model (1969)
- Worden (1989) 4 tasks of Mourning
- Stroebe & Schute (1999). Dual Process Model of Grief
- <http://www.nhs.uk/conditions/Euthanasiaandassistedsuicide/Pages/Introduction.aspx>
- Welsh Government Palliative and End of Life Delivery Plan 2017 link to website
- All Wales Palliative Care Standards for Children and Young People's Specialised Healthcare Services WAG 2008
- More Than Just Words and the Follow-on Strategic Framework for Welsh Language Services in Health and Social Care
- End of Life Care – Core skills Education and Training Framework: Skills for Health ; Skills for Care; NHS Health Education England 2017 link to website
- The best practice guide to end-of-life care for people with a learning disability <http://www.mencap.org.uk>
- Advance Care Planning.org

- Together for Health (2013 & 2017 update)
- NICE: End of Life

## Unit 538

## Lead and manage a clinical area

<b>Level:</b>	5
<b>GLH:</b>	50
<b>Credit:</b>	30
<b>Unit Summary:</b>	This unit covers the skills required to manage and lead a clinical area. In the context of this unit this would include District Nursing and other NHS community based services.

### Learning outcome:

1. Lead and manage practice that complies to specific legislative and regulatory requirements, national policy guidance and standards for clinical areas

### Assessment criteria

You understand and support others to understand:

- 1.1 **Specific requirements** for clinical areas
- 1.2 **Legislative frameworks**, Welsh Government policy that aim to support individuals and their families/carers and their impact on:
  - a full and valued life
  - rights
  - equality
  - voice and control
  - well-being
  - co-production
  - inclusion and participation
  - life choices
  - opportunities to achieve positive outcomes/what matters

You are able to work in ways that:

- 1.3 **Implement systems, procedures and practice** that comply to specific requirements for clinical areas
- 1.4 Use research and theoretical frameworks to inform and develop practice
- 1.5 Support workers to understand how the Mental Health and Mental Capacity Act may affect the liberty of some individuals including:
  - potential implications of mental capacity assessments and best interest decisions
  - types of advocacy available and how these can be accessed and used

- 1.6 Ensure that individuals are able to access advocacy support
- 1.7 Ensure the significance of an individual's heritage and culture is recognised

### Range

**Specific requirements:** Health Care Standards (2015), General Data Protection Regulation (2018), Wales Accord on the Sharing of Personal Information (2018), Health and Social Care (Quality and Engagement) (Wales) Bill (2019) Mental Health Act (2007), Mental Capacity Act (2005) including Deprivation of Liberty Safeguards, Professional Standards,

**Legislative frameworks:** Social Services and Well-being (Wales) Act 2014, Nurse Staffing Levels (Wales) Act 2016, Well-being of Future Generations (Wales) Act 2015

**Implement systems, procedures and practice** in accordance with legislative, regulatory and organisational contexts

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### Learning outcome:

2. Lead and manage practice that embeds organisational values in the clinical area

### Assessment criteria

You understand and support others to understand:

- 2.1 The organisation's values and how they relate to staff well-being.
- 2.2 The importance of Compassionate Leadership

You are able to work in ways that:

- 2.3 Reflect the organisation's values and role model these in practice
  - 2.4 Role model compassionate Leadership
  - 2.5 Employ a positive coaching approach with staff within your team
  - 2.6 Enables staff to role model the organisation's values and behaviour's
  - 2.7 Enables staff to express concerns within a "no-blame" culture
- 

### Learning outcome:

3. Lead and manage ongoing support to meet the physical care needs of individuals

### Assessment criteria

You understand:

- 3.1 How to support workers understanding of:
    - the physical care needs of individuals
    - potential benefits of rehabilitation and reablement for ongoing support
    - the importance of starting / continuing the rehabilitation process in the clinical area
    - the importance of involving families/carers in the rehabilitative process
-

- the importance of using a strengths-based approach to build skills, confidence and self-esteem
- the concept of '**learned helplessness**' and the need to maintain motivation and celebrate individual successes
- the significance of relationships, networks and communities for supporting individual health and well-being

You are able to work in ways that:

3.2 Lead and manage practice that:

- ensures that physical care needs are met
- embeds an enabling and re-abling approach
- supports individuals to take as much responsibility as possible for the use of their current skills; regaining former skills; acquiring new skills

### Range

**Learned helplessness** - to include impact on resilience and personal autonomy

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### Learning outcome:

4. Lead and manage holistic discharge planning

### Assessment criteria

You understand:

- 4.1 The importance of discharge planning starting on admission to the clinical area
- 4.2 The role of the multi-disciplinary team in discharge planning
- 4.3 The multi-disciplinary team case management approach to discharge planning
- 4.4 The implications of poor discharge planning for:
  - **length of Stay**
  - readmission
  - delays with transport
  - change and transitions for individuals
  - well-being of individuals

You are able to work in ways that:

- 4.5 Lead and manage the development of holistic discharge plans in co-production with the individual / families / carers to achieve agreed positive outcomes
- 4.6 Lead and manage the completion of assessments of need in co-production with the individual / families / carers
- 4.7 Lead and manage the safe discharge of individuals, ensuring that all referrals and decisions are communicated to those involved in post-discharge care in a timely fashion.
- 4.8 Lead and manage practices and procedures that support smooth transitions between different teams, settings and services

### Range

**Length of Stay** - Funding considerations (CHC/FNC assessments), early referrals to community services

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### Learning outcome:

5. Lead and manage the care of the deteriorating patient

### Assessment criteria

You understand and support others to understand:

- 5.1 The roles and responsibilities of all workers to recognising the deteriorating patient
- 5.2 Your role and that of the wider team in Do Not Resuscitate decisions
- 5.3 The importance of respecting and individual's Advance Care Planning Decisions
- 5.4 Your role in managing conflict with individuals / families and the need to act as an advocate for the individual.

You are able to work in ways that:

- 5.5 Ensure that all staff have attended and are up to date with training in order to respond to:
  - sepsis
  - resuscitation
  - advance Care Planning Decisions
- 5.6 Lead and manage response to the deteriorating patient
- 5.7 Lead and manage the clinical area to ensure that an individual's Advance Planning choices are respected
- 5.8 Support families / carers to understand respect the individual's decision
- 5.9 Ensure families/carers emotional needs are recognized and support is available
- 5.10 Support staff to understand and respect the individual's decision

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### Learning outcome:

6. Lead and manage falls awareness and prevention within the clinical area

### Assessment criteria

You understand and support others to understand:

- 6.1 The **falls assessment** process
- 6.2 The need to balance risk with an individual's need for independence/mobility
- 6.3 Actions to take if an individual falls

You are able to work in ways that:

- 6.4 **Implement systems, procedures and practice** that promote the ongoing assessment of:
  - the clinical environment
  - an individual's risk of falling
- 6.5 **Implement systems, procedures and practice** if an individual has a fall
- 6.6 Lead and manage staff to undertake the falls assessment process
- 6.7 Lead and manage staff to audit falls in your clinical area

- 6.8 Lead and manage the review and implementation of falls audit recommendations
- 6.9 Ensure that all staff are up to date with falls awareness and assessment training
- 6.10 **Implement systems, procedures and practice** within legislative, regulatory and organisational contexts, including any treatment / actions required, informing the family/carers, the timely the recording and reporting of falls

### Range

**Falls assessment** - to include falls prevention, assessing both and individual's and the environment's risk factors

**Implement systems, procedures and practice** - in accordance with legislative, regulatory and organisational contexts

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### Learning outcome:

7. Lead and manage the workload and resources of the clinical area

### Assessment criteria

You understand and support others to understand:

- 7.1 The implications of skill mix and competence levels on duty rotas
- 7.2 Equitable allocation of development time and opportunities for all staff
- 7.3 The process of delegation across and between the clinical team
- 7.4 How delegation relates to accountability and responsibility for delegated tasks
- 7.5 Your responsibilities in regard to the impact of the workload on staff to include:
  - meeting the physical care needs of individuals
  - staff health and well-being
  - no blame culture with regard to errors
  - learning from errors, complaints, and compliments
  - meal Breaks and Hydration policy
  - working Time Directive requirements
- 7.6 How and where to escalate concerns regarding insufficient **resources** in relation to workload

You are able to work in ways that:

- 7.7 Lead and manage the team to ensure that staffing levels reflect the skill mix required by the clinical area
- 7.8 Lead and manage the team to meet the physical care needs of individuals as prescribed in their care plans
- 7.9 Lead and manage the use of current workload acuity tools

### Range

**Resources** - includes staff

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### Learning outcome:

8. Lead and manage practice that supports the holistic view of individuals health including those living with dementia

### Assessment criteria

You understand:

- 8.1 Research and theoretical frameworks that can inform support for individuals and their families/carers living with dementia
- 8.2 How to support others to understand:
- the prevalence and demographics of dementia across different age groups
  - the types of dementia, their potential causes and the range of different impacts associated with an individual's prognosis, abilities and general health and well-being
  - the differences and commonalities between the major types of dementia experienced in Wales
  - memory impairment and its impact on dementia
  - the common psychotic symptoms that may sometimes manifest as a result of dementia
  - dementia can mask underlying physical health issues
  - the interrelationship between physical health, illness and the symptoms of dementia that an individual may be experiencing
  - individuals may not be able to communicate pain or distress
  - mitigate increasing risk factors associated with maintaining physical well-being for areas of physical care
- 8.3 How to lead practice that supports the rights of individuals
- to take positive risks
  - to address challenges that individuals may encounter in exercising their rights
- 8.4 How workers can support individuals and their families/carers to understand
- potential implications of mental capacity assessments and best interest decisions
  - types of advocacy available and how these can be accessed and used
- 8.5 The limitations and problematic nature of over using antipsychotic medication, anti-depressants, anti-muscarinic drugs or sedatives
- 8.6 The principles of capacity and consent in relation to administering prescribed medications to a person diagnosed with dementia
- 8.7 Strategies to maintain an individual's safety without the use of restrictive practices

You are able to work in ways that:

- 8.8 **Implement systems, procedures and practice** that comply with Legislative frameworks and Welsh Government policy for individuals living with dementia
- 8.9 Lead and manage practice that promotes co-productive, rights-based approaches which support individuals to:

- manage dilemmas that arise when balancing their rights to take risks with their safety and well-being
- 8.10 Lead practice that actively challenges situations where the rights of individuals are not being upheld
- 8.11 **Implement systems, procedures and practice** that embed a co-productive approach with individuals and their families/carers in the **planning process**
- 8.12 Ensure that individuals, families and carers are supported to understand implications of capacity and best interest decisions
- 8.13 Ensure families and carers are encouraged to participate in care and support
- 8.14 Lead and manage practice that
- promotes the use of methods that respond effectively and sensitively to symptoms of dementia
  - takes account of an individual's experience of dementia whilst recognising their strengths and abilities
  - Implement systems, procedures and practice that ensures the safe, ethical use of medication for individuals
- 8.15 **Implement systems procedures and practices** that ensure the safe, ethical use of restrictive practices
- 8.16 Lead and manage a Dementia Friendly Environment for all individuals

### Range

**Implement systems, procedures and practice** - in accordance with legislative, regulatory and organisational contexts

**Planning process** - identifying goals or outcomes and enabling participation in activities; monitoring, reviewing and evaluating plans, transfers of care

### Learning outcome:

9. Lead and manage practice that supports the holistic view of individuals health including those with mental health conditions

### Assessment criteria

You understand:

- 9.1 The prevalence and demographics of mental ill-health in the population and implications for the clinical area
- 9.2 How to support workers understanding of:
- different mental health problems that individuals may experience
  - the importance of taking a holistic view of an individual's health including their mental ill-health that focuses on the person and not just their symptoms
  - what is meant by the terms mental distress and mental ill-health
  - the different ways that individuals may experience and express mental distress and mental ill-health
- 9.3 The local services that can be accessed to support individuals living with mental ill-health

You are able to work in ways that:

- 9.4 Support others to understand the potential impact of mental ill-health
  - 9.5 Support staff to recognise the impact on the clinical area of prevalence rates and demographic factors of mental ill-health in Wales
  - 9.6 Lead and manage a supportive environment for all individuals
  - 9.7 Lead and manage collaboration with specialist professionals to support individuals
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#### Learning outcome:

10. Lead and manage practice that supports the holistic view of individuals health including those living with learning disability and autism

#### Assessment criteria

You support others to understand:

- 10.1 The **prevalence of learning disability and autism** and its implications for the clinical area
- 10.2 How to support workers understanding of:
  - different learning disability and autism that individuals may experience and their potential causes
  - the importance of taking a holistic view of an individual's health taking account of their learning disability and autism that focuses on the person and not just their symptoms in the delivery of care
- 10.3 The local services that can be accessed to support individuals living with learning disability and autism

You are able to work in ways that:

- 10.4 **Implement systems, procedures and practice** that promote the use of methods of support for individuals that take account of:
  - the characteristics of the disability
  - any barriers they are experiencing
  - their individuality and personal preferences
- 10.5 Support staff to recognise the impact on the clinical area of prevalence rates of learning disability and autism in Wales
- 10.6 Lead and manage a supportive environment for all individuals
- 10.7 Lead and manage collaboration with specialist professionals to support individuals

#### 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

**Implement systems, procedures and practice** - in accordance with legislative, regulatory and organisational contexts

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## Learning outcome

11. Lead and manage practice that supports the holistic view of individuals health including those living with a disability

## Assessment criteria

You understand:

11.1 The prevalence and demographics of **different types of disability** in the population and implications for the clinical area

11.2 How to support workers understanding of:

- how the UN Convention of Rights of Persons with Disabilities support a rights-based approach for disabled individuals
- what is meant by the terms 'impairment' and 'disabled' and the importance of seeing the individual first and not the impairment
- the nature and characteristics of **different types of disability**
- key features of an accessible environment

11.3 The local services that can be accessed to support individuals living with different types of disability

You are able to work in ways that:

11.4 Support others to understand the potential impact of different types of disability

11.5 Support staff to recognise the impact on the clinical area of prevalence rates and demographic factors of different types of disability in Wales

11.6 Lead and manage a supportive and accessible environment for all individuals

11.7 Lead and manage collaboration with specialist professionals to support individuals

## Range

**Different types of disability** - to include acquired brain injury, attention deficit hyperactivity disorder (ADHD), physical impairment, sensory loss

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## Learning outcome

12. Lead and manage the planning of support for palliative and end of life care

## Assessment criteria

You understand:

12.1 The importance of the principles of End of Life Care and associated training

12.2 The importance of using the All Wales Tool for End of Life Care

12.3 How to support workers understanding of:

- the importance of early planning for palliative and end of life care
- support for palliative and end of life care that is available to individuals and their families/carers
- the importance and use of Advance Directives

- limitations of 'proxy directives' or 'general values directives' in the absence of the legally binding Advance Directives
- the concept and use of Lasting Power of Attorney
- how to manage sensitively any conflict that may arise with families/carers, individuals and/or professionals in the absence of advance planning
- the need to support physical (including environment), social, psychological and spiritual needs of individuals and families/carers during palliative and end of life care

You are able to work in ways that:

#### 12.4 Support workers to

- facilitate honest and open conversations around end of life/end of life care
- support individuals and their families/carers to understand Advance Directives and what they mean for end of life choices
- signpost individuals and their families/carers, and work in collaboration with specialist teams to ensure that information and support that is available for palliative and end of life care
- complete the All Wales Palliative Care e-learning module

### Learning outcome

#### 13. Lead and manage support for the medicines management agenda in the clinical area

### Assessment criteria

You understand and support others to understand:

#### 13.1 The current national and local medicines management policy

#### 13.2 The legal implications and procedures/actions to take where staff:

- make a medication error
- are misusing drugs/ medicines
- misappropriating drugs/medicines

#### 13.3 The legal implications and procedures/actions to take where an adverse drug reaction has occurred.

You are able to work in ways that:

#### 13.4 **Implement systems, procedures and practice** to ensure that all staff adhere to the current medicines management policy

#### 13.5 Ensures that all staff are up to date with current medicines management training to include:

- safe storage of medicines
- covert administration of medicines

Range

**Implement systems, procedures and practice:** in accordance with legislative, regulatory and organisational contexts

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### Learning outcome

14. Lead and manage support for the Welsh language in the clinical area

### Assessment criteria

You understand and support others to understand:

- 14.1 Legislative and regulatory requirements, national policy and guidance for the Welsh language and the 'Active Offer' and Welsh Language Standards in the clinical area
- 14.2 The characteristics of services that provide an Active Offer and Welsh Language Standards
- 14.3 How to provide information bilingually
- 14.4 Practical ways of developing and promoting Welsh in the workplace

You work in ways that:

- 14.5 **Implement systems, processes and practice** that support the 'Active Offer', and the Welsh Language Standards and the development of Welsh in the workplace

### Range

**Implement systems, procedures and practice:** in accordance with legislative, regulatory and organisational contexts

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### Learning outcome:

15. Lead and manage meetings

### Assessment criteria

You understand and support others to understand:

- 15.1 The purpose, objectives and terms of reference of the meeting
- 15.2 The purpose and structure of an agenda
- 15.3 How to select and invite the right people to attend the meeting in a timely manner
- 15.4 How to appoint a chair
- 15.5 The roles and responsibilities of the chairperson, the secretary and individuals at the meeting
- 15.6 Meeting protocol and procedures, including using video conferencing facilities
- 15.7 The need to ensure that all members of the group have the opportunity to contribute
- 15.8 The purposes of minutes and action plans
- 15.9 Distribution of **papers** in a timely manner

You are able to work in ways that:

- 15.10 Ensure that all members have the opportunity to contribute
  - 15.11 Ensure the timely distribution of papers before and after the meeting
-

**Range**

**Papers** - agendas, minutes, action points, discussion documents and presentations

## Supporting Information

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

It should be noted that Assessment Criteria 8.3, to 8.5, and 8.9 to 8.14 in Learning Outcome 8 Lead and manage practice that supports the holistic view of individuals health including those living with dementia, should be taken into account when delivering and assessing Learning Outcomes 9, 10, and 11.

It is recommended that manager's undertaking this module should also complete the End of Life care.

**Advance Care Planning and Best Interest Decisions** need to include:

The need to discuss (have difficult conversations) with the individual, families/ carers about the individual's choices should they deteriorate, Expected and unexpected death, Withdrawal of treatment and what this entails including a discussion of the ethical implications, Lasting Power of Attorney

**Adverse drug reaction reporting.** The responsibility of all practitioners to complete and submit the "yellow card" if a reaction occurs. This form can be found in the BNF.

**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

**Care of the deteriorating patient:** recognising the deteriorating patient would include physiological observations and the use of Early Warning Scores such as "NEWS"

**Contracts:** contracts with individuals and with local authorities/health boards/Third Sector organisations

**Discharge Planning** includes all professionals working with an individual in a co-productive manner to facilitate a safe discharge. In addition to the individual this may include carers, NHS staff, LA staff, agencies, third sector, volunteers and others.

Those involved in post-discharge care; individual, family/carers, community teams, social services, Local authorities, care agencies, care homes, ambulance service

**Falls awareness, assessment and prevention:** includes immediate responses and follow up actions when an individual has a fall

### **Further guidance from:**

1000 Lives

<http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/How%20to%20%289%29%20falls%20%28Feb%202011%29%20Web.pdf>

<http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/FRATtool.pdf>

NHS Governance e-manual

<http://www.wales.nhs.uk/governance-emanual/health-and-care-standards-supporting-gui-17>

NICE

<https://www.nice.org.uk/guidance/cg161/documents/falls-full-version2>

**Funding considerations:** local systems including brokerage, Continuing Health Care, assessment and eligibility, Mental Health Act section 117 after-care

**Main characteristics of autism:** difficulties with; verbal and non-verbal communication, understanding and engaging with others, understanding social rules and expected social interaction, social imagination and flexibility of thought, repetitive behaviours, restricted / special interests, adapting to changes, problem solving, sensory stimulation, anxiety

**Medicines management training:** This may also include intravenous medicines and controlled drugs

**Memory impairment:** significance of short-term memory in registering information and the 3 main categories of long term memory Semantic memory (enabling the recall of facts), Episodic memory (recall of events and experiences and emotions) and Procedural memory (implicit memory linked to motor function such as signing our name, driving a car etc.)

**Mental health problems:** may include, depression, anxiety disorders, psychosis, bi-polar disorder, schizophrenia, personality disorders, eating disorders, post-traumatic stress disorder, attention deficit hyperactivity disorder

**Potential impacts of living with a Learning Disability or autism:** 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)

**Professional Standards:** are the ethical or legal duty of a professional to exercise the level of care, diligence, and skill prescribed in the code of practice/conduct of his or her profession, as set by the profession's regulator. I.e. NMC Code of Conduct

**Supportive Environment** is one that recognises and actively challenges prejudice, stereotypical assumptions, discrimination and negative attitudes towards individuals

**Symptoms and presentation of dementia:** memory, judgement, language and orientation, whatever the cause

**Theories about autism:** biological, psychological, neurological

## **Related NOS**

- **SCDHSC0415** Lead the service delivery planning process to achieve outcomes for individuals
- **SFHGEN28** Discharge and transfer individuals from a service or your care
- **SFHCHS163** Manage Emergency Situations
- **SFHCHS98** Arrange services and support with other health care providers
- **SFHCHS122** Prepare a discharge plan with individuals
- **CFASAA411** Plan and organise your own meetings
- **SCDLDS5408** Develop a culture and systems that promote equality and value diversity
- **SFHGEN42** Provide psychological support for team members
- **SCDHSC0385** Support individuals at the end of life
- **SFHMH90** Support others to promote understanding and help to improve people's mental health

## **Related legislation and guidance**

- A Healthier Wales: our plan for Health and Social Care. 2018 WG doc
- All Wales Guidelines for Delegation (2010) NLIAH  
<http://www.nwssp.wales.nhs.uk/sitesplus/documents/1178/All%20Wales%20Guidelines%20for%20Delegation.pdf>
- All Wales Medicines Administration Recording Review Storage and Disposal Policy (2014)  
<http://www.awmsg.org/awmsgonline/docs/awmsg/medman/All%20Wales%20Policy%20for%20Medicines%20Administration,%20Recording,%20Review,%20Storage%20and%20Disposal.pdf>
- **Health and Social Care (Quality and Engagement) (Wales) Bill** (June 2019),  
<https://gov.wales/health-and-social-care-quality-and-engagement-wales-bill-summary>
- Equality Act (2010)
- General Data Protection Regulations  
<https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation>,
- Health and Care Standards (2015) <http://www.wales.nhs.uk/governance-emanual/health-and-care-standards>
- Mental Capacity Act (2005) - Deprivation of Liberty Safeguards:  
<https://www.wales.nhs.uk/sites3/page.cfm?orgid=744&pid=34352>
- National Institute for Health and Care Excellence: [www.nice.org.uk/guidance](http://www.nice.org.uk/guidance)
- NHS Wales Values and Standards of Behaviour:  
<http://www.wales.nhs.uk/governance-emanual/values-and-standards-of-behaviour-frmew>
- Nurse Staffing Levels (Wales) Act 2016,
- Social Services and Well Being (Wales) Act 2014
- Well-being of Future Generations (Wales) Act 2015:  
<https://futuregenerations.wales/wp-content/uploads/2017/02/150623-guide-to-the-fg-act-en.pdf>

- Welsh accord on the sharing of public information (WASPI 2018) <http://www.waspi.org/home>
- Welsh Language Standards 2018 <http://www.legislation.gov.uk/wsi/2018/441/made>

### **Resources:**

This is not an exhaustive list of all available modules.

#### **Learning@Wales e-learning packages:**

- 000 NHS Wales - Absence Management
- 000 NHS Wales - Advance Care Planning Foundation
- 000 NHS Wales - Advance Care Planning Intermediate
- 000 NHS Wales - All Wales Care Decisions Tool for the Last Days of Life
- **000** NHS Wales - Dementia Awareness
- 000 NHS Wales - Falls Brief Intervention
- 000 NHS Wales - Food Record Chart
- 000 NHS Wales - Medicines Administration, Recording, Review, Storage & Disposal
- 000 NHS Wales - Sensory Loss
- 000 NHS Wales - Welsh Language
- 000 NHS Wales - Urinary Catheterisation & Catheter Care in Adults
- 000 NHS Wales - Pain, Agitation and Delirium
- 000 NHS Wales - Change Management

## Unit 539 lives services

## Lead and manage adult placement/shared

<b>Level:</b>	5
<b>GLH:</b>	40
<b>Credit:</b>	18
<b>Unit Summary:</b>	<p>This unit aims to support learners develop the knowledge, understanding and skills needed by those who are responsible for managing Adult Placement/Shared Lives services</p> <p>In the context of this unit, the term 'carers' refers to Adult Placement/Shared Lives carers</p>

### Learning outcome:

1. Lead and manage practice that embeds the ethos of Shared Lives and complies with legislative and regulatory requirements for Adult Placement services

### Assessment criteria

You understand:

- 1.1 How to support workers and others understanding of the ethos of Shared Lives
- 1.2 **Legislative and regulatory requirements** for Adult Placement/Shared Lives services
- 1.3 How a **values-based approach** has been embedded in legislation, policy and practice for supporting individuals in an Adult Placement/Shared Lives arrangement
- 1.4 The role, responsibilities and accountabilities of **those involved in Adult Placement/Shared Lives services**, in particular the registered manager and responsible individual
- 1.5 **Types of Adult Placement/Shared Lives services** and implications for delivery

You are able to work in ways that:

- 1.6 **Implement systems, processes and practice** that promote the ethos of Shared Lives and comply with **legislative and regulatory requirements**

### Range

**Legislative and regulatory requirements:** The Adult Placement Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019 and Statutory Guidance for Adult Placement Services

**Values-based approach:** principles and values of Social Services and Well-Being (Wales) Act 2014 (voice and control, prevention and early intervention, well-being, co-production,

partnership/multi agency working), community inclusion and support for participation in a valued range of meaningful activities

**Those involved in Adult Placement/Shared Lives services:** adult placement/shared lives carer, worker, registered manager, responsible individual and other professionals

**Types of Adult Placement/Shared Lives services:** Long term accommodation support, short breaks, daytime support, kinship support

**Implement systems, procedures and practice** in the context of legislative, regulatory and organisational contexts

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### Learning outcome:

2. Lead and manage the recruitment, assessment and approval of Adult Placement/Shared Lives carers

### Assessment criteria

You understand:

- 2.1 **Legislative, regulatory** and organisational requirements for the **recruitment, assessment and approval of carers**
- 2.2 How to support workers and others to understand methods of assessing the suitability of applicants
- 2.3 How to support workers and others to understand responsibilities and process for the recruitment, assessment and approval of carers
- 2.4 **Legislative, regulatory** and organisational requirements for **the induction of carers**

You are able to work in ways that:

- 2.5 **Implement systems, processes and practice** for the recruitment, assessment, approval and induction of carers according to **legislative, regulatory** and organisational requirements
- 2.6 Develop relationships with commissioners that promotes an understanding of the benefits of Adult Placement/Shared Lives services for individuals
- 2.7 Ensure that individuals and/or carers are provided with opportunities to act as ambassadors for Shared Lives

### Range

**Recruitment, assessment and approval of carers:** suitability of applicant and others sharing the premises, suitability of premises, facilities and location, support applicant to understand all aspects of the carer agreement

**Legislative, regulatory:** The Adult Placement Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019 and Statutory Guidance for Adult Placement Services

**The induction of carers:** legislative, regulatory and organisational requirements, the carer agreement, the roles and responsibilities of those involved in the Adult Placement/Shared Lives service, the placement/arrangement process, premises, facilities and equipment, safeguarding, general and specific training, best practice for induction set by Social Care Wales

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**Implement systems, procedures and practice** in accordance with legislative, regulatory and organisational contexts

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**Learning outcome:**

3. Lead and manage support for the placement/arrangement between individuals and carers

**Assessment criteria**

You understand:

- 3.1 How to manage the **assessment process** for individuals seeking a Shared Lives placement/arrangement
- 3.2 How to ensure that workers use agreed methods to establish compatibility between the individual and the carer and the suitability of the proposed placement/arrangement
- 3.3 The importance of ensuring that all relevant information is shared to establish and minimise potential safeguarding risks
- 3.4 **Legislative, regulatory** and organisational requirements for introductory/trial visits to carers homes
- 3.5 How to ensure that workers use agreed **approaches** when the proposed placement/arrangement is not suitable
- 3.6 **Legislative, regulatory** and organisational requirements for the development, monitoring and review of a personal plan for the individual

You are able to work in ways that:

- 3.7 **Implement systems, procedures and practice** that ensure that workers:
    - **support placements/arrangements between individuals and carers** according to **legislative, regulatory** and organisational requirements
    - support individuals and their carers to understand and manage the impact of change and transitions on well-being
  - 3.8 Ensure that workers use care and support plans and personal plans to identify:
    - any additional training needed by carers
    - adaptations to the environment
    - provision of facilities or equipment
- that may be needed to support the individual

**Range**

**Assessment process:** responsibilities for the development of a care and support plan as part of a planned placement or emergency admission, self-assessment where independently funded, circumstances where a service will not be provided

**Legislative, regulatory:** The Adult Placement Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019 and Statutory Guidance for Adult Placement Services April 2019

**Approaches:** communication, support for the individual and carer, using experiences of introduction to inform a more suitable arrangement

**Implement systems, procedures and practice** in accordance with legislative, regulatory and organisational contexts

**Support placements/arrangements between individuals and carers:** development of a personal plan with individuals and carers, introductory/trial visits proportionate to proposed placement/arrangement, compatibility and suitability of placement/arrangement, identification of potential risks for the individual, carer and other household members and how these will be mitigated, provision of individual placement/arrangement agreement, working in partnership with other professionals

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Learning outcome:

4. Lead and manage support for carers to provide Shared Lives placements/arrangements

Assessment criteria

You understand:

- 4.1 **Legislative, regulatory** and organisational requirements for the **monitoring and review** of Shared Lives placements/arrangements
- 4.2 The role, responsibilities and accountabilities of those involved in the monitoring and review of Shared Lives placements/arrangements
- 4.3 Potential challenges and how workers can support carers develop strategies to address these
- 4.4 How and when to support workers access additional support where there are challenges to the placement/arrangement
- 4.5 How workers should support individuals and carers when the placement/arrangement is no longer suitable

You are able to work in ways that:

- 4.6 Undertake own role and responsibilities for the **monitoring and review** of the Shared Lives placement/arrangement according to **legislative, regulatory** and organisational requirements
- 4.7 **Implement systems, procedures and practice** that:
  - support carers to have access to development opportunities that support them to develop the knowledge, skills and understanding needed to work with individuals to identify and achieve positive outcomes
  - ensure that workers provide constructive feedback to carers on the Shared Lives placement/ arrangement and their practice in a timely manner
  - support workers to use solution focused approaches to support carers to address challenges
- 4.8 Support referrals to other professionals/services where additional support is required
- 4.9 Ensure that individuals:
  - have access to records and reports on themselves in accessible formats

- have opportunities to comment upon, express concerns, challenge or complain about the content of records and reports related to them

### Range

**Monitoring and review:** against the carer agreement and delivery of the personal plan of the individual

**Legislative, regulatory:** The Adult Placement Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019 and Statutory Guidance for Adult Placement Services April 2019

**Implement systems, procedures and practice** in accordance with legislative, regulatory and organisational contexts

## Unit 539

# Lead and manage adult placement/shared lives services

## Supporting Information

### *Guidance for delivery*

**Adult Placement:** This is generally known as Shared Lives and includes the provision of accommodation, care and support under an Adult Placement agreement

**Adult Placement Service:** This is generally known as a 'Shared Lives Service' and can be provided by local authorities, the third sector or private providers. The regulations describe it as: 'a service carried out (whether or not for profit) by a local authority or other person for purposes of placing adults with an individual under a carer agreement (and includes any arrangements for the recruitment, training and supervision of such individuals)'. Shared Lives services would refer to matching adults with individuals rather than 'placing' with

**Carer agreement** an agreement between the service provider and the Adult Placement carer, it includes, but is not limited to:

- the respective roles and responsibilities of the service provider and adult placement carers;
- the policies and procedures an adult placement carer must act in accordance with
- the arrangements that the service provider will put in place to assess and review the premises, facilities and equipment to be used by the adult placement carer in providing care and support in a possible adult placement
- any requirements to support an individual to access treatment, advice or any other services from a health care professional
- the arrangements for the safe storage and administration of medicines (where applicable)
- the arrangements to support individuals to manage their money
- information about the costs payable by the service provider to Adult Placement Carers; and
- information relating to the termination of the carer agreement

**Development opportunities** may include a blend of educational programmes, training activities, mentoring, coaching, shadowing, induction, supervision, guided reading, research, action learning sets, peer group discussions

**Individual Placement Agreement:** an agreement between a service provider, an Adult Placement Carer and an individual for an Adult Placement Carer to provide accommodation and care and support to that individual. The agreement would also include the commissioners of the service

**Legislative and regulatory requirements for Adult Placement/Shared Lives services;**

would include the Regulation and Inspection of Social Care (Wales) Act 2016; The Adult Placement Services (Service Providers and Responsible Individuals (Wales) Regulations 2019; Statutory Guidance for Adult Placement Services April 2019

**Personal plan:** based on the care and support plan and includes: the actions required to meet the individual's wellbeing, care and support needs on a day to day basis, their personal preferences and routines for how this will be provided, how the individual will be supported to achieve their personal outcomes, how the individual's wishes, aspirations and religious beliefs will be supported, steps to identify risks to the individual's well-being and how this will be managed, steps to support positive risk taking, steps to maintain, re-able and/or achieve independence

**Potential challenges:** could include:

- Dynamics within the home
- Behavioural
- Issues related to compatibility
- Changing needs of individuals
- Changing circumstances of carers
- Safeguarding issues

**Responsibilities for the development of a care and support plan** would include commissioners of the service e.g. social care, NHS. Probation service

**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***

- Social Services and Well-Being (Wales) Act 2014
- Regulation and Inspection of Social Care (Wales) Act 2016; The Adult Placement Services (Service Providers and Responsible Individuals (Wales) Regulations 2019; Statutory Guidance for Adult Placement Services April 2019

***Resources***

- Shared Lives Plus: <https://sharedlivesplus.org.uk/what-were-doing/growing-shared-lives/wales/>
- Social Care Wales Information and Learning Hub: Learning resources for Regulation and Inspection of Social Care (Wales) Act 2016: <https://socialcare.wales/hub/resources>

## Unit 540

## Lead and manage independent advocacy services

<b>Level:</b>	5
<b>GLH:</b>	20
<b>Credit:</b>	24
<b>Unit Summary:</b>	This unit aims to support the learner to develop the knowledge, understanding and skills needed to lead and manage independent advocacy services

### Learning outcome:

1. Develop understanding of independent advocacy

### Assessment criteria

You understand:

- 1.1 The **key principles** underpinning independent advocacy
- 1.2 The definition and role of independent advocacy
- 1.3 **Models** and **approaches** of independent advocacy
- 1.4 The **development** of independent advocacy
- 1.5 Factors that form barriers to individuals accessing independent advocacy
- 1.6 Common issues that lead to individuals needing advocacy support
- 1.7 The rights and entitlements that individuals have to access advocacy support
- 1.8 Strategies to make independent advocacy accessible and inclusive

You are able to work in ways that:

- 1.9 Ensure that advocates understand:
  - the boundaries and limits of advocacy
  - legal entitlements to advocacy
- 1.10 Embed the key principles of advocacy within the service
- 1.11 Develop and implement strategies which address factors and barriers to individuals accessing independent advocacy

### Range

**Key principles** - those within the Advocacy Charter/National Standards and Outcomes Framework

**Models** - peer, self, legal, citizen, issue based, formal, informal, independent professional, collective, volunteer advocacy, instructed and non-instructed.

**Approaches** - instructed and non-instructed advocacy

**Development** - the history and development of advocacy within the UK, Europe and America

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Learning outcome:

2. Legislative requirements relating to the provision of independent advocacy services

Assessment criteria

You understand:

- 2.1 Legislative requirements, national policies and standards for the advocacy service
- 2.2 The impact of legislative requirements, national policies and standards on the provision and management of independent advocacy services in Wales
- 2.3 How legislation sets and enables individual's rights and entitlements to advocacy

You are able to work in ways that:

- 2.4 **Implement systems, procedures and practice** that comply with legislative requirements, national policies and standards for advocacy services

Range

**Implement systems, procedures and practice** - in accordance with legislative, regulatory and organisational contexts

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Learning outcome:

3. Lead and manage the advocacy process

Assessment criteria

You understand:

- 3.1 The concept of person-led practice in relation to independent advocacy services
- 3.2 The importance of clear and accessible information about the service
- 3.3 The use of accessible referral processes
- 3.4 Reports that must be produced by advocates to meet legislative requirements
- 3.5 Different roles and organisations the advocacy services may come into contact with
- 3.6 How practice challenges can arise between approaches based on voice and control, with other professionals adopting a best interest approach
- 3.7 Strategies that can be used to support advocates to manage practice challenges that arise between approaches based on voice and control and other professionals adopting a best interest approach
- 3.8 The benefits of involving individuals in the design, delivery, review and development of the independent advocacy service
- 3.9 Methods and approaches that can be used to involve individuals in the design, delivery, review and development of the independent advocacy service

You are able to work in ways that:

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- 3.10 Use a range of inclusive methods to promote independent advocacy services
- 3.11 Establish and maintain effective working relationships with other professionals
- 3.12 Ensure that advocacy practice is led by the wishes and views of the individual
- 3.13 Ensure that independent advocates are supported to:
  - establish and close advocacy relationships
  - reflect on advocacy practice challenges and use strategies to address these
  - actively provide feedback and challenge
  - work confidently in both instructed and non-instructed approaches
- 3.14 Ensure that independent advocates produce written reports in line with legislative requirements
- 3.15 **Implement systems, procedures and practice** that involve individuals in the design, delivery, review and development of the advocacy service

### Range

**Implement systems, procedures and practice** - in accordance with legislative, regulatory and organisational contexts

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### Learning outcome:

- 4. Use systemic advocacy to influence change

### Assessment criteria

You understand:

- 4.1 The purpose, methods and approaches and mechanisms of **systemic advocacy**
- 4.2 How systemic advocacy can be used to affect change

You are able to work in ways that:

- 4.3 Use data to identify issues that are being raised
  - by individuals who use advocacy
  - by advocates
- 4.4 Analyse issues to identify **themes** and trends which are presenting locally
- 4.5 Use systemic advocacy to improve systems and influence change
- 4.6 Raise awareness of individual's experiences of services to decision makers
- 4.7 Measure the outcomes and impacts of systemic advocacy

### Range

**Systemic advocacy** - seeks to use data and intelligence to influence and change a 'system' such as legislation, policy or the design and delivery of services

**Themes** - where single issues are being repeatedly raised through issue-based advocacy or through complaints

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### Learning outcome:

- 5. Develop commissioning relationships which uphold key advocacy principles
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## Assessment criteria

You understand:

- 5.1 The roles of commissioners and commissioning bodies
- 5.2 How the relationship with commissioning bodies can influence the independent advocacy services ability to provide feedback and challenge

You are able to work in ways that:

- 5.3 Establish, implement and review commissioning agreements which uphold key advocacy principles with funders or commissioners
- 5.4 Recognise the potential conflict of interest of being an independent service and the commissioning relationship
- 5.5 Provide feedback and challenge commissioners and service providers where there is concern
- 5.6 Manage potential conflicts of interests or challenges that may arise in the context of being a commissioned Independent Advocacy service
- 5.7 Implement systems to identify and respond to unmet needs

## **Unit 540**                      **Lead and manage independent advocacy services**

### Supporting Information

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

**Commissioning agreements** could include - Service Level Agreements, Grants, Contracts

**Factors that form barriers** could include - lack of accessible information, lack of opportunities, equalities, funding, geography, culture; power, discrimination and society, social exclusion.

**Instructed advocacy** - where advocates are instructed by the individual; and are able to establish a relationship and identify the advocacy issues, goals and intended outcomes in accordance with the wishes, preferences and consent of the individual.

**Led by wishes and views** - recognition that a non-instructive advocate must also do their best to be led by the individual's wishes and feelings.

#### **Legislation, national policies and standards:**

- Advocacy charter
- National standards and outcomes framework for children and young people
- Regulation and Inspection of Social Care (Wales) Act 2016 and associated regulations and statutory guidance
- Social Services and Well-Being (Wales) Act 2014
- Mental Health Act 1983 and Code of Practice for Wales 2016, Mental Capacity Act (2005), Liberty Protection Safeguards (LiPS)

#### **Models of advocacy:**

- Self-advocacy - when individuals represent and speak up for themselves.
- Informal advocacy - when family, friends or neighbours support an individual in having their views wishes and feelings heard, this may include speaking on their behalf.
- Collective advocacy - involves groups of individuals with common experiences, being empowered to have a voice and influence change and promote social justice.
- Peer advocacy - one individual acting as an advocate for another who shares a common experience or background.
- Citizen advocacy - involves a one-to-one long-term partnership between a trained or supported volunteer citizen advocate and an individual.
- Independent volunteer advocacy - involves an independent and unpaid advocate who works on a short term, or issue led basis, with one or more individual.

- Formal advocacy - may refer to the advocacy role of workers in health, social care and other settings where professionals are required as part of their role to consider the wishes and feelings of the individual and to help ensure that they are addressed properly.
- Independent professional advocacy – involves a professional, trained advocate working in a one-to-one partnership with an individual to ensure that their views are accurately conveyed and their rights upheld. This might be for a single issue or multiple issues.

**Non-instructed advocacy** - may be needed when matters of communication and capacity mean that instruction and the expression of choices and concerns are not forthcoming. It has been described as:

Taking affirmative action with or on behalf of a person who is unable to give a clear indication of their views and wishes in a specific situation. The non-instructed advocate seeks to uphold the person's rights; ensure fair and equal treatment and access to services; and make certain that decisions are taken with due consideration for their unique preferences and perspectives (Henderson 2006)

Non-instructed advocates may adopt different approaches to representing the person based on human rights, being person-centred, maintaining oversight or acting as a witness and observer.

**Professionals and voluntary organisations** - would include NHS Trusts and Health Boards, Social Services, Education Services, Mental Health Services, local/national voluntary organisations

**Strategies to make advocacy accessible and inclusive** - Policies and practice which promote effective communication recognising and responding to language and communication needs; non-discriminatory, flexible and approachable services which are actively promoted amongst communities and address barriers to accessibility and inclusion.

**Systemic advocacy** - This concept revolves around the intelligence associated with taking a range of themes and trends related to the advocacy service; and the approaches that are taken to address these themes and trends.

**The rights and entitlements that individuals have to access advocacy support** - This is related to the individual's rights and entitlements to access advocacy.

**Unmet needs** could include - waiting lists, ineligibility.

### ***Related NOS***

- **SDCHSC0410** Advocate with and on behalf of individuals
- **SCDHSC0046** Advocate with and on behalf of children and young people

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

- Advocacy charter
- National standards and outcomes framework for children and young people

- Regulation and Inspection of Social Care (Wales) Act 2016 and associated regulations and statutory guidance
- Social Services and Well-Being (Wales) Act 2014
- Mental Health Act (1983) amended 2007
- Mental Health Act Code of Practice for Wales (2016)
- Mental Health (Wales) Measure (2010)
- Mental Capacity Act 2005 and associated Code of Practice
- Liberty Protection Safeguards (LiPS)
- Children Act 1989 and 2004
- Additional Learning Needs and Education Tribunal (Wales) Act 2018
- The Right Way: A children's Rights Approach (Children's Commissioner for Wales 2017)
- The Human Rights Act 1998
- United Nations Convention on the Rights of the Child 1989
- United Nations Principles for Older Persons 1991
- United Nations Convention on the Rights of Persons with Disabilities 2006
- General Data Protection Regulation (GDPR) 2018
- Equality Act 2010

## **Resources**

- Social Care Wales website <https://socialcare.wales/hub/hub-resource-sub-categories/advocacy>
- Social Services and Well-being (Wales) Act 2014 - Information and Learning Hub <http://www.ccwales.org.uk/the-act/Advocacy> Support Cymru <https://www.ascymru.org.uk/>
- Advocacy Matters Wales <http://www.advocacymatterswales.co.uk/>
- National Youth Advocacy Services <https://www.nyas.net/services/our-services-in-wales/>
- Mind <https://www.mind.org.uk/information-support/guides-to-support-and-services/advocacy/types-of-advocacy/#.W1WkINJKiUk>

## Unit 541

## Lead and manage work with carers

<b>Level:</b>	5
<b>GLH:</b>	20
<b>Credit:</b>	11
<b>Unit Summary:</b>	<p>This unit aims to support learners develop the knowledge, understanding and skills to lead and manage work with carers</p> <p>In the context of this unit, the term 'carers' relates to young carers and/or carers who are adults. The term 'individual' relates to adults and/or children</p>

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### Learning outcome:

1. The context of carers in Wales

### Assessment criteria

You understand:

- 1.1 Legislative definition of carers
- 1.2 Demographics of carers
- 1.3 Contribution that carers make:
  - to the quality of life of individuals
  - to the policy agenda of prevention and early intervention
- 1.4 Correlation between the support of carers and sustainability of care and support services
- 1.5 The importance of promoting support for carers well-being, social inclusion, education and employment through the design and delivery of services

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### Learning outcome:

2. Understand how the Social Services and Well-being (Wales) Act 2014 is set as the legislative framework for the assessment and support of carers

### Assessment criteria

You understand:

- 2.1 How the Social Services and Well-being (Wales) Act 2014 legislates for the **assessment and support of carers**
- 2.2 The intention of the Social Services and Well-being (Wales) Act 2014 in supporting positive outcomes for individuals and carers

### Range

**Assessment and support of carers** - duties of statutory health and local authority services, rights of carers, including advocacy; support for plans for carers

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**Learning outcome:**

3. Lead practice that promotes the contribution of carers to the assessment and planning process with individuals

**Assessment criteria**

You understand:

- 3.1 The importance of carers active contribution in the assessment and **planning process** with individuals
- 3.2 The challenges and sensitivities that may occur between carers and individuals related to:
  - family dynamics
  - power imbalance
  - differences of opinion
  - positive risk taking versus risk aversion
  - complexities in meeting the needs of both the individual and the carer
- 3.3 Strategies that can be used to manage challenges and sensitivities

You are able to work in ways that:

- 3.4 Ensure that carers are supported to contribute to the assessment and planning process with individuals
- 3.5 Support the use of strategies to manage challenges and sensitivities that may occur between the carer and the individual

**Range**

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

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**Learning outcome:**

4. Lead practice that supports assessment and planning processes for carers

**Assessment criteria**

You understand:

- 4.1 How to explore with sensitivity the role that carers are undertaking, and how they may wish to be supported with this
  - 4.2 Factors that may impact on carers physical and mental health and well-being
  - 4.3 The assessment options available to the carer including joint assessments with the individual
  - 4.4 The roles and responsibilities of those involved in the assessment and **planning process**
  - 4.5 The importance of recognising that not all people undertaking unpaid care will wish to be labelled or perceived as carers
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- 4.6 The potential impact of **change and transition** on carers
- 4.7 When and how to challenge systems and processes that pose barriers for carers

You are able to work in ways that:

- 4.8 Implement systems, procedures and practice that ensure:
- workers understand and carry out their role in relation to the assessment and planning process
  - assessment of carers are carried out
  - that carers are supported with sensitivity to:
    - identify the role they are undertaking in caring for the individual
    - make their own decisions about the extent of their caring role
    - decide how they wish to be supported with this
    - explore 'what matters' to them
    - understand the **range of support** available that can help them in their role and to achieve their personal outcomes
  - that plans are routinely reviewed and evaluated to establish whether identified outcomes are being achieved
  - that support available from other professionals, services and community groups/networks is maximised
  - carers are supported through change and transition

### Range

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

**Change and transition** - related to the individual, the carers or when the caring role ends

**Range of support** - including specialist carers services and advice on entitlements and legal directives

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### Learning outcome:

5. Use collection of data to influence change

### Assessment criteria

You understand:

- 5.1 How to collect and use data to identify issues that are being raised:
- by carers
  - by workers about the unmet needs of carers

You are able to work in ways that:

- 5.2 Analyse data to identify **themes** and trends which are presenting locally
- 5.3 Raise awareness of carers experiences of services to decision makers

### Range

**Themes** - where single issues are being repeatedly raised through assessments, advocacy, care and support or through complaints

## Unit 541

## Lead and manage work with carers

### Supporting information

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

**Carers/young carers** - The Social Services and Well-being (Wales) Act (the Act) defines a carer as “a person who provides or intends to provide care for an adult or disabled child”.

The definition is broad and includes adult carers, young carers, young adult carers, parent carers (caring for a disabled child) and so-called sandwich carers (these are people caring for an older person/relative as well as bringing up a family).

The Welsh Government defines young carers as being carers who are under the age of 18. Whilst someone under 18 is still regarded as a carer their rights as a young carer will differ at times to those of an adult.

The Code of Practice for Part 3 of the Act defines young adult carers as being aged 16-25. A person is not a carer under the Act if the person provides or intends to provide care (a) under a contract, or (b) as voluntary work.

**Joint assessment** - Carers have a right to have their specific needs assessed separately to the person they care for. However, a local authority may combine assessments of the carer and the person they care for if both parties wish this. It is still important to address the specific and distinct needs of both the carer and cared for person.

**Specialist carers/young carers services** - These are services designed specifically for carers and /or young carers.

**Strategies that can be used to manage challenges and sensitivities** - could include mediation, advocacy, family group conferencing

**What matters conversation** - The “what matters” conversation is a skilled conversation, undertaken as part of the assessment process. It refers to a *skilled way of working* with the carer and the cared for to establish the situation, their current well-being, what can be done to support them in their caring role and what can be done to promote their well-being and resilience for the better. It is *not* an assessment in itself, it is a way of carrying out the assessment, having the *right type of conversation* with carers and families to establish how you can work with them to support them in good and meaningful ways. A “what matters” conversation is a co-produced interaction between the carer and the practitioner(s) to establish a shared understanding of the situation.

#### ***Related legislation, policies and guidance***

- Social Services and Well-being (Wales) Act and related codes

- Part 2 Code of Practice (General Functions)
- Part 3 Code of Practice (Assessing the Needs of Individuals)
- Part 4 Code of Practice (Meeting Needs)
- Part 4 and 5 Code of Practice (Charging and Financial Assessment)
- Part 10 Code of Practice (Advocacy)
- The Code of Professional Practice for Social Care and associated resources
- Continuing Healthcare Guidance
- Welsh Government national priorities for carers

### ***Related NOS***

- **SCDHSC 0387** - Work in partnership with carers to support individuals
- **SCDHSC 0389** -Work with carers, families and key people to maintain contact with individuals

### ***Resources***

- Working with carers: <https://socialcare.wales/hub/hub-resource-sub-categories/carers-and-the-act>
- Resources on support for carers: <https://www.scie.org.uk/carers/>

## Unit 542

## Lead support for carers

<b>Level:</b>	5
<b>GLH:</b>	10
<b>Credit:</b>	8
<b>Unit Summary:</b>	<p>This unit aims to support learners develop the knowledge, understanding and skills to lead support for carers</p> <p>In the context of this unit, the term 'carers' relates to young carers and/or carers who are adults. The term 'individual' relates to adults and/or children</p>

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### Learning outcome:

1. The context of carers in Wales

### Assessment criteria

You understand:

- 1.1 Legislative definition of carers
- 1.2 Demographics of carers
- 1.3 Contribution that carers make:
  - to the quality of life of individuals
  - to the policy agenda of prevention and early intervention
- 1.4 Correlation between the support of carers and sustainability of care and support services
- 1.5 The importance of promoting support for carers well-being, social inclusion, education and employment through the design and delivery of services

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### Learning outcome:

2. Understand how the Social Services and Well-being (Wales) Act 2014 is set as the legislative framework for the assessment and support of carers

### Assessment criteria

You understand:

- 2.1 How the Social Services and Well-being (Wales) Act 2014 legislates for the **assessment and support of carers**
- 2.2 The intention of the Social Services and Well-being (Wales) Act 2014 in supporting positive outcomes for individuals and carers

## Range

**Assessment and support of carers** - duties of statutory health and local authority services, rights of carers, including advocacy; support for plans for carers

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### Learning outcome:

3. Lead practice that promotes the contribution of carers to the assessment and planning process with individuals

### Assessment criteria

You understand:

- 3.1 The importance of carers active contribution in the assessment and **planning process** with individuals
- 3.2 The challenges and sensitivities that may occur between carers and individuals related to:
  - family dynamics
  - power imbalance
  - differences of opinion
  - positive risk taking versus risk aversion
  - complexities in meeting the needs of both the individual and the carer
- 3.3 Strategies that can be used to manage challenges and sensitivities

You are able to work in ways that:

- 3.4 Ensure that carers are supported to contribute to the assessment and planning process with individuals
- 3.5 Support the use of strategies to manage challenges and sensitivities that may occur between the carer and the individual

## Range

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

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### Learning outcome:

4. Lead practice that supports assessment and planning processes for carers

### Assessment criteria

You understand:

- 4.1 How to support workers to know:
  - how to explore with sensitivity the role that carers are undertaking, and how they may wish to be supported with this
  - factors that may impact on carers physical and mental health and well-being
  - the assessment options available to the carer and young carer including joint assessments with the individual

- the roles and responsibilities of those involved in the assessment and **planning process**
- the importance of recognising that not all people undertaking unpaid care will wish to be labelled or perceived as carers
- the potential impact of **change and transition** on carers
- when and how to challenge systems and processes that pose barriers for carers

You are able to work in ways that:

4.2 Ensure that workers are supported provide information to carers on:

- their rights to assessment
- assessment options available to them
- referral processes

### Range

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

**Change and transition** - related to the individual, the carers or when the caring role ends

## Unit 542

## Lead support for carers

### Supporting information

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

**Carers/young carers** - The Social Services and Well-being (Wales) Act (the Act) defines a carer as “a person who provides or intends to provide care for an adult or disabled child”.

The definition is broad and includes adult carers, young carers, young adult carers, parent carers (caring for a disabled child) and so-called sandwich carers (these are people caring for an older person/relative as well as bringing up a family).

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**Joint assessment** - Carers have a right to have their specific needs assessed separately to the person they care for. However, a local authority may combine assessments of the carer and the person they care for if both parties wish this. It is still important to address the specific and distinct needs of both the carer and cared for person.

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**What matters conversation** - The “what matters” conversation is a skilled conversation, undertaken as part of the assessment process. It refers to a *skilled way of working* with the carer and the cared for to establish the situation, their current well-being, what can be done to support them in their caring role and what can be done to promote their well-being and resilience for the better. It is *not* an assessment in itself, it is a way of carrying out the assessment, having the *right type of conversation* with carers and families to establish how you can work with them to support them in good and meaningful ways. A “what matters” conversation is a co-produced interaction between the carer and the practitioner(s) to establish a shared understanding of the situation.

#### ***Related legislation, policies and guidance***

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- The Code of Professional Practice for Social Care and associated resources
- Continuing Healthcare Guidance
- Welsh Government national priorities for carers

### ***Related NOS***

- **SCDHSC 0387** - Work in partnership with carers to support individuals
- **SCDHSC 0389** -Work with carers, families and key people to maintain contact with individuals

### ***Resources***

- Working with carers: <https://socialcare.wales/hub/hub-resource-sub-categories/carers-and-the-act>
- Resources on support for carers: <https://www.scie.org.uk/carers/>

## Unit 543

# Lead and manage inter-professional working arrangements

<b>Level:</b>	5
<b>GLH:</b>	20
<b>Credit:</b>	10
<b>Unit Summary:</b>	<p>The aim of this unit is to support learners to develop the knowledge, understanding and skills needed to lead and manage inter-professional working arrangements.</p> <p>In the context of this unit, the term 'individual' refers to adults and/or children.</p> <p>Inter-professional teams are where team membership comprises of different professions and occupational groups working together to make assessments and decisions</p>

### Learning outcome:

1. Understand the purpose and principles of inter-professional working arrangements

### Assessment criteria

You understand:

- 1.1 The role of inter-professional working arrangements for individuals and/or families/carers
- 1.2 How inter-professional working arrangements are influenced by legislative frameworks, regulation, national and local policies, professional codes of conduct and practice/professional standards and service objectives
- 1.3 The complexities and limitations of inter-professional working arrangements
- 1.4 **Governance arrangements** and **protocols** that need to be in place for effective inter-professional working arrangements
- 1.5 The importance of supporting team members to recognise and respect:
  - The professional codes of conduct and practice/professional standards that apply to members of inter-professional teams
  - The different skills and expertise of team members

### Range

**Governance arrangements:** roles, responsibilities and accountabilities of all team members, lines of communication, professional supervision, operational supervision, performance reviews, continuing professional development, addressing conduct issues

**Protocols:** confidentiality and information sharing, record keeping, allocation of resources, addressing concerns and complaints

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### Learning outcome:

2. Lead and manage effective service delivery through inter-professional working arrangements

### Assessment criteria

You are able to work in ways that:

- 2.1 Ensure that team members are supported to contribute to setting and evaluating the purpose and objectives of the inter-professional team
- 2.2 Ensure that team members understand how their work, individually and collectively, contributes to the achievement of service outcomes
- 2.3 Support the development and implementation of **governance arrangements** and **protocols** within inter-professional working arrangements
- 2.4 Support the development and implementation of arrangements for:
  - Inter-professional decision making and information sharing
  - **Professional and operational supervision**
  - Addressing dilemmas or conflicts that arise as a result of inter-professional working

### Range

**Governance arrangements:** roles, responsibilities and accountabilities of all team members, lines of communication, professional supervision, operational supervision, performance reviews, continuing professional development, addressing conduct issues

**Protocols:** confidentiality and information sharing, record keeping, allocation of resources, addressing concerns and complaints

**Professional and operational supervision:** the boundaries between professional and operational supervision, clear lines of communication, how to resolve professional or ethical dilemmas, boundary issues or conflicts where these are received separately

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### Learning outcome:

3. Lead and manage the delivery of agreed plans

### Assessment criteria

You are able to work in ways that:

- 3.1 Support team members to identify the lead practitioners for the development, implementation, review and evaluation of plans
- 3.2 Support team members to agree roles and responsibilities of those involved in implementing, reviewing and evaluating plans
- 3.3 Ensure that individuals and/or families/carers are supported to understand the role and responsibilities of those involved in their plans
- 3.4 Ensure that a co-productive approach is used with individuals and/or their families/carers in all aspects of their plans

- 3.5 Manage the exchange of information pertinent to the implementation of plans between those involved
- 

**Learning outcome:**

4. Critically evaluate the effectiveness of inter-professional teamworking

**Assessment criteria**

- 4.1 Monitor, record and report on the achievement of identified service outcomes and how these have been supported by:
- Governance arrangements
  - Protocols
  - The inter-professional team members
  - Supervision arrangements
- 4.2 Analyse the effectiveness of identified service outcomes
- 4.3 Make recommendations to inform and improve future practice and service delivery of the inter-professional team

## Unit 543

# Lead and manage inter-professional working arrangements

## Supporting Information

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

#### **Arrangements for inter-professional decision making and information sharing:**

frameworks, forums, case work discussions, multi-disciplinary meetings, sharing best practice

**Inter-professional teams** where team membership comprises different professions and occupational groups (with whom they normally work) and people working together as a team to make assessments and decisions

**Plans:** could include care and support plans, personal plans, behaviour support plans

### ***Related NOS***

- **SCDLMCD3** Lead and manage inter-professional teams

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

- Integrated and Inter-professional Working: A review of the evidence.  
<https://gov.wales/topics/health/socialcare/working/ifst/ifsspublications/tools/?lang=en>

## Unit 544

## Lead work with volunteers

<b>Level:</b>	5
<b>GLH:</b>	10
<b>Credit:</b>	9
<b>Unit Summary:</b>	The aim of this unit is to support learners to develop the knowledge, understanding and skills needed to lead work with volunteers in service provision

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### Learning outcome:

1. Understand the role of volunteering for service provision

### Assessment criteria

You understand:

- 1.1 The role of volunteers and the potential added value that the use of volunteers bring to service provision
- 1.2 The importance of understanding the reasons why people choose to become volunteers
- 1.3 The potential benefits that the service provision can offer to volunteers
- 1.4 How to calculate the cost of volunteers and balance these against identified added value
- 1.5 The importance of using volunteers to complement workers and not replace them
- 1.6 How the Volunteer Code of Practice can be used to support and guide the use of volunteers
- 1.7 The purpose and contents of a policy for the use of volunteers in the service setting
- 1.8 Legislative and regulatory requirements for the use of volunteers within the service setting

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### Learning outcome:

2. Prepare for the use of volunteers in the service provision

### Assessment criteria

You are able to work in ways that:

- 2.1 Identify the requirement for volunteers in service provision
- 2.2 Identify roles that are suitable for volunteers with a diverse range of abilities, styles and motivations
- 2.3 Additional support that may be needed for volunteers who may be vulnerable in their own right
- 2.4 Develop role descriptors for volunteers that:

- comply with legislative and regulatory requirements and the organisations policy for volunteers
  - identify the role's purpose, responsibilities, limitations and working relationships
- 2.5 Ensure that roles for volunteers do not undermine or substitute the work of any paid workers
- 2.6 Identify the personal skills and attitudes that volunteers need for the role
- 2.7 Ensure that:
- risk assessments are carried out for volunteer roles
  - considerations have been made for the safeguarding of volunteers
  - any requirements for insurance are in place
  - the budget required for volunteers is calculated and secured
  - equipment and resources needed for volunteers to carry out their role are available
  - arrangements are made for the induction, training and supervision of volunteers
- 

#### Learning outcome:

3. Lead and manage the recruitment and selection of volunteers

#### Assessment criteria

You understand:

- 3.1 Good practice for the recruitment of volunteers
- 3.2 **Methods and approaches** used to support the recruitment of volunteers
- 3.3 The importance of developing volunteer role descriptors that clearly set expectations
- 3.4 The purpose and content of a volunteer agreement
- 3.5 The importance of meeting **legal responsibilities** when recruiting volunteers
- 3.6 Why diversity matters and how to increase this during recruitment
- 3.7 Reasons why volunteers may not be considered suitable and how to provide feedback to unsuccessful applicants

You are able to work in ways that:

- 3.8 **Implement systems, procedures and practice** for the safe recruitment of volunteers
- 3.9 Ensure that methods and approaches are used to attract volunteers from a wide range of backgrounds and abilities
- 3.10 Ensure that volunteers are made aware of:
- the volunteer roles you are recruiting for and the activities involved
  - how the volunteer roles contribute to the strategic vision of the service provision
  - the knowledge, skills, experience, personal qualities and availability required
  - mandatory training requirements
  - references or official checks that will be carried out on applicants for the role
  - factors which would exclude them from being considered for certain volunteer roles

- the commitment they would need to make
  - the potential benefits of the volunteer roles to themselves
  - opportunities for continuing professional development
  - how they can access additional support
- 3.11 Help potential volunteers articulate their motivations for volunteering and understand how volunteer roles could meet their needs and expectations
- 3.12 Provide sufficient information to potential volunteers to allow them to assess their suitability for specific volunteer roles, whether the roles will meet their needs and expectations and what support they may require
- 3.13 Place volunteers in roles which provide a good fit with:
- their knowledge, skills and experience
  - personal qualities
  - availability
  - their needs and expectations
- 3.14 Ensure that successful applicants are provided with and understand volunteering agreements

### Range

**Methods and approaches:** targeting of key audience, volunteer centres, websites, word-of-mouth, flyers/posters, open meetings, consideration of the need for diversity

**Legal responsibilities:** screening of applicants (DBS disclosure if applicable, references), adherence to GDPR, finances (expenses, benefits, tax), legislative and regulatory requirements for the service provision

**Implement systems, procedures and practice:** in accordance with legislative, regulatory and organisational contexts

### Learning outcome:

4. Lead and manage support for volunteers

### Assessment criteria

You understand:

- 4.1 The **support** that volunteers need to undertake their roles

You are able to work in ways that:

- 4.2 **Implement systems, procedures and practice** for the **support** of volunteers
- 4.3 Ensure that volunteers are supported to understand:
- their responsibilities and expectations
  - actions they should take if asked to work outside of agreed responsibilities or expectations
  - lines of communication
  - safeguarding arrangements
  - professional boundaries

- 4.4 Ensure that volunteers are provided with opportunities to give feedback on their role, experiences and the way they are supported
- 4.5 Ensure that volunteers are recognised for their roles and the value that they bring to the service provision

### Range

**Implement systems, procedures and practice:** in accordance with legislative, regulatory and organisational contexts

**Support:** induction, training, mentoring, constructive feedback, recognition of value to service provision, supervision

## Unit 544

## Lead work with volunteers

### Supporting Information

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

**Content of a volunteer agreement:** the volunteering role, the activities involved, the boundaries of the role, the standards of performance and behaviour expected, the training, support and supervision that the volunteer can expect, risk assessments for the role and the terms of any insurance cover, expenses that will be reimbursed by the service provision, organisational policies that are relevant to the volunteer role

#### **Reasons why people offer to become volunteers:**

- to show commitment to a cause or client group; to be an agent of change; to be an advocate or watchdog
- to help people; for the sake of someone they know; as a family tradition; to set a good example
- to give professional skills or experience; to develop or maintain skills
- to explore a possible career; to gain accreditation or experience
- to feel good; to gain status; to gain inside knowledge or access to services
- to make friends; to work as a team; to have fun; to be with a different group of people; to get to know their community; to do something with a friend or family member
- out of duty; to repay a debt
- to do something other than the usual daily occupation; an excuse to do something which is enjoyed; for a healthier lifestyle; as therapy
- to get out of the house; to give structure and routine; to give meaning or purpose; to escape; to keep busy
- because it was convenient; because they were asked; because of who asked; because they were in the right place at the right time; because there was no-one else to do it

#### **Reasons why applicants / volunteers may be considered inappropriate for the role:**

- DBS check indicates they are unsuitable for role - in line with organisational policy.
- Inability to provide references (if references are required)
- Requiring support that cannot be provided by the organisation
- Receiving ongoing personal support that could indicate unsuitability for the role
- Inability to engage with the required training, or to achieve assessed standards, or to volunteer within the organisation's volunteer policies. This could include inability to meet key policy requirements e.g. behaviour or attitudes which contravene Equal Opportunities and Diversity policy.
- Active drug and alcohol misuse

Volunteering is activity which:

- is undertaken freely, by choice
- is undertaken to be of public/ community benefit
- is not undertaken for financial gain'

**Volunteer Code of Practice:** WCVA

[https://www.wcva.org.uk/media/58792/wcva\\_volunteering\\_code\\_of\\_practice\\_a2\\_poster\\_4\\_final\\_proof.pdf](https://www.wcva.org.uk/media/58792/wcva_volunteering_code_of_practice_a2_poster_4_final_proof.pdf)

**Volunteers who may be vulnerable in their own right:** for example young adults or adults at risk as a result of their personal circumstances or own care and support needs

### ***Related NOS***

- SFTMVC1 Manage the recruitment and placement of volunteers
- SFTMVD1 Plan, organise and monitor volunteering activities
- SFTMVC3 Recruit and place volunteers

### ***Resources***

**DBS – making barring referrals:** <https://www.gov.uk/guidance/making-barring-referrals-to-the-dbs>

**WCVA Recruiting Volunteers: A manual of good practice**

[https://www.wcva.org.uk/media/627518/finalrecruiting\\_volunteers\\_manual\\_e\\_5\\_.pdf](https://www.wcva.org.uk/media/627518/finalrecruiting_volunteers_manual_e_5_.pdf)

#### **WCVA Information sheets**

[Thinking about volunteering](#)

[Developing a volunteer strategy](#)

[Creating a volunteering policy](#)

[Recruiting, selecting and inducting volunteers](#)

[Attracting Welsh speaking volunteers](#)

[Equality and Diversity in volunteering](#)

[Equality and diversity monitoring for volunteers](#)

[How to ensure volunteer satisfaction](#)

[Keeping volunteers safe](#)

[Risk assessment - volunteers based at home](#)

[Safeguarding and good management practices](#)

[Disclosure Barring Services](#)

[Volunteers and the law](#)

[Volunteers and welfare benefits](#)

[Volunteer expenses](#)

[Investing in Volunteers](#)

[Supporting harder to place volunteers](#)

[Involving young people as volunteers](#)

[Understanding mental health and volunteering](#)

[Volunteer Drivers](#)

The economic value of volunteers

Employer Supported Volunteering

What do Volunteer Centres do in Wales?

Managing volunteers exits

Volunteers and insurance

Involving volunteers from overseas

The language of volunteering - terms explained

Managing concerns relating to volunteers

Promoting Welsh Language through volunteering

Welcoming volunteers who are asylum seekers or refugees

Carers and volunteering

Supporting Volunteers who have Additional Learning Needs

**<https://www.wcva.org.uk/advice-guidance/volunteers>**

## Unit 545

## Lead and manage business planning and processes

<b>Level:</b>	5
<b>GLH:</b>	20
<b>Credit:</b>	12
<b>Unit Summary:</b>	<p>The aim of this unit is to support learners to develop the knowledge, understanding and skills needed to lead and manage business planning and processes</p> <p>In the context of this unit, the term 'individuals' refers to adults and/or children</p>

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### Learning outcome:

1. Apply the principles of business planning

### Assessment criteria

You understand:

- 1.1 The purpose of business planning
- 1.2 The importance of having a clear vision for what is intended to be achieved
- 1.3 The role of **market intelligence** in business planning

You work in ways that:

- 1.4 Identify the overall vision of the service provision and the **governance** within which it operates
- 1.5 Identify the main purpose, aims and objectives of the service provision
- 1.6 Evaluate how the vision of the service provision, its purpose, aims and objectives contribute to the achievement of positive outcomes for individuals and/or families/carers
- 1.7 Analyse **market intelligence** to identify risks, potential markets and business opportunities for the continuing development and **viability** of the service provision in the short, medium and long term
- 1.8 Analyse implications of **changing internal needs** on the continuing development and viability of the service provision in the short, medium and long term
- 1.9 Identify unique aspects of the service provision

### Range

**Governance:** the way in which the provision is governed and directed as required by the organisation, legislation, regulations, standards, national and local policy

**Market intelligence:** trends in demand, target market/audience, demographics, competition, growth projections, technology, changing methods of purchasing and providing services relevant to the service provision, legislative, regulatory and policy requirements and restrictions

**Viability:** the ability of the provision to sustain its activities in terms of financial, human physical and environmental requirements and services in both rapidly changing and planned circumstances

**Changing internal needs:** the changing needs of individuals using the service, organisational restructures, staff composition

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### Learning outcome:

2. Develop, implement, review and evaluate strategic and operational plans for the service provision

### Assessment criteria

You understand:

- 2.1 The purpose of strategic and operational planning
- 2.2 How to establish short, medium and long-term goals in the context of costs, risks and benefits

You are able to work in ways that:

- 2.3 Appraise options for strategic and operational plans in terms of costs, risks, benefits and outcomes for the short, medium and long term
- 2.4 Prioritise strategic objectives for the service provision that are consistent with its purpose and vision and support its continuing development and **viability**
- 2.5 Lead the development of operational plans for the service provision
- 2.6 Ensure that others are clear about the link between operational plans and the overall vision of the service provision and the governance within which it operates
- 2.7 Ensure that operational plans are flexible and open to change
- 2.8 Balance new ideas with tried and tested solutions for operational planning
- 2.9 Allocate resources for achievement of objectives for strategic and operational plans and take action where resources are not being used effectively and efficiently
- 2.10 Develop and use measures and methods for monitoring and evaluating strategic and operational plans
- 2.11 Develop contingency plans to manage any identified risks to the viability of the service provision

### Range

**Viability:** the ability of the provision to sustain its activities in terms of financial, human physical and environmental requirements and services in both rapidly changing and planned circumstances

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## **Unit 545                      Lead and manage business planning and processes**

### Supporting Information

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

##### **Strategic plans and operational plans:**

The process of business planning is made up of several steps. A strategic plan is used to outline service objectives and to identify the methods in which those objectives can be reached. An operational plan is the comprehensive way in which the service or team will use its resources to achieve company goals. Strong links between the strategic plan and the operational plan are needed to allow the service to operate efficiently.

**For learners working in a clinical health environment the following guidance is for the ranged term 'Market intelligence' in learning outcome 1:**

**Competition** would refer to if there was a potential overlap or duplication of services locally

**Methods of purchasing** would refer to the role of Shared Services and their protocols

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

- SCCLMCE5 Develop operational plans and manage resources to meet current and future demands on the provision of care services
- SCCLMCE7 Develop, implement and review strategic business plans that support the continuing development and viability of care service provision

#### ***Resources***

Mind Tools 'The planning cycle': [https://www.mindtools.com/pages/article/newPPM\\_05.htm](https://www.mindtools.com/pages/article/newPPM_05.htm)



## Unit 546

## Lead and manage a therapy team

<b>Level:</b>	5
<b>GLH:</b>	80
<b>Credit:</b>	20
<b>Unit Summary:</b>	<p>This unit covers the skills required to manage and lead a therapy team, or sub-specialty</p> <p>The service will be patient-facing, with the individual having responsibility for team delivering care.</p> <p>In the context of this unit patients may include children and/or adults dependant on the focus of the therapy team</p>

### Learning outcome:

1. Lead and manage practice that complies to specific legislative and regulatory requirements, national policy guidance and standards for therapy professions

### Assessment criteria

#### You understand:

- 1.1 **Specific requirements** for therapy practice
- 1.2 **Legislative frameworks**, Welsh Government policy that promote individuals and their families/carers to realise:
  - A full and valued life
  - Their Rights
  - Equality
  - Voice and control
  - Well-being
  - Co-production
  - Inclusion and participation
  - Life choices
  - Outcomes that reflects 'what matters' to the individual
- 1.3 The **scope** of the service for which your service is funded

#### You are able to work in ways that:

- 1.4 **Implement systems, procedures and practice** that comply to specific requirements for therapy practice
- 1.5 Support staff to understand how to:
  - use research and theoretical frameworks to inform and develop practice
  - how the Mental Health and Mental Capacity Act may affect the liberty of some individuals
  - Types of advocacy available and how these can be accessed and used

- 1.6 Ensure that individuals are able to access advocacy support
- 1.7 Ensure the significance of an individual's heritage and culture is recognised

#### Range:

**Specific requirements:** NICE Guidelines, Patient Pathways, National Standards, Health Care Standards (2015), General Data Protection Regulation (2018), Wales Accord on the Sharing of Personal Information (2018), Health Act (2007), Mental Capacity Act (2005) including Deprivation of Liberty Safeguards, Professional Standards, Local Delivery Plans

**Legislative frameworks:** Social Services and Well-being (Wales) Act 2014, Well-being of Future Generations (Wales) Act 2015, **The EU Regulation on Medical Devices 2017/745**

- 1.8 **Scope**, to include demographics and disease prevalence related to the specific service area
  - 1.9 **Implement systems, procedures and practice** in accordance with legislative, regulatory and organisational contexts
- 

#### Learning outcome:

- 2 Lead and manage embedding Organisational Values and behaviours into the therapy team practice

#### Assessment criteria

##### You understand:

- 2.1 The organisation's values and how they relate to staff well-being.
- 2.2 The importance of compassionate and collaborative leadership
- 2.3 The implications of unprofessional behaviours and conduct both in, and outside of the workplace

##### You are able to work in ways that:

- 2.4 Support others to understand the organisation's values and how they relate to staff well-being
  - 2.5 Reflect the organisation's values and role model these in practice
  - 2.6 Role model compassionate and collaborative leadership
  - 2.7 Role model professional behaviours and ensure that staff display these behaviours in practice
  - 2.8 Employ a positive coaching approach with staff within your team
  - 2.9 Enable staff to role model the organisation's values and behaviour's
  - 2.10 Enable staff members to express concerns within a "no-blame" culture
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#### Learning outcome:

3. Lead and manage an individual's journey through the service

#### Assessment criteria

##### You understand:

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### 3.1 How to lead and manage:

- in-coming **referrals** to your service
- establishment of clinical need through appropriate assessment protocol
- the development of individualised strengths-based treatment plans to achieve positive outcomes as agreed with the patient
- Delivery of the treatment plan and on-going evaluation of the treatment plan
- Follow-up and discharge

### You are able to work in ways that:

3.2 Implement systems, procedures and practice that embed a co-productive approach with individuals and their families/carers in the **planning process**

3.3 Lead and manage the development of treatment plans in collaboration with the individual to achieve agreed positive outcomes

3.4 Lead and manage the completion of assessments of need in collaboration with the individual / families/carers

3.5 Lead and manage smooth transitions of care between different teams, settings and services

3.6 Support staff/ individuals and their families/carers to understand the

- The need for explicit consent and its implications
- potential implications of mental capacity assessments and best interest decisions
- types of advocacy available and how these can be accessed and used

3.7 Lead and manage practice that promotes co-productive, rights-based approaches which support individuals to:

- Manage dilemmas that arise when balancing their rights to take risks with their safety and well-being

3.8 Lead practice that actively challenges situations where the rights of individuals are not being upheld

3.9 Evaluate the patient's pathway to assess the effectiveness in the achievement of agreed outcomes

### Range

**Referrals:** to include management of waiting lists, the impact of performance targets, service capacity, the use of patient pathways

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

**Implement systems, procedures and practice:** in accordance with legislative, regulatory and organisational contexts

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### Learning outcome:

4 Lead and manage the operational requirements of the service

### Assessment criteria

#### You understand:

- 4.1 The need to balance the budget of the service, whilst meeting clinical requirements
- 4.2 The job evaluation process as it relates to the development of new and changing roles
- 4.3 The procurement and tendering process for ordering equipment
- 4.4 The Key Performance Indicators (KPI's) for the service

**You are able to work in ways that:**

- 4.5 Support others to understand the need to balance the budget of the service, whilst meeting clinical requirements
- 4.6 Lead and manage the **safe use of equipment** and devices that comply with local and national policies
- 4.7 **Implement systems, procedures and practice** that support the delivery of Key Performance Indicators for your service

**Range**

**Safe use of equipment**, to include stock control, Inventory, storage and maintenance, infection control and decontamination requirements, Disposal, Accessibility of equipment and devices, The role of clinical engineering, the use of equipment "libraries"

**Implement systems, procedures and practice**: in accordance with legislative, regulatory and organisational contexts

**Learning outcome:**

- 5 Lead and manage the workload of the therapy team

**Assessment criteria**

You understand

- 5.1 The implications of skill mix and competence levels on duty rotas
- 5.2 The process of effective delegation
- 5.3 How delegation relates to accountability and responsibility for delegated tasks

5.4 Your responsibilities in regards to the impact of the workload to balancing:

- Duty of Care
- Caseload demands
- Prioritisation of clinical needs
- Capacity to deliver the service
- Referral to treatment times
- Waiting lists

5.5 Your responsibilities in regards to the impact of the workload on staff to include:

- Meeting the therapy needs of individuals
- Staff health and well-being
- No blame culture with regard to errors
- Learning from errors, complaints, and compliments
- Meal Breaks and Hydration policy

You are able to work in ways that:

5.6 Support others to understand

- The implications of skill mix and competence levels on duty rotas
- how delegation relates to accountability and responsibility for delegated tasks

5.7 Lead and manage the team to ensure that staffing levels reflect the skill mix required by the workload

5.8 Lead and manage the team to meet the therapy needs of individuals as prescribed in their care plans

5.9 **Implement systems, procedures and practice** that promote and support staff health and well-being

Range

**Implement systems, procedures and practice:** in accordance with legislative, regulatory and organisational contexts

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Learning outcome:

6 Lead and manage practice that ensures a holistic view of an individual's health

Assessment criteria

You understand:

6.1 The need to take responsibility to report/refer any conditions observed affecting an individual that fall outside scope of practice

6.2 That in order to plan and deliver a patient's holistic care the following are essential:

- Co-production with the individual, family/carers

- a strengths-based approach
- agreed positive outcomes that reflect what matters to the individual, family/carer
- discussions with individuals regarding healthy lifestyle choices and self-management

6.3 The local services that can be accessed to support individuals

6.4 How to mitigate any risk factors that may impact on an individuals' well-being

You are able to work in ways that:

6.5 Lead and manage a supportive environment for all individuals, signposting to other services as required

6.6 Lead and manage collaboration with specialist professionals to support individuals

6.7 How to lead practice that supports the rights of individuals

- to take positive risks
- to address challenges that individuals may encounter in exercising their rights

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Learning outcome:

7 Lead and manage support for Welsh language in the therapy service

Assessment criteria

You understand:

7.1 Legislative and regulatory requirements, national policy and guidance for the Welsh language and the 'Active Offer' in the therapy area

7.2 The characteristics of services that provide an Active Offer Welsh Language Standards

7.3 How to provide information bilingually

7.4 Practical ways of developing and promoting Welsh in the workplace

You work in ways that:

7.5 **Implement systems, processes and practice** that support the 'Active Offer', the Welsh Language Standards and the development of Welsh in the workplace

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Learning outcome:

8 Lead and manage meetings

Assessment criteria

You understand

8.1 The purpose, objectives and terms of reference of the meeting

8.2 The purpose and structure of an agenda

- 8.3 how to select and invite the right people to attend the meeting in a timely manner
- 8.4 how to appoint a chair
- 8.5 the roles and responsibilities of the chairperson, the secretary and individuals at the meeting
- 8.6 meeting protocol and procedures, including using video conferencing facilities
- 8.7 the need to ensure that all members of the group have the opportunity to contribute
- 8.8 Strategies to manage challenging situations within a meeting
- 8.9 the purposes of minutes and action plans
- 8.10 Distribution of papers in a timely manner

You are able to work in ways that:

- 8.11 Ensure that all members have the opportunity to contribute
- 8.12 ensure the timely distribution of **papers** before and after the meeting

## Unit 546                      Lead and manage a therapy team

### Supporting Information

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

**Contracts:** contracts with individuals and with local authorities/health boards/Third Sector organisations

**Consent:** In the context of this unit where the service includes children the specific areas of Looked after children, parental responsibility, the difference in consent requirements for those ages 0-15 & 16-17 years and Frasier guidance

**Transitions of care** includes all professionals working with an individual in a co-productive manner to facilitate a safe discharge/transfer of care. In addition to the individual this may include carers, NHS staff, LA staff, agencies, third sector, volunteers and others.

Those involved in post-discharge care; individual, family/carers, community teams, social services, Local authorities, care agencies, care homes, ambulance service, child to adult services

**Holistic Care:** takes account of all aspects of an individual's health and wellbeing, including social, economic, and any existing conditions such as mental ill-health, learning disability, physical disability, autism, dementia, vascular disease, life-limiting and long-term conditions

Further guidance from:

1000 Lives

<http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/How%20to%20%289%29%20falls%20%28Feb%202011%29%20Web.pdf>

<http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/FRATtool.pdf>

NHS Governance e-manual

<http://www.wales.nhs.uk/governance-emanual/health-and-care-standards-supporting-gui-17>

NICE

<https://www.nice.org.uk/guidance/cg161/documents/falls-full-version2>

**Funding considerations:** local systems including brokerage, Continuing Health Care, assessment and eligibility, Mental Health Act section 117 after-care

**Healthy lifestyle discussions,** to include Making Every Contact Count, Public Health agenda, lifestyle factors

**No Blame culture:** should cover how to raise concerns with local manager, through to whistle blowing procedures within NHS Wales according to the all Wales policy

**Patient Pathways:** should include the individualisation of the pathways for specific patients and the reasons why a therapist may diverge from the pathway to provide person centred care

1.10

### **Professional Standards**

As they relate to the individual's profession/specialism: to include Codes of Conduct, specific clinical pathways, related NICE guidelines, local delivery plans

**Supportive Environment** is one that recognises and actively challenges prejudice, stereotypical assumptions, discrimination and negative attitudes towards individuals

**Video conferencing facilities** may include VC, Skype, Google Chats. This is not an exhaustive list.

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

Health Care Standards (2015),

Duty of Care,

Duty of Candor (new act),

Mental Capacity Act,

Deprivation of Liberty Safeguards,

Well-being of Future Generations (Wales) Act 2015

- NHS Values and Standards
- Organisational Values
- Delegation Guidelines
- Social Services and Well Being (Wales) Act 2014
- **www.nice.org.uk/guidance**
  - Welsh Language Act 1993
  - Equality Act 2010
  - Welsh Language Standards 2018  
<http://www.legislation.gov.uk/wsi/2018/441/made>
  - General Data Protection Regulations  
<https://www.gov.uk/government/publications/guide-to-the-general-data-protection-regulation>,
  - Welsh accord on the sharing of public information (WASPI 2018)  
<http://www.waspi.org/home>

ALN Act

**The EU Regulation on Medical Devices 2017/745;**

**<https://www.gov.uk/guidance/medical-devices-eu-regulations-for-mdr-and-ivdr#health-institutions-and-the-regulations>**

## Unit 401

# Using assessments for the development of personal plans

<b>Level:</b>	4
<b>GLH:</b>	35
<b>Credit:</b>	6
<b>Unit Summary:</b>	<p>This unit aims to support learners to develop the knowledge, understanding and skills needed to use assessment information to develop personal plans for the delivery of care and support that meets identified outcomes.</p> <p>In the context of this unit, 'individual' refers to adults or children and young people. Practice assessment would include families/carers where appropriate.</p>

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### Learning outcome:

1. Assessment and care and support planning

### Assessment criteria

You understand:

- 1.1 Legislation, national policy and guidance related to assessing the needs of individuals
- 1.2 How the national assessment and eligibility tool is used for assessments
- 1.3 The reasons for the 'National Minimum Core Data Set'
- 1.4 The importance of the five elements of assessment
- 1.5 **Key elements** of an assessment of need
- 1.6 The **primary focus** of assessment
- 1.7 What is meant by 'outcomes orientated' assessment
- 1.8 The rights of individuals to access advocacy support for their assessment
- 1.9 Requirements for providing and reviewing care and support plans
- 1.10 Principles of, format and content requirements of care and support plans
- 1.11 How judgement is made about eligible care and support needs
- 1.12 The use of direct payments for care and support
- 1.13 Responsibilities of local authorities for assessment of adults and children in the secure estate
- 1.14 When an integrated/specialist assessment may be required and who may be involved in this
- 1.15 Charging arrangements for eligible care and support in local area

### Range

**Key elements** - co-production, strengths-based approach, outcome focused

**Primary focus** - building on an individual's strengths and assets including their abilities and families/communities

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Learning outcome:

2. Use assessment information and care and support plans to develop personal plans

Assessment Criteria

You understand:

- 2.1 Own role for developing personal plans and the processes that must be followed
- 2.2 Ways of working to build positive, supportive relationships with individuals, their families/carers including finding out about their daily lives, history and culture
- 2.3 How to have meaningful conversations with individuals and their families/carers about what matters to them and the support that they need
- 2.4 How to deal with conflicts between the views and choices of individuals and their families/carers
- 2.5 Protocols for gaining and confirming consent:
  - of individuals and families/carers when sharing information with services and professionals
  - of individuals when sharing information with families/carers and others
- 2.6 The importance of ensuring a non-judgemental approach towards the personal circumstances of individuals, their families/carers and the way that they lead their lives

You are able to work in ways that:

- 2.7 Review information to identify the assessed needs of the individual and their identified outcomes
- 2.8 Clarify with the individual their assessed needs, identified outcomes and how they would like to be supported to achieve these
- 2.9 Embed a co-productive approach to develop a strengths-based, outcome focused personal plan that identifies support from:
  - families, friends, networks and communities
  - the service/workers
- 2.10 Support the individual to consider potential risks and agree how these may be managed
- 2.11 Ensure the plan includes an element of flexibility to support positive outcomes
- 2.12 Support the individual to understand how the personal plan will be implemented
- 2.13 Agree how the personal plan will be monitored, reviewed and adapted to meet changing needs
- 2.14 Ensure that the personal plan is recorded and made available in an accessible format for the individual

## Unit 401

# Using assessments for the development of personal plans

## Supporting Information

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

References throughout guidance that refer to 'the Act' relate to the Social Services and Well-Being (Wales) Act 2014 .

#### **Charging and financial assessment:**

Part 5 of the Act replaced previous legislation and allows local authorities the discretion to set a charge for the non-residential and residential care and support they provide or arrange for adults. The Act introduced one set of charging and financial assessment arrangements rather than the, previously, differing arrangements for charging for non-residential and residential care and support. A weekly maximum charge and "buffer" will be maintained, as well as a capital limit to be used to determine who pays the full cost of their residential care themselves.

The regulations prohibit charging children and young people under 18 (or their parents or guardians) for care and support received under Part 4 of the Act.

The Act requires mandatory deferred payments schemes for residential care. Deferred payment agreements allow a person to 'defer' or delay the need to sell their property (or other asset) to meet the costs of their residential care until a later, more appropriate time for them. Instead the cost of their residential care is met by their local authority with the costs of this secured against the value of their property by means of placing a first legal mortgage charge upon it.

A local authority can charge a low level flat rate charge for prevention or assistance provided to adults although not for preventative services for children. Note that the provision of information and advice are excluded from charging under the Act, but that a flat rate fee for assistance can be charged.

The Act maintains the current individuals who may not be charged and forms of care and support for adults for which a charge cannot be made e.g. six weeks free home care following a period in hospital.

#### **Direct payments**

The Act sees direct payments as enhancing an individual's ability to have real choice and control as to how to meet their personal outcomes: it encourages their use. Where eligible care and support needs, or support needs in the case of a carer, have been identified and that individual, or their representative, expresses a wish to receive one, direct payments must be made available in all cases where they enable personal outcomes to be achieved.

Direct payments are designed to be used flexibly and innovatively, and there should be no unreasonable restriction placed on their use as long as it is being used to meet an eligible need for care and support. The Act removes some current exclusions of certain classes of payments (with appropriate safeguards).

A key change is that direct payments are able to be provided for any identified need for support a local authority is to meet including, unlike previously, in long term residential settings.

An adult, child / their family or carer will be able to use their direct payments to purchase their care and support directly from their local authority if they wish (previously prohibited).

The previous direct payment regulations allowed the employment of close relatives living in the same household so long as the local authority agreed that this was necessary for the individual's requirements. This is now viewed and expressed more positively so long as the local authority has no doubts as to the individual's wish for such an arrangement and are assured that the individual's personal outcomes will be met by this arrangement.

Many people use the direct payment to become an employer e.g. by employing a personal assistant (PA). If so, the local authority should give people clear advice as to their responsibilities when managing direct payments.

In general, people should be given assistance to maintain their ability to receive a direct payment where they are unable or unwilling to manage one.

### **Eligibility for care and support**

The individual has an eligible need for care and support if an assessment establishes that they can only overcome barriers to achieving their personal outcomes by the local authority working with them in jointly preparing a care and support plan, or support plan for a carer, and ensuring that the plan is delivered.

If the provision of care and support cannot help the person achieve their personal outcomes the question of eligibility does not arise. It is not the purpose of the eligibility criteria to draw local authority care and support services into challenges they cannot address (such as provision of health care, employment, or education).

If the individual's personal outcomes cannot be met, or cannot be sufficiently met, solely through care and support co-ordinated by themselves, their family or carers, the individual has an eligible need.

The eligibility decision flows naturally from the assessment process. All five elements must be taken into account in the assessment, and from this a judgement reached about whether the person has eligible needs. There are no longer any thresholds in relation to eligibility. Determining eligibility is not about giving a right to any one service; it is about access to care and support to meet personal outcomes.

Note that the National Minimum Core Data Set (NMDS) must be completed as part of the initial assessment.

The regulations specifically identify needs which meet the eligibility criteria for children. Identifying whether there would be an adverse effect on the development of the child if the need goes unmet is crucial. Assessing children's needs must be about ensuring their best interests are met and their welfare safeguarded.

A key part of assessment must be to establish whether there is reasonable cause to suspect that an adult or child is experiencing or at risk of abuse, neglect or other harm.

**Key elements** of an assessment of need:

The Act required local authorities to make significant changes in how they respond to individuals with needs for care and support and in the services that they commission. The implementation of the Act required a change to assessment practice, with a move away from 'identifying what services an individual needs' to an emphasis on what care and support the individual requires to achieve the personal outcomes 'that matter to them' – outcomes identified through a respectful conversation about how the individual and / or their family wants to exercise control over decisions about their care and support.

The process of assessment should be based on the principles of co-production so that practitioners and individuals share the power to plan together. This might mean a shift in relationship between professionals and people who use services. For professionals it will be important not to be too risk averse, and to enable and empower individuals.

Developing a strengths-based approach is seen as a key aspect of working collaboratively between the individual supported and the professional(s) supporting them, working together to determine outcomes that draw on the individual's strengths and assets.

The primary focus is not on problems or deficits, but building on people's resources and assets, including people's strengths, abilities and families or communities. Practitioners may like to use the following list to consider their own practice:

- Outcome-orientated: the central element of a strengths-based approach is the extent to which people themselves identify the outcomes they would like to achieve in their lives (for those with parental responsibility for under 16s, the outcomes they would like for their child) and practitioners then work with them to achieve desired outcomes.
- Ability to understand and develop community responses to the need for care and support of individuals, rather than assessment for services.
- Reduce reliance on formalised prescriptive approaches and further emphasise the use of professional judgement. Professionals should move towards empowerment while keeping the individual's welfare and / or well-being in mind at all times.
- Undertake assessments proportionate to the severity of the need for care and support and the complexity of the situation.

## **National assessment and eligibility tool**

Assessments must, as a minimum, record information in line with the national assessment and eligibility tool, which comprises the national minimum core data set and an analysis structured around the 5 elements of assessment:

- assess and have regard to the person's circumstances;
- have regard to their personal outcomes;
- assess and have regard to any barriers to achieving those outcomes;
- assess and have regard to any risks to the person if the outcomes are not achieved; and
- assess and have regard to the person's strengths and capabilities.

The process of assessment requires that practitioners must have discussions with people to identify what matters to them and the personal outcomes they wish to achieve (and in the case of children, the outcomes which any person(s) with parental responsibility wishes to achieve for the child), and what contribution the individual and their family or the wider community can make to achieving those outcomes.

Effective assessments should be valuable experiences in themselves. They should build a better understanding of someone's situation, identify the most appropriate approach, and establish a plan for how they will achieve their personal outcomes.

**Personal plan** – a personal plan sets out how care and support needs will be met. Individuals should be involved in the preparation of their own care and support plan as much as possible. The personal plan may also be referred to as the service delivery plan.

### **Principles of care and support plans, the format and content requirements**

The overarching duties of the Act must be followed when developing plans, which should be person-centred, promote well-being and be outcome-based. It is also important that they are clear and concise and use appropriate language, communication methods and are in an accessible format so that the individual can participate in their planning and understand their plan.

Safeguarding runs throughout the Act and all practitioners will need to be alert to any risk of harm to the individual or to others. Care and support planning will explore the possible responses to these risks and agree approaches to risk management and / or mitigation.

Plans must also be integrated where possible (and it is appropriate to do so) and be jointly owned and operated by practitioners. For example, integrated across health and social care or social care and education.

The format of the support plan must be agreed by the local authorities and local health board (LHB) and NHS Trusts and, as a minimum, must be consistent across the regional LHB footprint. They must work together to ensure that local and specialist templates for support plans meet the national minimum core data set and content required.

Planning must reflect the Welsh Government Strategy 'More than Just Words', which means that local authorities must be proactive and enable people to communicate and participate through the medium of Welsh.

The plan as a minimum should cover the following content:

- personal outcomes which have been identified by the individual, and the actions to be undertaken to help achieve them by the local authority and others
- the need(s) for care and support that will be met
- the review arrangements and how progress will be measured

Where appropriate plans should also set out:

- the roles and responsibilities of the individual, carers and family members
- the resources (including financial resources) required from each party
- any direct payments that make up all or part of the plan.

### **Requirements for providing and reviewing care and support plans**

Local authorities must provide, and keep under review, care and support plans for children and adults, and support plans for carers, who have needs which meet the eligibility criteria.

This duty also applies for people where it appears to the local authority that it is necessary to meet their needs in order to protect them from, or risk of, abuse or neglect or (for children) other harm.

Many individuals' needs for care and support can be met without a formal plan. In such instances relevant preventative or community based services should be clearly signposted to the individual or their family. A record of how these needs will be met without a plan must be made on the National Assessment and Eligibility Tool.

However, a plan is needed when the individual is unlikely to achieve their personal outcomes unless the local authority provides or arranges care and support to meet an identified, eligible need.

The local authority must involve the individual and jointly develop the plan and, where feasible, any carer. The plan should set out the ways in which the individual can be supported to achieve their personal outcomes; the types of care and support that might be best suited and available to them; and how these can be accessed.

The plan must be kept under review. If the authority believes that an individual's eligible need for care and support has changed, it must conduct an assessment and revise the plan as necessary.

The Act introduced the portability of support plans for adults and children across Welsh local authority boundaries. This means that if someone with eligible needs relocates within Wales the 'new' authority has a duty to maintain the care and support set out in their previous plan at least until it has had the opportunity to review their needs.

## **The secure estate**

The Act brought in a new duty for local authorities in respect of adults with care and support needs who are in the secure estate in Wales, and an extension of the duty of a local authority to visit a looked after child, or former looked after child, to all children in the secure estate and a change in how existing responsibilities for the care and support of children in the secure estate (whether detained in England or Wales) are fulfilled.

The responsibility for the need for care and support of an adult, regardless of their place of ordinary residence before their detention, falls on the local authority where the provision is located. This was a big change for local authorities with prisons and they have the same duties to fulfil in respect of assessing and meeting the need for support for adults in the secure estate as for their citizens in the community i.e. the requirements outlined in the previous slides. They need to take a holistic approach when individuals are serving their sentence and when planning for their release.

The responsibility for the support needs of a Welsh child falls on their Welsh home local authority, that is, the local authority in whose area the child was ordinarily resident prior to being in custody. If the child has no known ordinary residency status, then responsibility for their support needs will fall on the local authority where the child is detained, whether that be in England or Wales.

## **When an integrated/specialist assessment may be required**

A key part of assessment must be to establish whether there is reasonable cause to suspect that a child or adult is experiencing or at risk of abuse, neglect or other kinds of harm and unable to protect himself or herself (with regards to adults) and whether any emergency action is required to safeguard the person.

The practitioner should undertake an assessment that is proportionate to the circumstances, but should take into account the five elements of assessment that enable an eligibility decision to be made. An assessment may conclude that a more comprehensive or specialist assessment is required, including a partnership approach of one or more agencies or professional assessments. These should all feed into one integrated assessment and one single assessment process.

An assessment should identify whether, and if so to what extent, the provision of advice and information or signposting to preventative or other services could contribute to the achievement of the individual's personal outcomes or otherwise meet their care and support need(s).

The eligibility decision flows naturally from the assessment process. All five elements must be taken into account in the assessment, and from this a judgement reached about whether the person has eligible needs. If the identified need(s) can only be met through a care and support plan or a support plan the need will be eligible.

## ***Related NOS***

- SCDHSC0415: Lead the service delivery planning process to achieve outcomes for individuals

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

- <https://socialcare.wales/hub/hub-resource-sub-categories/assessing-and-meeting-individual-needs>
- NHS (Wales) Act 2006
- Local Authority Social Services Act 1970
- Mental Capacity Act 2005.
- Social Services and Well-being Act 2014. Part 3. Code of Practice (assessing the needs of individuals)
- Social Services and Well-being Act 2014. Part 4. Code of Practice (meeting needs)
- United Nations Principles for Older Persons
- United Nations Convention on the Rights of the Child
- United Nations Convention on the Rights of Disabled People
- Care and Support (Eligibility) (Wales) Regulations 2015

# Appendix 1 Relationships to other qualifications

## Links to other qualifications

This qualification has connections to the following qualifications:

- Level 1/2 Introduction to Health and Social Care and Childcare
- Level 2 Health and Social Care: Core
- Level 2 Health and Social Care: Practice (Adults)
- Level 3 Health and Social Care: Practice (Children and Young People)
- Level 4 Professional Practice in Health and Social Care
- Level 4 Preparing for Leadership and Management in Health and Social Care