Level 4 Professional Practice in Health and Social Care

November 2023 Version 1.2

Qualification Handbook

Version and date	Change detail	Section
1.1 July 2021	**Registration and Certification** section updated	Centre Requirements
1.2 November 2023	Unit 424 (1.4) – 'triad' of impairments has been amended to the 'dyad' of impairments	Unit 424 – Leading practice with individuals living with a learning disability and/or autism

Qualification at a glance

Subject area	Health and Social Care
City & Guilds number	8040
Age group approved	18+
Entry requirements	None
Assessment	Combination of internal and external assessment
Approvals	Centre and qualification approval is required
Support materials	Qualification handbook Assessment pack
Registration and certification	Consult the Consortium website for details

Title and level	Reference number	Accreditation number
Level 4 Professional Practice in Health and Social Care	8040-08	C00/3977/8

Contents

1   Introduction

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

Area	Description
Who is the qualification for?	This qualification aims to develop the knowledge, understanding, behaviours and skills that underpin Professional Practice within the Health and Social Care sector. This qualification has been developed in close collaboration with key sector stakeholders, including Social Care Wales and Health Education and Improvement Wales (HEIW).
	This qualification is practice-based and assesses learners' knowledge and practice. It is designed for learners in work-based learning, further education and higher education.
	This qualification provides progression for learners who have completed any of the following qualifications:
	• Level 2 Health and Social Care: Practice (Adults)
	• Level 3 Health and Social Care: Practice (Adults)
	• Level 3 Health and Social Care: Practice (Children and Young People).
What does the qualification cover?	This qualification will allow learners to develop the knowledge and skills required for professional practice within health or social care settings.
What opportunities for progression are there?	The qualification allows learners to progress within employment or further study at a higher level.
	For more information on requirements to work within the Health and Social Care sector, including specific job roles, refer to the 'Qualification framework for social care and regulated childcare in Wales' which can be accessed on the Social Care Wales' website. **https://socialcare.wales/resources/qualification-framework-for-the-social-care-sector-in-wales**
Who did we develop the qualification with?	The unit content of this qualification 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 and workplace assessors from across the health and social care sector.

Subject aims and objectives

The Level 4 Professional Practice in Health and Social Care will enable learners to develop and demonstrate their knowledge, understanding, behaviours, skills and practice within the context of their chosen pathway. In particular, learners will be able to demonstrate that they:
- develop and apply knowledge, understanding and skills in the chosen pathway;
- develop and apply knowledge and understanding of theories, models and approaches applicable to the chosen pathway;
- develop and apply knowledge and understanding of how to maintain and improve outcomes for individuals within the chosen pathway;
- develop as effective and independent learners, and as critical and reflective thinkers with enquiring minds in the context of the chosen pathway;
- use an enquiring, critical approach to distinguish facts and opinions; to build arguments and make informed judgements in the context of chosen pathway within health and social care settings/contexts;
- develop self-awareness in order to improve practice in the chosen pathway;
- develop knowledge and understanding of person/child-centred approaches across a range of settings/contexts
- use literacy, numeracy and digital competency skills as appropriate within their role.

Structure

To achieve the **Level 4 Professional Practice in Health and Social Care** qualification, learners must achieve a minimum of 62 credits in total.

The minimum guided learning hour requirement for this qualification is 280.

To achieve the **Level 4 Professional Practice in Health and Social Care (Leading support for reducing restrictive practices through positive approaches for behaviour) learners must achieve**

- A minimum of **63** credits from the Mandatory group.

Unit number	Unit title	GLH	Credit value
Mandatory group			
410	Legislation, theories and models of person/child-centred practice	115	22
420	Professional practice	20	6
421	Leading support for reducing restrictive practices through positive approaches for behaviour	150	35

To achieve the **Level 4 Professional Practice in Health and Social Care (Leading practice with individuals living with mental ill-health) learners must achieve**

- A minimum of **62** credits from the Mandatory group.

Unit number	Unit title	GLH	Credit value
Mandatory group			
410	Legislation, theories and models of person/child-centred practice	115	22
420	Professional practice	20	6
422	Leading practice with individuals living with mental ill-health	174	34

To achieve the **Level 4 Professional Practice in Health and Social Care (Leading practice with individuals living with dementia) learners must achieve**
- A minimum of **65** credits from the Mandatory group.

Unit number	Unit title	GLH	Credit value
Mandatory group			
410	Legislation, theories and models of person/child-centred practice	115	22
420	Professional practice	20	6
423	Leading practice with individuals living with dementia	187	37

To achieve the **Level 4 Professional Practice in Health and Social Care (Leading practice with individuals living with a learning disability/autism) learners must achieve**
- A minimum of **65** credits from the Mandatory group.

Unit number	Unit title	GLH	Credit value
Mandatory group			
410	Legislation, theories and models of person/child-centred practice	115	22
420	Professional practice	20	6
424	Leading practice with individuals living with a learning disability/autism	210	37

To achieve the **Level 4 Professional Practice in Health and Social Care (Leading practice for disabled children and young people) learners must achieve**
- A minimum of **63** credits from the Mandatory group.

Unit number	Unit title	GLH	Credit value
Mandatory group			
410	Legislation, theories and models of person/child-centred practice	115	22
420	Professional practice	20	6
425	Leading practice for disabled children and young people	149	35

To achieve the **Level 4 Professional Practice in Health and Social Care (Leading practice for children and young people who are looked after) learners must achieve**
- A minimum of **62** credits from the Mandatory group.

Mandatory group	Mandatory group	GLH	Credit value
Unit Number			
410	Legislation, theories and models of person/child-centred practice	115	22
420	Professional practice	20	6
426	Leading practice for children and young people who are looked after	145	34

To achieve the **Level 4 Professional Practice in Health and Social Care (Leading practice with families/carers) learners must achieve**
- A minimum of **65** credits from the Mandatory group.

Mandatory group	Mandatory group	GLH	Credit value
Unit Number			
410	Legislation, theories and models of person/child-centred practice	115	22
420	Professional practice	20	6
427	Leading practice with families and carers	145	37

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 minimum required TQT for this qualification is specified below.

Qualification	TQT
Level 4 Professional Practice in Health and Social Care	620

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 centre and qualification approval decision within 30 working days of the submission of the completed application, with four possible outcomes:
- Centre approval and qualification approval granted
- Centre approval and qualification approval granted subject to action plan
- Centre approval and qualification approval withheld subject to action plan
- Centre approval and qualification approval denied.

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

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

Registration and certification

Learners for this qualification are registered on the Pro Platform to support the external assessment element. The Pro Platform 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.

Learners for this qualification must **not** be registered on Walled Garden.

Access to the Pro Platform is provided to centres on successful approval of this qualification. There are guides available in the 'Welsh Qualifications' tab in the Support Materials section of Pro to guide centres to make registrations, either by individual learner or in bulk.

Learners will be certificated through the Walled Garden.

Centre staffing

Assessor requirements

The internal assessor will be responsible for making the final assessment judgements for the internally assessed tasks within the qualification.

The Assessors of this qualification must:

- be occupationally competent within the specific pathway of the qualification that they are assessing - this means that each assessor must be able to carry out the full requirements within the competency units that they are assessing. Occupational competence means that they are also occupationally knowledgeable
- maintain their occupational competence through clearly demonstrable continuing learning and professional development
- hold D32/D33 or A1 OR be working towards the A1 replacement qualifications eg the City & Guilds 6317 such as:
  - the 6317-31 Level 3 Award in Assessing Competence in the Work Environment or
  - the 6317-33 Level 3 Certificate in Assessing Vocational Achievement or
  - another suitable qualification equivalent/alternative in the assessment of work based performance. This must be agreed in advance with the centre's external quality assurer.

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

City & Guilds also accepts additional nationally accredited assessor qualifications. A full 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.

Internal quality assurers

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

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

- hold or be working towards the current Quality Assurance qualifications, e.g.
  - Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice or
  - Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice or
  - Hold the D34 unit or V1 Verifiers Award.

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

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.

Candidate entry requirements

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 qualifications successfully.

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

Age restrictions

The Consortium cannot accept any registrations for 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,
- any units they have already completed, or credit they have accumulated which is relevant to the 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.

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 verifiers or external assessors.

There are 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 are mandatory.

All associates/appointees are performance managed by staff within the Consortium. 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.

External assessors

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 external assessment element of this qualification. This pool of assessors must:

- be occupationally competent within the specific pathway of the qualification that they are assessing - this means that each assessor must be able to carry out the full requirements within the competency units that they are assessing. Occupational competence means that they are also occupationally knowledgeable.
- maintain their occupational competence through clearly demonstrable continuing learning and professional development.
- hold D32/D33 or A1 OR be working towards the A1 replacement qualifications eg the City & Guilds 6317 such as:
  - the 6317-31 Level 3 Award in Assessing Competence in the Work Environment or
  - the 6317-33 Level 3 Certificate in Assessing Vocational Achievement or
  - another suitable qualification equivalent/alternative in the assessment of work based performance. This must be agreed in advance with the centre's external quality assurer.

  to ensure they possess the correct skills and occupational competence to be able to provide valid assessment judgements, appropriate to the level of this qualification.

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

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.

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 a safeguarding briefing prior to visiting a centre.

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

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

Level 4 External Quality Assurance of Assessment Processes and Practice.

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

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

Moderation of internal assessment arrangements

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

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

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

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

Internal appeal

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

Factors affecting individual 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 project, that includes a series of written tasks, direct observation of practice and a professional discussion

The assessments have been designed for candidates to show their knowledge, understanding and skills of both the mandatory units and their chosen pathway content. The assessments cover a range of written elements to reflect knowledge and understanding, as well as practice elements that include the direct observation of learner practice to confirm their competence in the practical skills required for their chosen pathway content.

An assessment pack detailing the specific 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.

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 the following unit,

Unit 410   Legislation, theories and models of person/child-centred practice

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.

Awarding of the qualification

The qualification will be awarded based on completion of all of the assessment tasks. Candidates must achieve a pass in all assessments to be awarded an overall qualification grade.

Re-sit opportunities

There is no restriction on the number of re-sits allowed for 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.

Roles

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

Internal assessor[1] – a qualified assessor, provides support for the assessment delivery. The internal assessor will be responsible for making assessment judgements for the internally assessed tasks.

External Quality Assurer – responsible for confirming that the planning, delivery and assessment of the internally assessed tasks have been carried out in accordance with City & Guilds policies and procedures.

Employer/Manager – understands the normal internal processes of the workplace/setting, documentation, communication systems etc and can assess whether the candidate is using them appropriately. Where appropriate can provide expert witness testimony for the portfolio in relation to day to day workplace practice. The employer/manager will support the internal assessor to confirm the candidate's project plan and thus the project.

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.

City & Guilds External assessor[2] – a qualified assessor, appointed by City & Guilds, and responsible for making the final assessment judgement of the candidate for the externally-assessed tasks.

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

Tutor - provides the delivery of knowledge and understanding of the qualification content. The tutor may support access to assessment but is not responsible for making any decision on assessment outcomes.

Note
In circumstances where the candidate is working in a situation where there is no direct managerial relationship, it would be expected that the process elements that are stated here as requiring ownership by the manager role, would instead be fully undertaken through the role of the assessor.

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[1] For confirmation of the internal assessment requirements for this qualification, please see the **'Centre requirements'** section of this Qualification Handbook

[2] For confirmation of the external assessment requirements for this qualification, please see the **'Delivering this qualification'** section of this Qualification Handbook

5   Units

Availability of units

All units are contained within this qualification handbook;

Unit Number	Unit title
410	Legislation, theories and models of person/child-centred practice
420	Professional practice
421	Leading support for reducing restrictive practices through positive approaches for behaviour
422	Leading practice with individuals living with mental ill-health
423	Leading practice with individuals living with dementia
424	Leading practice with individuals living with a learning disability/autism
425	Leading practice for disabled children and young people
426	Leading practice with children and young people who are looked after
427	Leading practice with families and carers

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.

Guided learning hour (GLH) value

This value indicates the amount of Guided Learning Hours the unit will require for delivery to a candidate 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 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 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**.

Note, for the purpose of this qualification for those working at career level 4 in the NHS reference in the assessment criteria to "Lead, review and monitor" refers to those with a delegated case load or group programme, working autonomously within agreed protocols and would include the collaborative development of plans.

Range

Some words or phrases within assessment criteria are presented in **bold,** this means a range has been provided and will be presented at the bottom of the learning outcome. The range contains information about the depth and amount of detail required for a specific assessment criterion. 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.**

Guidance for delivery

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

Related NOS

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

Related legislation and guidance

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

Unit 410   Legislation, theories and models of person/child-centred practice

Level:	4
GLH:	115
Credit:	22
Unit Summary:	The aim of this unit is to introduce the learner to theories, models and legislative frameworks for person/child-centred practice. In the context of this unit the term 'individuals' relates to adults and/or children and young people

Learning outcome:

1. Understand the importance of respect for uniqueness, equality and diversity

Assessment criteria

You understand:

1.1   Legislation and policy that support equality and diversity
1.2   The impact of stereotyping, prejudice, discrimination and hate crime on well-being

Learning outcome:

2. Understand the use of a rights-based approach for the assessment of need and risk

Assessment criteria

You understand:

2.1   How legislation, conventions and principles support person/child-centred practice in health and social care
2.2   How regard for **rights and liberty** can be balanced with risk

Range

Rights and liberty - a human rights approach (to promote person/child-centred practice and assessment of need and risk, including what matters to individuals)

Learning outcome:

3. Understand the role of inclusive assessments of individual need in health and social care

Assessment criteria

You understand:

3.1   Welsh Government legislation related to inclusive assessments of individual need
3.2   Inclusive approach to assessing need to support person/child-centred practice

Learning outcome:

4. Understand citizen focused services

Assessment criteria

You understand:

4.1 How citizenship promotes participation and inclusion of all members of society
4.2 How values and behaviours impact on person/child-centred practice and citizen focused services
4.3 The role of advocacy and co-production in supporting citizen centred services and person/child-centred practice
4.4 How to promote participation with individuals

Learning outcome:

5. Understand person/child-centred communication

Assessment criteria

You understand:

5.1 Models of communication
5.2 Person centred communication in health and social care

Learning outcome:

6. Understand sociological theories and their relationship to person/child-centred practice

Assessment criteria

You understand:

6.1 Sociological theories
6.2 The application of **sociological theories** to support person/child-centred practice

Range
Sociological theories - Social model of disability, theory of functionalism, conflict theory

Learning outcome:

7. Understand psychological theories and person/child-centred practice

Assessment criteria

You understand:

7.1 Psychological theories
7.2 The application of psychological theories to person/child-centred practice

8. Understand the biopsychosocial model as an approach to influence person/child-centred practice

Assessment criteria

You understand:

8.1 The benefits and challenges of the biopsychosocial model
8.2 The influence of the biopsychosocial model on person/child-centred practice

Learning outcome:

9. Understand safeguarding and person/child-centred practice

Assessment criteria

You understand:

9.1 Organisations' responsibilities to safeguard individuals' dignity and rights
9.2 Safeguarding individuals
9.3 Regulatory requirements for safeguarding

Unit 410 Legislation, theories and models of person/child-centred practice

Supporting Information

Guidance for delivery

Learners are encouraged to reflect on and make reference to their own work setting during the delivery of this unit content.

Content	Amplification/Guidance
LO1	**Theme objectives** • The intent of legislation on equality, diversity and discrimination • Links between discrimination, disadvantage and hate crime • The responsibility of managers and leaders to combat discrimination and promote equality and diversity
1.1	**Topics to cover:** • Key terms such as equality, diversity and discrimination • The protected characteristics contained in the Equality Act (2010) • The intent of the Welsh Government's Cymraeg 2050: Welsh language strategy • Code of Professional Practice for Social Care and the NHS Code of Conduct for Healthcare Support Workers in Wales • Practice Guidance for Social Care Managers registered with Social Care Wales • Why the legislation and standards are relevant to leadership and management in health and social care • The behaviours and values that the legislation and standards expect from those working in health and social care • How these behaviours support leaders, managers and workers to implement person/child-centred practice **Resources:** Unit 1 (pp1) Introduction to theories person centred planning should be used to provide learners with the underpinning knowledge for this unit • The Equality and Human Rights Commission's report (2015) Your rights to equality from healthcare and social services pp 5 – 27; pp 35 – 53; glossary pp 73 – 78 including the terms: • Equality policy • Equality training • Direct discrimination • Indirect discrimination • Protected characteristics • Welsh Government (2017) Cymraeg 2050: Welsh language strategy pp 4 – 12 • You Tube Video Mwy na geiriau / More than just words – Iola Gruffydd • Social Care Wales: Working in Welsh resources

1.2	**Topics to cover:** • The impact that stereotyping, prejudice, discrimination and hate crime can have on the well-being of individuals and their families/carers accessing health and social care services • Links with the Codes of Conduct and Professional Practice **Resources:** • The Equality and Human Rights Commission (2015) report: Is Wales Fairer? pp 4 – 9; pp 25 – 27 • The Equality and Human Rights Commission page on hate crime • Social Care Wales Fitness to Practice pages for the Code of Professional Practice; NHS Centre for Equality and Human Rights: http://www.equalityhumanrights.wales.nhs.uk/home
LO2	**Theme objectives:** • The ethos of legislations and conventions • Legislations and conventions to cover: The Human Rights Act 1998, the Mental Capacity Act 2005, the Social Services and Well-Being (Wales) Act 2014, Liberty Protection Safeguards and 3 UN Convention on the Rights of Persons with Disabilities, UN Principles of Older Persons, UN Convention on the Rights of the Child, Declaration of Rights of Older People in Wales • What constitutes a rights-based approach to assessing need and risk with individuals who use health and social care services • The role that managers and leaders have in promoting a rights-based approach to assessing need and risk
2.1	**Topics to cover:** • Sources of information in relation to human rights legislation and the UN Conventions and Principles for rights • The intent of human rights legislation, Conventions and Principles within the context of health and social care • How human rights legislation, Conventions and Principles support person/child-centred practice in health and social care • Where the term 'rights' positions an individual using health and social care services as regards their ability to have control over their life • How values based on rights contribute towards person/child-centred practice in health and social care • Section 4 of the Code of Professional Practice for Social Care • Section 2 of the NHS Code of Conduct for Healthcare Support Workers in Wales • Section 4 of The Social Care Manager; Practice Guidance for Social Care Managers registered with Social Care Wales • Nursing and Midwifery Council (NMC) Prioritise People part of NMC Code **Resources:** • British Institute of Human Rights • Equality and Human Rights Commission (EHRC) website: What are human rights

	• SCIE – human rights resources including SCIE video (2015): Restraint: a human rights issues and SCIE (2015) Deprivation of Liberty Safeguards at a glance • Social Care Wales Information and Learning Hub: film What does the Act mean to me • Children's Commissioner for Wales (2017) UNCRC – Children's Rights: UN Convention on the Rights of the Child • Older People's Commissioner for Wales (2014) Declaration of Rights for Older People • Equality and Human Rights Commission (2010): The United Nations Convention on the Rights of People with Disabilities: What does it mean for you? • NHS Wales Centre for Equality and Human Rights
2.2	**Topics to cover:** • Dilemmas involved when assessing desired outcomes, rights, responsibilities and risks with individuals who use health and social care services **Resources:** • SCIE video (2015) Mental Capacity Act: using the key principles in care planning • British Institute for Human Rights (2017) website page FAQs
LO3	**Theme objectives:** • How the Social Services and Well-Being (Wales) Act 2014, The Welsh Government National Outcomes Framework and the Future Generations (Wales) Act 2015 relate to the well-being of individuals • How an inclusive approach to assessing need can support person/child-centred practice
3.1	**Topics to cover:** How well-being sits within broader legislative frameworks and Codes of Conduct and Practice including: • The aim of the Social Services and Well-Being (Wales) Act 2014, The Welsh Government National Outcomes Framework and the Future Generations (Wales) Act 2015 in terms of how they advocate an inclusive approach to the promotion of the independence and well-being of individuals • The aspects of individuals' lives that are referred to within 'well-being' • The definition of Well-Being p7 and Section 1 of the Code of Professional Practice for Social Care • Section 2 and 5 of the NHS Code of Conduct for Healthcare Support Workers in Wales • Sections 4, 5 and 6 of the Social Care Manager; Practice Guidance for Social Care Managers registered with Social Care Wales • 'Focusing on prevention, health improvement and inequality' from NHS Standards and Behaviour Framework • an individual's right to advocacy

	Resources: Welsh Government website pages for: Social Services: The national outcomes framework for people who need care and support and carers who need support including: • Page 4 for the definition of well-being and links to the Social Services and Well-Being (Wales) Act 2014 • Page 5 for links between the National Outcomes Framework, the Social Services and Well-Being (Wales) Act and the Well-Being of Future Generations Act • Social Care Wales Information and Learning Hub: Social Services and Well-Being Learning Resources page – Assessing and meeting individual needs • Welsh Government website page on Well-Being of Future Generations (Wales) Act 2015 and the animation 'Well-Being of Future Generations (Wales) Act 2015'	
3.2	**Topics to cover:** • How an inclusive approach to assessing need can support person/child-centred practice • Why an individual's control over their life, including participation in their assessment of need is considered essential to their independence and well-being **Resources:** • SCIE (2014) video Dignity in care: social inclusion • SCIE video Working together to promote independence • Dewis Cymru website page about Care and Support plans • Hafal's step-by-step guide for secondary mental health service users on care treatment planning	
LO4	**Theme objectives:** • Citizenship and how it links to Welsh Government policy • How Welsh Government policy promotes citizen centred services such as service integration • How advocacy and co-production support citizen centred services and person/child-centred practice	
4.1	**Topics to cover:** • What it means to be a citizen • Links between citizenship, participation and inclusion • Links between citizenship and Welsh Government policy • Key findings from the Parliamentary Review of Health and Social Care in Wales (2018) • The implications of the citizenship model for health and social care services **Resources:** Power point presentation Unit 1 LO4 (pp 2) Citizenship should be used to provide learners with the underpinning knowledge needed for this unit	
4.2	**Topics to cover:**	

	• Values in health and social care and links to Code of Professional Practice for Social Care and NHS Code of Conduct for Healthcare Workers in Wales • Values and behaviours and how these impact on the well-being of individuals in health and social care **Resources:** Power point presentation Unit 1 LO4 (pp 3) Values and Behaviours should be used to provide learners with the underpinning knowledge needed for this unit
4.3	**Topics to cover:** • Definitions of advocacy and co-production • UN Convention on the Rights of the Child • UN Principles of Older Persons • UN Convention on the Rights of People with Disabilities • Human Rights Act • Code of Practice on Advocacy • Different types of advocacy • Benefits and challenges of advocacy • Principles of co-production • Benefits and challenges of co-production **Resources:** Power point presentation Unit 1 LO4 (pp 4) Advocacy and co-production should be used to provide learners with the underpinning knowledge needed for this unit
4.4	**Topics to cover:** • Methods and approaches to supporting participation with individuals • Active participation **Resources:** The Code of Professional Practice for Social Care, Sections 1 and 3
LO5	**Theme objectives**: • Models of communication • Principles underpinning person/child-centred communication • How theory and practice can support person centred communication in health and social care
5.1	**Topics to cover:** • Definition and models of communication • Principles underpinning person centred communication • Section 2 and 3 of the Code of Professional Practice for Social Care • Practice Safely section of the NMC Code of Conduct • Section 5 of the Social Care Manager; Practice Guidance for Social Care Managers registered with Social Care Wales • NHS values website page 'Putting quality and safety above all else' **Resources**: Power point presentation Unit 1 LO5 (pp 5) person/child-centred communication should be used to provide learners with the underpinning knowledge needed for this unit

5.2	**Topics to cover:** • Examples of person/child-centred communication in practice **Resources:** SCIE videos: • Care leavers: reflections of being in care • Challenging behaviour and learning disabilities: independent living • Dignity in care: privacy • Dignity in care: communication • Dementia from the inside • End of life care: why talking about death and dying matters • End of life and palliative care: thinking about the words we use • Older people and quality of life: better life in residential care • Older people and quality of life: better life in the community • Working with people with autism: the professionals
LO6	**Theme objectives:** • Definition of sociology and its contribution to person/child-centred practice in health and social care • Sociological theories and how society both influence and is influenced by individual power within the context of health and social care • Societal attitudes and behaviours that have impacted upon individuals' power and personal identity
6.1	**Topics to cover:** • Definition of sociology • Why sociological theories are relevant to person/child-centred practice in health and social care • The difference between theories and models • The theory of functionalism and conflict theory including the interaction between society and individuals with regards to power, voice and control and sense of identity • Sections 1, 2 and 3 (pp 9-12) of the Code of Professional Practice for Social Care • Sections 4 and 5 of 'The Social Care Manager; Practice Guidance for Social Care Managers registered with Social Care Wales • NHS Values and Standards of Behaviour Framework page of the NHS website • NMC Code of Conduct **Resources:** Power point presentation Unit 1 LO6 (pp 6) Sociological theories should be used to provide learners with the underpinning knowledge needed for this unit
6.2	**Topics to cover** • The interaction between society and individuals and how societal attitudes and behaviours have both influenced and been influenced by disabled people **Resources:** • Hughes (2010) article 'The social model of disability'

	• Disability Wales website page and leaflet on the social model of disability Power point presentation Unit 1 LO7 (pp 7) Sociological theories should be used to provide learners with the underpinning knowledge needed for this unit
LO7	**Theme objectives:** • Definition of psychology and how it can make a contribution to person/child-centred practice in health and social care • Psychological theories that present factors considered to be critical to psychological well-being • How psychological theories can be related to person/child-centred practice
7.1	**Topics to cover:** • Definition of psychology • How psychological theories contribute towards person/child-centred practiced in health and social care • Psychological theories of Maslow, 1943, 1954 and Erikson 1959 and how they propose factors considered to be critical to psychological well-being • Code of Professional practice for Social Care: definition of well-being and the need to have respect for individuals • Prioritise People section of the NMC Code of Conduct **Resources:** Maslow's theory (1943, 1954) hierarchy of human need and how elements of these were being addressed in the following videos: • SCIE video: Quality in social care: achieving excellence in care homes for older people • SCIE video: The mental health and well-being of elders in the black and minority ethnic community: promoting well-being • SCIE video: Quality in social care: achieving excellence in supported living services Erikson's (1959) development theory and the individual's lifespan period in the following videos: • SCIE video: Transition from child and adolescent to adult mental services a young person's perspective • Action on Addiction M-PACT (Moving parents and children together) Thinking about: a. How the concept of a lifespan period and its critical stages is relevant to the experiences of the individuals in the video b. How the individuals' experiences impacted on their well-being c. What person/child-centred practice in the organisation's approach to enable individuals/children to achieve their intended outcomes
7.2	**Topics to cover:** • How individual's circumstances can influence their mental well-being, thinking and emotions **Resources:**

		Power point presentation Unit 1 LO7 (pp 7) Psychological theories should be used to provide learners with the underpinning knowledge needed for this unit
LO8		**Theme objectives:** • An overview of the biopsychosocial model • The influence of the biopsychosocial on person/child-centred practice
8.1		**Topics to cover:** • The key premise proposed by the biopsychosocial model • The benefits and challenges that the model's approaches might offer individuals when their needs are being assessed • The Code of Professional Practice for Social Care: references to a respect for dignity, privacy, preferences, culture, language and rights • The Nursing and Midwifery Council website page: Equality, Diversity and Inclusion Framework **Resources:** Power point presentation Unit 1 LO8 (pp 8) Biopsychosocial model should be used to provide learners with the underpinning knowledge needed for this unit
8.2		**Topics to cover:** • Findings from research literature that refer to the biopsychosocial model as a model that informs thinking on person/child-centred practice
LO9		**Theme objectives:** • Examples of individuals being abused as a result of organisations' failure to safeguard their dignity and rights • Resources for information about safeguarding
9.1		**Topics to cover:** • Abuse carried out at Winterbourne View and abuse carried out by Jimmy Saville considering: a. Who had power in each of these cases and how it was used and experienced as a result of celebrity status, leadership and management and being an individual who used services b. How operational staff members and/or families felt when their concerns or allegations of abuse were ignored c. What happened to some operational staff members when they expressed concerns to leadership d. How the staff members' experiences link to the role of health and social care workers with regards to whistleblowing • Sections 3, 4, 5 and 6 of the Code of Professional Practice for Social Care • Sections 1, 2, 4, 5 and 7 of the NHS Code of Conduct for Healthcare Support Workers in Wales • Section 6of 'The Social Care Manager; Practice Guidance for Social Care Managers registered with Social Care Wales • 'Focusing on prevention, health improvement and inequality' paragraph on the NHS Values and Standards of Behaviour Framework of the NHS website

		Resources: • Television programmes available such as 'Winterbourne View Undercover Care: The Abuse Exposed'; 'The Jimmy Saville update' • National Independent Safeguarding Board Wales: Case reviews http://safeguardingboard.wales/practice-reviews/
9.2		**Topics to cover:** • Contents of All Wales Safeguarding Procedures (2019) • Department of Health (2000) Lost in Care report • All Wales Child Protection Procedures • Breaking the Cycle (2017) • Child Sexual Exploitation • Social Services and Well-Being (Wales) Act 2014: Part 7 **Resources:** • Social Care Wales All Wales Basic Safeguarding Awareness training pack • All Wales Safeguarding Procedures (2019) • Department of Health (2000) Lost in Care report • Children in Wales (2014) All Wales Child Protection Procedures Review Group website • Breaking the Cycle (2017) Welsh Government • South East Wales Safeguarding Board website: Operation Thistle (2012) film which raises awareness of the issues of Child Sexual Exploitation • SCIE video: Safeguarding children: a new approach to case reviews • SCIE video: Safeguarding adults: lessons from the murder of Steven Hoskin • SCIE video: Safeguarding adults: teaching people to protect themselves • SCIE video: Partnership working in child protection Power point presentation Unit 1 LO9 (pp 9) Introduction to safeguarding should be used to provide learners with the underpinning knowledge needed for this unit
9.3		**Topics to cover:** • Guidance for Part 8 of the Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 • The Mental Capacity Act (2005) • Deprivation of Liberty Safeguards • The Mental Health Act (1983) • The Mental Health Measure (Wales) 2010 • Social Services and Well-Being (Wales) Act 2014: Part 7 • The Children Act (1989) • Safeguarding Boards (National and Regional) • Safeguarding and well-being • The importance of communication for safeguarding **Resources:** • National Independent Safeguarding Board Wales: A Practitioners Guide Basic Legal

	Principles http://safeguardingboard.wales/2018/12/06/practitioners-guide/ • Social Care Wales Information and Learning Hub Safeguarding materials https://socialcare.wales/hub/hub-resource-sub-categories/safeguarding

Unit 420   Professional Practice

Level:	4
GLH:	20
Credit:	6
Unit Summary:	The aim of this unit is to support learners to reflect on and develop their professional practice in a practice leadership role.

Learning outcome:

1. Ensure that own continual professional development meets standards and requirements and reflects best practice

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   Accountability for quality of own practice
1.3   The importance of recognising and adhering to the boundaries of own role and responsibilities
1.4   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
1.5   The purpose of undertaking personal and professional development and own responsibility for doing so
1.6   The range of learning opportunities and how to access them
1.7   How to use learning opportunities effectively to improve own knowledge, understanding, skills and practice, including learning from day to day experiences
1.8   How to use sources of information to develop evidence informed practice
1.9   How to apply learning and transfer skills into new situations

You are able to work in ways that:

1.10 Ensure own compliance with legislative requirements, standards and Codes of Conduct and Professional Practice for continuing professional development
1.11 Use relevant literature, research and reviews to ensure that practice is current and effective
1.12 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 practice to identify areas for improvement

2. Support the practice development of others

Assessment criteria

You understand:

2.1   Own role in developing the professional knowledge and practice of others
2.2   How to motivate others
2.3   How to promote evidence informed practice

You are able to work in ways that:

2.4   Act as a positive role model:
- to promote continuing professional development of others
- for reflective practice
- for the use of evidence informed practice
- for innovation, creativity and change
- to develop ethical practice that recognises and values equality and diversity

Learning outcome:

3. Lead practice that meets requirements for presenting, recording, reporting and storing information

Assessment criteria

You understand:

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

You are able to work in ways that:

3.2   Lead, monitor and review practice that ensures compliance with recording, reporting and storage of information in the work setting

3.3   Ensure that own records and reports are:
- Accurate
- Dated
- Objective
- Understandable
- Legible
- Accessible
- Reflect the views of individuals and/or families/carers
- Respectful of individuals and/or families/carers
- Written in ways that do not stigmatise or reinforce negative perceptions of individuals
- Differentiate between fact and opinion
- Presented to those who need to make decision to take actions
- Stored, shared and retained in accordance with organisational policies, legal requirements and data protection

Range:

Presented: in writing and verbally

Unit 420   Professional Practice
Supporting Information

Guidance for delivery

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

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)

Related NOS
- SCDLMC A1 Manage and develop yourself and your workforce
- SCDHSC 0434 Lead practice for managing and disseminating records and reports
- SCDHSC 0043 Take responsibility for the continuing professional development of yourself and others

Unit 421 Leading support for reducing restrictive practices through positive approaches for behaviour

Level:	4
GLH:	150
Credit:	35
Unit Summary:	This unit aims to develop the knowledge, understanding and skills of workers who are leading the practice of others in positive behavioural support
	In the context of this unit, the term 'individual' refers to adults and/or children and young people

Learning outcome:

1. Promote practice that supports multi agency working

Assessment criteria

You understand:

1.1 The range of services and support for individuals who may use behaviours that challenge
1.2 How gender, and ethnicity, and social, cultural and religious environments may impact on individuals and the support that they access
1.3 The roles and responsibilities of those involved in the delivery of services and support
1.4 The importance of effective communication between agencies and professionals involved in the support of individuals
1.5 Information sharing protocols that need to be in place to meet best practice and legislative requirements

You are able to work in ways that:

1.6 Support others to understand the range and role of services and support for individuals
1.7 Promote the use of co-productive approaches when working with other professionals
1.8 Ensure that information is shared in accordance with agreed protocols

Learning outcome:

2. Lead 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:

2.1   The terms 'challenging behaviour' and 'behaviours that challenge'
2.2   How to support understanding of the potential impact on individuals of:
- using these terms to describe their behaviour
- engaging in behaviours that challenge
2.3   How legislation, national/local policies and guidance provide a framework for the reduction of restrictive practices and **restrictive interventions**
2.4   Research and evidence informed practice that underpins legislation, national and local policies and guidance for the reduction of restrictive practices and restrictive interventions
2.5   Why an **ethical, values-based approach** is important in relation to the use of restrictive practices and restrictive interventions
2.6   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
2.7   The importance of organisational monitoring, review and evaluation of the use of restrictive practices and restrictive interventions to identify trends and inform reduction strategies

You are able to work in ways that:
2.8   Lead practice that aims to reduce restrictive practices and restrictive interventions and:
- embeds an **ethical, values-based approach**
- reflects legislation, guidance and national policies for individuals
2.9   Actively contribute to organisational monitoring, review and evaluation of the use of restrictive practices and restrictive interventions to inform reduction strategies

Range

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

Ethical, values-based approach: person/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

Learning outcome

3.   Lead practice for person/child centred and rights-based approaches

You understand:
3.1   The importance of equality and human rights for individuals and how these are protected by legislation
3.2   How to support others understanding of
- the importance of rights-based approaches and positive risk taking for individuals
- how these may impact on behaviour
3.3   Different types of advocacy and how these can be used to support the rights of individuals

You are able to work in ways that:
3.4   Apply the principles of equality and human rights into your work and the work of others
3.5   Role model practice that promotes co-productive, person-centred and rights-based approaches to support individuals to:

- have voice and control over their lives
- participate in a valued range of meaningful activities
- maintain and develop positive reciprocal relationships
- participate in their communities
- lead full and valued lives
- manage dilemmas that arise when balancing their rights to take risks with their safety and well-being

3.6 Lead, monitor and review practice that supports individuals to take informed risk

3.7 Support individuals to understand the support that is available through advocacy

Learning outcome

4. Lead practice for effective communication with individuals

Assessment criteria

You understand:

4.1 How difficulties with communication and social interaction may impact on individuals and their behaviour

4.2 The range of communication methods and approaches and how they can be used to support individuals

4.3 Factors that need to be considered when identifying communication methods and approaches

4.4 Sources of information, advice and support for the development of communication skills

4.5 The importance of using appropriate communication methods and approaches with individuals

4.6 How to use and adapt language and methods of communication to ensure that they are both age and ability appropriate

4.7 How previous experiences, additional conditions and first language may influence an individual's willingness and ability to communicate

You are able to work in ways that:

4.8 Role model the use and adaptation of a range of communication methods and approaches to support individuals

4.9 Role model a co-productive approach to evaluate methods used to support effective communication

Learning outcome

5. 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:

5.1 Models and frameworks for positive behaviour support and how these can provide support for:
- the use of restrictive practices and restrictive interventions
- the reduction of restrictive practices and restrictive interventions

5.2 The components of the **Positive Behavioural Support framework**

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

Learning outcome

6. Lead the development, implementation, monitoring, review and evaluation of plans that support the positive behaviour of individuals

Assessment criteria

You understand:

6.1 The **behavioural model** and the **four common functions** of challenging behaviour

6.2 The **components of a plan** that supports positive behaviour

6.3 The importance of ensuring positive approaches for the development, implementation, review and evaluation of plans to support positive behaviour that:

- embed an **ethical and values-based** approach
- are rights-based
- promote voice and control, prevention and early intervention, well-being, co-production and partnership/multi-agency working
- enable meaningful involvement of individuals

6.4 The importance of maintaining a safe, predictable and stable environment

6.5 The **range of primary prevention strategies and early interventions** that may be used to support positive behaviour

6.6 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

6.7 How and when to seek clarification from behaviour specialists to support understanding of data

You are able to work in ways that:

6.8 Lead 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

6.9 Role model best practice in the implementation of plans

6.10 Lead practice that routinely:

- monitors and reviews the use of restrictive practices and restrictive interventions
- assesses 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 assessment
- shares information about plans with others in accordance with agreed protocols

6.11 Ensure that individuals and their families/carers are supported to have meaningful involvement in the development, review and evaluation of their plans according to their ability and personal circumstances

6.12 Embed an **ethical and values-based**

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

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

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

Learning outcome

7. Lead practice for the safe use and reduction of restrictive interventions

Assessment criteria

You are able to work in ways that:

7.1 Ensure that:
- workers are supported to understand the meaning of the term 'ethical reactive strategies'
- workers have received training for the use of restrictive interventions and understand when and how they are able to use these
- 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 are informed of the use of restrictive interventions in line with an individual's personal plan and safeguarding requirements

7.2 Provide feedback on the safe use of restrictive interventions to workers and others

Learning outcome

8. Lead support for individuals and other following incidences of challenging behaviour

Assessment criteria

You understand:

8.1 The **main components of post incident practice** and how to implement these

8.2 The importance of recognising and taking 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 emotional stress experienced by individuals, workers and others involved in incidents of behaviour that challenge
- the potential stress experienced by workers as a result of applying restrictive interventions

8.3 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:

8.4 Lead 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

8.5 Ensure that information from post incident reviews is used to reduce the use of restrictive interventions

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

Learning outcome

9. Lead practice that promotes safeguarding

Assessment criteria

You understand:

9.1 The **main components of post incident practice** and how to implement these

You are able to work in ways that:

9.2 Promote an individualised approach to safeguarding

9.3 Lead, monitor and review practice that ensures compliance with policies, procedures and agreed practice for the safeguarding of individuals

9.4 Lead and support practice that helps individuals recognise when behaviour towards them is inappropriate or unacceptable

9.5 Challenge actions, behaviours and practice that may be dangerous, abusive, discriminatory or exploitative

9.6 Access professional networks to seek additional support for situations that are outside of own expertise

Unit 421 — Leading support for reducing restrictive practices through positive approaches for behaviour

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

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

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[3] 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.

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 behaviour support plans, personal plans, daily plans, skills teaching plans

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[3] Statutory guidance for service providers and responsible individuals on meeting service standard regulations (Welsh Government 2017)

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 feeing 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

Provide feedback on the safe use of restrictive interventions to workers and others
Others would include: managers, other professionals (psychologists, social workers, CMHN)

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
- All Wales Safeguarding Procedures (2019)

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**

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 422   Leading practice with individuals living with mental ill-health

Level:	4
GLH:	174
Credit:	34
Unit Summary:	The unit aims to support learners to develop the knowledge understanding and skills needed to lead practice with individuals living with mental ill-health
	In the context of this unit, the term 'individual' relates to adults living with mental ill-health.

Learning outcome:

1. Apply understanding of the context of mental ill-health and how it is experienced by individuals

Assessment criteria

You understand:

1.1   Types of **mental health problems** and the symptoms that individuals may experience
1.2   The importance of taking a holistic view of mental ill-health that focuses on the person and not just their symptoms
1.3   What is meant by the terms mental distress and mental ill-health
1.4   The different ways that individuals may experience and express mental distress and mental ill-health
1.5   **Factors** that can influence and affect an individual's well-being and may result in a period of mental ill-health
1.6   Potential signs and symptoms of mental ill-health
1.7   How a formal diagnosis of mental ill-health is made
1.8   The **potential impacts** for individuals and families/carers of getting a diagnosis for the mental ill-health they are experiencing
1.9   The **continuum and range of responses** available to individuals
1.10 The range of local resources that can support individuals and the value of signposting
1.11 Prevalence and demographics of mental ill-health in the population and implications for service provision

You are able to work in ways that:
1.12 Promote a holistic view of individuals
1.13 Support individuals to identify and access resources and services

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

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

Potential impacts: positive and negative

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

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Learning outcome:

2. Apply understanding of Power, stigma and discrimination

Assessment criteria

You understand:

2.1   Stigma associated with mental-ill health
2.2   **Potential impacts** of societal attitudes and values on individuals
2.3   How to recognise own value base and challenge discrimination within self
2.4   Power differentials that exist within society and within services used by individuals
2.5   How attitudes and services have changed over time as a result of social policy and legislation
2.6   How individuals living with mental ill-health can experience **multiple oppressions** and inequality of treatment in wider society and within services

You are able to work in ways that:
2.7   Promote positive perceptions of and attitudes to individuals
2.8   Challenge stigma and discrimination
2.9   Support others to recognise and challenge prejudice, stereotypical assumptions, discrimination and negative attitudes towards individuals

Range

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 fewer positive outcomes

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Learning outcome

3. Apply theories, models and approaches for the support and recovery of individuals living with mental ill-health

You understand:

3.1   **Theories, models and approaches** that underpin support for individuals
3.2   Tensions between different models, particularly the medical and social models

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3.3 The range of **treatments, therapies and social, health and well-being resources** that are available to support the treatment and recovery of individuals

3.4 The potential side effects of **medication**, including impact on life expectancy

3.5 Additional supervising and monitoring required for certain mental health medications

3.6 The potential impact of smoking, alcohol and other substances on the efficacy of prescribed mental health medications

3.7 The importance of **physical health monitoring** for individuals

3.8 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:

3.9 Lead practice in the use of theories, models and approaches for the support of individuals

3.10 Support others to apply relevant theories, models and approaches when supporting individuals

3.11 Support individuals to access
- treatment and resources to support their recovery process
- 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

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

Medications: anti-depressants, anti-psychotic medication (including Clozapine), mood stabilisers (including lithium), hypnotics, anxiolitics, Methylphenidate

Physical health monitoring: bloods (including individual medication monitoring), blood pressure, weight monitoring, ECG

Learning outcome

4. Lead practice that applies legislation, policy and guidance that supports the rights of individuals living with mental ill-health

Assessment criteria

You understand:

4.1 The importance of equality and human rights for individuals and how these are protected by legislation

4.2 The challenges that individuals may experience in exercising their rights

4.3 Specific **legislation, national policies, guidance** and standards that underpin the provision of mental health care and support, including families and carers

4.4 How the **Mental Health** and **Mental Capacity Act** may affect the liberty of some individuals

You are able to work in ways that:

4.5   Applies the principles of equality and human rights into your work

4.6   Embed legislation, national policies and guidance and standards for mental health into your work

4.7   Support others to be aware of legislation, national policies and guidance and standards for mental health

4.8   Help individuals, families and carers understand implications of capacity and best interest decisions

4.9   Support individuals to express their feelings about any loss of liberty

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)

Mental Health Act: section 2, section 3, section17 leave, section117, aftercare, section135, section136, Community Treatment Orders; Guardianship, Restriction Orders and Conditional Discharge, the role of the Mental Health Review Tribunal

Mental Capacity Act: 5 principles, deprivation of liberty, the role of the Court Protection

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Learning outcome

5.   Support individuals living with mental ill-health to achieve positive outcomes through the planning process

Assessment criteria

You understand:

5.1   Your own role in the **planning process** and how to work co-productively/collaboratively with individuals

5.2   The importance of co-producing and reviewing plans with individuals

5.3   The difference in outcomes that may occur between focusing on an individual's strengths and aspirations rather than their needs only

5.4   How to clarify with individuals about the support and **tools** they may need in order to engage in a valued range of meaningful activities and their recovery

5.5   The **barriers** that individuals may experience that prevent them from engaging with services and the planning process; and strategies to overcome these barriers

5.6   The role of **advocacy** in supporting individuals to have voice and control in the assessment and planning process

5.7   The **legislative requirements** in regard to the Welsh language

5.8   The importance of an individual

- using their **preferred method of communication**

- having the significance of their heritage and culture recognised

You are able to work in ways that:

5.9   Embed a co-productive/collaborative approach with individuals in the planning process

5.10 Implement strategies to support individuals to overcome barriers to engagement

5.11 Work with individuals to identify additional resources and support that may be used to assist them to achieve positive outcomes

5.12 Support individuals to engage with statutory services where appropriate in the development of a Care and Treatment/Care and Support Plan

5.13 Support individuals to understand the support that is available through advocacy

Planning process: Plans could be either a Care and Treatment Plan under the Mental Health (Wales) Measure, a Care and Support Plan under the Social Services and Wellbeing (Wales) Act, or another plan used by the learner's organisation. These would include identifying goals or outcomes and enabling participation in activities; treatment, monitoring, reviewing and evaluating plans

Tools: Recovery Star or another outcome-based tool

Barriers: Acuteness of illness or distress; level of insight or agreement with diagnosis/description of symptoms; accessibility/flexibility of support, communication

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

Advocacy: Independent Mental Health Advocate, Independent Mental Capacity Advocate, Independent Advocacy, Independent Professional Advocacy

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Learning outcome

6. Support rehabilitation, reablement and ongoing support for individuals

Assessment criteria

You understand:

6.1   Potential benefits of rehabilitation, reablement and ongoing support
6.2   The importance of involving families/carers in the rehabilitative process
6.3   The importance of using a strengths-based approach to build skills, confidence and self-esteem
6.4   The concept of 'learned helplessness' and the need to maintain motivation and celebrate individual successes
6.5   How to support individuals to measure distance travelled and progress made towards achieving identified outcomes
6.6   Approaches that help individuals and their families/carers build resilience
6.7   The significance of relationships, networks and communities for supporting **individual health and well-being**

You are able to work in ways that:

6.8   Lead, monitor and review practice that supports:
- individuals to engage in a valued range of meaningful activities in ways that promote their independence and recovery
- individuals to take as much responsibility as possible for the use of their current skills; regaining former skills; acquiring new skills
- individuals to maintain and develop relationships and participate in their networks and communities
- individuals and others to build personal resilience

Range

Individual health and well-being: during periods of crisis, during recovery and for building resilience

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7. Support individuals with changes and transitions

Assessment criteria

You understand:

7.1 The impacts of **change and transitions** on the mental health of individuals and their carers/families

7.2 The importance of inter-team/inter-agency communication in regard to **change and transitions**

7.3 The importance of supporting the timely transition of children and young people into services for adults

7.4 Considerations for children and young people as they move into adulthood

7.5 How to work co-productively/collaboratively and transparently in supporting individuals to prepare for discharge from services

You are able to work in ways that:

7.6 Lead, monitor and review practice that supports individuals and their families/carers to identify:
- potential impact of change and transitions
- 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 and discharge from services

Range

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

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Learning outcome

8. Develop understanding and take account of co-occurring factors

Assessment criteria

You understand:

8.1 The term 'dual-diagnosis' and its reference to individuals with mental ill-health and co-occurring substance misuse

8.2 The prevalence of **co-occurring conditions**

8.3 Complex mental ill-health

8.4 Additional challenges faced by individuals with a dual-diagnosis, co-occurring condition or complex mental ill-health

8.5 Approaches for supporting individuals with a dual-diagnosis, co-occurring condition or complex mental ill-health

8.6 The importance of effective partnership working for individuals with a dual-diagnosis, co-occurring condition or complex mental ill-health

You are able to work in ways that:

8.7 Lead practice that takes account of dual-diagnosis, co-occurring conditions and complex mental ill-health when supporting individuals

Co-occurring conditions: mental ill-health with learning disability, mental ill-health with a neurological condition/dementia, mental ill-health with autism

Complex mental ill-health: where an individual has more than one mental health diagnosis at the same time

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Learning outcome

9. Develop effective partnership working

Assessment criteria

You understand:

9.1 The value and role of **partners** and **multi-disciplinary teams** working together to support individuals with mental ill-health to **achieve positive outcomes**

9.2 The role of the care co-ordinator

9.3 The importance of ensuring that all partnership working involves individuals and families/carers

9.4 The importance of involving individuals, carers and other agencies when developing and reviewing risk assessments/safety plans

9.5 The importance of the individual, family/carer and other agencies in sharing information that supports the development and review of risk assessments/safety plans

9.6 The importance of reflecting the individual's voice in recording and reporting

9.7 How to escalate concerns in an accurate and timely way

9.8 Relevant legislation and protocols in relation to recording, sharing and storing information

9.9 **Protocols** for partnership working

You are able to work in ways that:

9.10 Ensure agreed **governance arrangements** are in place where aspects of care and support are delegated by other professionals

9.11 Promote a culture of partnership working and information sharing where appropriate

9.12 Follow agreed governance procedures where tasks are assigned to you from other agencies or professionals

9.13 Access additional support and resources to enable you to undertake assigned tasks where needed

9.14 Follow procedures and practices that ensure compliance with recording, reporting, storage of information and take account of consent to share

Range

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

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

Achieve positive outcomes: assessment, planning, risk assessment, during crisis, recovery and to develop resilience

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

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Learning outcome

10. Lead practice that promotes the balancing of rights, responsibilities and risks when working with individuals living with mental ill-health

Assessment criteria

You understand:

10.1 The importance of rights-based approaches and positive risk taking for individuals

10.2 The impact of risk-averse practice on an individual's well-being

10.3 The use of risks assessments/safety plans in enabling recovery for individuals

10.4 The importance of risk assessments/safety plans being regularly reviewed and updated in co-production with individuals

10.5 The importance for individuals of ownership and participation in decision-making

10.6 How to support individuals to describe and recognise their relapse indicators

10.7 How to support individuals to identify what may trigger difficulties or crises

You are able to work in ways that:

10.8 Role model rights-based approaches

10.9 Appropriately challenge others when an individual's rights are not being respected

10.10 Lead, monitor and review the use risk assessments/safety plans to support individuals with positive risk taking

10.11 Carry out environmental and dynamic risk assessments as part of daily practice

10.12 Promote a culture of positive risk taking

10.13 Lead, monitor and review the use of approaches that support individuals to keep themselves safe

10.14 Request support on behalf of individuals where there are concerns about their safety or well-being

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Learning outcome

11. Provide support to manage and minimise the risk of crisis situations

Assessment criteria

You understand:

11.1 Types of **crisis situations**

11.2 The components of the Positive Behavioural Support framework and how this can help to minimise the risk of crisis situations

11.3 When and how restrictive interventions can be used

11.4 The importance of prevention and early intervention in preventing crisis situations

11.5 How to support individuals to develop a bespoke, accessible Crisis Plan

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11.6 How to respond if a crisis situation occurs

11.7 How individuals can access appropriate crisis support both within and outside of working hours

11.8 How to de-escalate a situation if someone is becoming agitated or aggressive

11.9 How to support individuals experiencing suicidal ideation and/or engaging in deliberate self-harm

11.10 Post incident practice that should be provided to colleagues and individuals

You are able to work in ways that:

11.11 Help embed a culture of prevention and early intervention when working with individuals

11.12 Promote an environment that minimises the likelihood of a crisis situation

11.13 Support others to manage crisis situations should they occur

11.14 Contribute to post incident practice for staff and individuals if a crisis situation has occurred

11.15 Ensure all reports/records are updated in line with organisational procedures

Range

Crisis situations: risks to individuals, their health or others: threatening, aggressive, inappropriate or violent behaviour, accidental overdose, significant self-harm (including overdose), acute mental distress, suicidality, significant self-neglect, wandering, fire hazard

Learning outcome

12. Promote safeguarding for individuals living with mental ill-health

Assessment criteria

You are able to work in ways that:

12.1 Support individuals to identify factors, situations and actions that may cause, or lead to harm and abuse

12.2 Support individuals to identify what needs to be in place to avoid situations that may lead to harm or abuse

12.3 Work with others to agree fair, safe, consistent and understandable boundaries with individuals to keep them safe

12.4 Lead and support practice that enables individuals to recognise when the behaviour towards them or others in inappropriate or unacceptable

12.5 Access additional support for situations that are outside of own expertise

12.6 Promote a culture where individuals are supported to keep themselves safe

12.7 Use supervision and support to consider the impact on self and others of suspected or disclosed harm or abuse

Unit 422   Leading practice with 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/#.XO0DdsHQZPw
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

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 overrepresented 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.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.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 includes:
- Reflection on how they were feeing 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 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
- SCDHSC 0450 Develop risk management plans to promote independence in daily living

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
- 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
- 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
- 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
- All Wales Safeguarding Procedures (2019)

Unit 423   Leading practice with individuals living with dementia

Level:	4
GLH:	187
Credit:	37
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to lead practice for individuals living with dementia. In the context of this unit, the term 'individual' relates to people living with dementia

Learning outcome:

1. Apply understanding of legislation, national policy and guidance that supports the rights of individuals living with dementia

Assessment criteria

You understand:

1.1 The importance of equality and human rights for individuals living with dementia and how these are protected by legislation

1.2 Legislative frameworks, national 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 positive culture, perception and values associated with dementia

1.4 What is meant by 'risk aversion'

1.5 The rights of individuals to take risks and the potential impact of risk aversion on their well-being

1.6 The challenges that individuals may experience in exercising their rights

1.7 The concept of mental capacity and potential impacts on individuals and families/carers

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1.8   How to support individuals and their families/carers to understand potential implications of mental capacity assessments and best interest decisions

You are able to work in ways that:

1.9   Apply the principles of equality and human rights into your work

1.10 Lead, monitor and review practice that promotes co-productive, rights-based approaches which support individuals to:

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

1.11 Actively challenge situations where the rights of individuals are not being upheld

1.12 Promote positive culture, perception and values of dementia

1.13 Support individuals, families and carers to understand implications of capacity and best interest decisions

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Learning outcome:

2. Lead support for the health and well-being of individuals

Assessment criteria

You understand:

2.1   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

2.2   Prevalence and demographics of dementia across different age groups and implications of this for service design and delivery in Wales

2.3   Differences and commonalities between the major types of dementia experienced in Wales

2.4   **Memory impairment** and its impact on dementia

2.5   The benefits of supporting individuals to use the parts of the brain associated with creativity and emotions that are least affected by dementia

2.6   Common psychotic symptoms that may sometimes manifest as a result of dementia

2.7   How some types of dementia can have a transient or permanent impact on physical abilities and well-being

2.8   How **lifestyle factors** can impact on:

- the risk of developing dementia
- delaying the onset of dementia

2.9   How dementia can mask underlying physical health issues

2.10 The interrelationship between physical health, illness and the symptoms of dementia that an individual may be experiencing

2.11 How individuals may not be able to communicate pain or distress and the importance of ensuring that strategies are in place to minimise risks

2.12 How to mitigate increasing risk factors associated with maintaining physical well-being for **areas of physical care**

2.13 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

2.14 How to support health promotion activities, and the potential impact these can have on the lived experience of dementia

2.15 The range of services and support available for healthy living

2.16 The concept of cognitive and functional ability and how this informs service provision

2.17 Medications used for dementia and the potential impact they may have on physical and mental health and behaviour including side effects

2.18 The use of anti-psychotic medication, anti-depressants, anti-muscarinic drugs and sedatives and psychosocial interventions to reduce their use

2.19 The limitations and problematic nature of over using antipsychotic medication, anti-depressants, anti-muscarinic drugs or sedatives

2.20 The importance of ensuring regular reviews of medication and who needs to be involved in these

2.21 The principles of capacity and consent in relation to administering prescribed medications to a person diagnosed with dementia

You are able to work in ways that:

2.22 Role model the use of methods that respond effectively and sensitively to **symptoms and presentation of dementia**

2.23 Lead, monitor and review practice that takes account of an individual's **experience of dementia** whilst recognising their strengths and abilities

2.24 Promote support for individuals for agreed **areas of physical care**

2.25 Lead, monitor and review practice that promotes healthy choices for individuals

2.26 Support individuals and their families/carers to access services and support to help them with healthy living

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

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

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 support for effective communication with individuals living with dementia

You understand:

3.1 The importance of recognising that:

- an individual living with dementia may have difficulties in adapting their communication
- behaviour can be a way of communicating

3.2 The importance of ensuring that own and others communication is adapted to respond to each individual's sense of reality, needs and preferences

3.3 How the environment can impact on effective communication

3.4 The important role that touch can play in communication

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

You are able to work in ways that:

3.6 Role model the use and adaptation of communication that responds to each individual's sense of reality, needs and preferences

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Learning outcome

4. Lead support for families 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 The range of approaches that can be used by services to support individuals and families/carers at the time of diagnosis and throughout their dementia journey:

- providing individuals and their families/carers with timely information and advice
- accessing support from other agencies, professionals, communities and networks
- 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 challenges and sensitivities that may occur between carers and individuals related to:

- family dynamics
- power imbalance
- differences in opinion
- positive risk taking versus risk aversion
- complexities in meeting the needs of both the individual and the carer

4.4 Strategies that can be used to manage challenges and sensitivities

4.5 How research can inform the development of approaches used to support individuals and families/carers

4.6 The importance of continually reviewing and adapting approaches and support as the dementia progresses and the requirements of individuals and families/carers change

You are able to work in ways that:

4.7 Lead, monitor and review the use of a range of approaches to support individuals and families/carers at the time of diagnosis and throughout their dementia journey

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4.8 Support individuals and families/carers to explore the impacts of diagnosis and consider ways of adjusting to living with dementia

4.9 Lead, monitor and review the use of the Senses Framework to inform support for individuals and their families/carers

4.10 Support the use of strategies to manage challenges and sensitivities that may occur between the carer and the individual

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

Learning outcome

5. Lead 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 The importance of carers active contribution in the assessment and planning process with individuals

5.3 How to use outcomes focused approaches that highlight an individual's strengths and aspirations rather than their needs only

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

5.5 How to support others 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 used to enhance the independence, safety and well-being of individuals

5.6 The roles of different professionals involved in a multi-disciplinary team supporting individuals living with dementia

5.7 The value and role of partners in supporting the achievement of positive outcomes

You are able to work in ways that:

5.8 Embed a co-productive approach with individuals and their families/carers in the **planning process**

5.9 Clarify expectations with individuals and their families/carers the support and resources they need to achieve positive outcomes

5.10 Lead the implementation of agreed plans, accessing additional support where needed

5.11 Lead, monitor and review **the use of life story work** and cognitive and functional assessments to inform the way that care and support is developed and delivered

5.12 Lead, monitor and review 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

5.13 Actively involve and encourage families/carers 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, outdoor 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

Learning outcome

6. Support planning for palliative and end of life care

Assessment criteria

You understand:

6.1 The importance of planning for palliative and end of life care from the point of diagnosis

6.2 Specific palliative care needs and end of life protocols for individuals living with dementia

6.3 Support for palliative and end of life care that is available to individuals and their families/carers

6.4 The importance and use of Advance Directives

6.5 Limitations of 'proxy directives' or 'general values directives' in the absence of the legally binding Advance Directives

6.6 The concept and use of Lasting Power of Attorney

6.7 How to manage sensitively any conflict that may arise with families/carers, individuals and/or professionals in the absence of advance planning

6.8 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:
6.9   Facilitate honest and open conversations around end of life/end of life care
6.10 Support individuals and their families/carers to understand Advance Directives and what they mean for end of life choices
6.11 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 practice that develops positive approaches to reduce the use of restrictive practices and restrictive interventions

Assessment criteria

You understand:
7.1   The meaning of the terms 'challenging behaviour' and 'behaviours that challenge'
7.2   How dementia may lead to individuals engaging in behaviours that challenge including lack of insight
7.3   The impact on individuals and families/carers of changing behaviours
7.4   The importance of recognising when restrictive practices and restrictive interventions have or are being used
7.5   How legislation, guidance and national policies provide a framework for the reduction of restrictive practices and restrictive interventions
7.6   Why an **ethical, values-based approach** is important in relation to the use of restrictive practices and restrictive interventions
7.7   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:
7.8   Support the understanding of behaviours that challenge and their impact on individuals and families/carers
7.9   Support the use of an **ethical, values-based approach** that aims to reduce restrictive practices/interventions

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 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

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

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8. Promote the safeguarding of individuals

Assessment criteria

You understand:
8.1   Why individuals living with dementia may be at an increased risk of harm or abuse
8.2   How dementia may mask signs and symptoms that indicate that an individual has been harmed or abused, or is at risk of being harmed or abused
8.3   Action to be taken where there are signs of harm and abuse
8.4   How to support individuals to keep themselves safe

You are able to work in ways that:
8.5   Follow agreed procedures to pass on reports and information about suspected or disclosed harm and abuse
8.6   Access additional support for situations that are outside of own expertise
8.7   Promote a culture where individuals are supported to keep themselves safe

Unit 423   Leading practice with individuals living with dementia

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 human 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

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: 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.

Strategies that can be used to manage challenges and sensitivities: could include mediation, advocacy, family group conferencing

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.

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)
- All Wales Safeguarding Procedures (2019)

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

Unit 424   Leading practice with individuals living with a learning disability and/or autism

Level:	4
GLH:	210
Credit:	37
Unit Summary:	This unit is aimed at those workers who are or would like to lead practice for individuals with a learning disability and/or autism
	In the context of this unit, the term 'individual' refers to autistic adults and/or adults with learning disabilities

Learning outcome:

1. Perceptions and perspectives of learning disability and autism

Assessment criteria

You understand:

1.1 The **prevalence of learning disability and autism**
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 'dyad of impairments'
1.5 Why it is important that each individual with a learning disability or who is on the autistic spectrum is recognised for their own individual abilities, needs, strengths, gifts and talents
1.6 Social and medical perspectives of learning disability and autism, and how these have evolved and changed over time
1.7 **Potential impacts** of societal attitudes and values on individuals
1.8 How attitudes and services continue to change over time as a result of social policy and legislation
1.9 Impacts (positive and negative) of being labelled as having a learning disability/autism
1.10 Why autism can sometimes be a hidden disability and how this can impact on individuals
1.11 Legislative frameworks, Welsh Government policy and current models of service design and delivery that aim to support individuals 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 How gender and ethnicity, and social, cultural and religious environments may impact on individuals and the support that they access

1.13 The role of external agencies and others in continually changing attitudes, policies and practice

You are able to work in ways that:

1.14 Role model the use of methods to support individuals that take account of:
- the characteristics of the disability
- any barriers they are experiencing
- their individuality and personal preferences

1.15 Lead, monitor and review practice that promotes positive perceptions of, and attitudes to individuals with a learning disability/autism

1.16 Promote service design and delivery that has a positive impact on individuals

1.17 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)

Learning outcome:

2. Lead practice for person-centred and rights-based approaches, well-being, positive relationships and community participation

Assessment criteria

You understand:

2.1 Theoretical frameworks and models for:
- Social Role Valorisation/Normalisation
- disability and impairment
- citizenship
- co-production
- person centred practice
- rights-based approaches

- relationships

2.2 The importance of the National Well-being Outcomes for individuals' quality of life

2.3 How individuals can be supported to contribute to their community and enrich the lives of others, and the positive impact this has on how they are perceived

2.4 What is meant by 'circle of support' and how this can be developed and used to support reciprocal relationships and the well-being of individuals

2.5 Strategies that can be used to address potential barriers that hinder:
- community participation
- positive reciprocal relationships
- opportunities to achieve positive outcomes

2.6 Interrelationship between positive risk taking and responsibilities, voice and control, and social inclusion

2.7 The importance of risk taking in everyday life for individuals

2.8 The impact of individuals of being discouraged or prevented from taking risks

2.9 Different types of advocacy and how these can be used to support the rights of individuals

You are able to work in ways that:

2.10 Role model practice that promotes co-productive, person-centred and rights-based approaches to support individuals to:
- have voice and control over their lives
- participate in a valued range of meaningful activities
- maintain and develop positive reciprocal relationships
- participate in their communities
- lead full and valued lives
- manage dilemmas that arise when balancing their rights to take risks with their safety and well-being

2.11 Lead, monitor and review practice that supports individuals to take informed risk

Learning outcome:

3. Lead practice that supports effective communication

Assessment criteria

You understand:

3.1 The range of communication methods and approaches and how they can be used to support individuals

3.2 Factors that need to be considered when identifying communication methods and approaches

3.3 Sources of information, advice and support for the development of communication skills

3.4 The importance of using appropriate communication methods and approaches with individuals

3.5 How to use and adapt language and methods of communication to ensure that they are both age and ability appropriate

3.6 How previous experiences, additional conditions and first language may influence an individual's willingness and ability to communicate

3.7 How difficulties with communication and social interaction may impact on individuals

3.8 How to establish when behaviour is being used as a form of communication

You are able to work in ways that:

3.9 Role model the use and adaptation of a range of communication methods and approaches to support individuals

3.10 Support the development of communication plans with individuals

3.11 Role model a co-productive approach to evaluate methods used to support effective communication

Learning outcome:

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

Assessment criteria

You understand:

4.1 The purpose and components of person-centred planning

4.2 How to use person-centred planning to help individuals to achieve what is important to them and to lead full and valued lives

4.3 The importance of ensuring that families, carers, friends and siblings are involved in person-centred planning

4.4 The **components of Active Support**, and how the model translates values into person-centred practice and the achievement of well-being

4.5 The role of interactive training in influencing practice

4.6 Psychological consequences for individuals if they are left for long periods without stimulation or engagement

4.7 The concept of 'learned helplessness', and how person-centred planning and Active Support can be used to address this

4.8 How to support autistic individuals to balance the need for routines with opportunities to experience different activities and build relationships

4.9 How to use a strengths-based approach to build skills, confidence, self-esteem and develop relationships

4.10 How person-centred planning and the implementation of Active Support can be evaluated to establish impact on:

- the 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

4.11 How to use electronic assistive technology to support independence, safety and well-being of individuals

You are able to work in ways that:

4.12 Role model the use of co-productive approaches to support individuals to participate in the person-centred planning process

4.13 Lead, monitor and review the implementation of the Active Support Model

4.14 Use interactive training to develop practice

4.15 Support the implementation of personal plans for individuals

4.16 Use a co-productive approach for the review and evaluation of personal plans

Range

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

Learning outcome:

5. Understand the importance of sexuality, sexual expression and sexual health

Assessment criteria:

You understand:

5.1   The importance of sexuality, sexual identity and sexual health for individuals

5.2   Factors that can impact on the sexual development and expression of sexuality of individuals

5.3   How individuals can be supported:
- to understand and express their sexual identity
- to understand the importance of meaningful relationships in relation to their sexuality
- to stay safe sexually

Learning outcome:

6. Support health promotion, prevention and early intervention to reduce the risk of ill health

Assessment criteria:

You understand:

6.1   **Health conditions** commonly associated with learning disability and the challenges of identifying these

6.2   **Factors** that expose individuals to health inequalities

6.3   How to promote the rights of individuals to have equal access to healthcare and end of life care

6.4   The challenges in accessing appropriate healthcare and end of life care for individuals

6.5   How to support awareness of health promotion and early intervention to reduce the risk of ill health

6.6   Requirements for annual checks and why these are important

6.7   Responsibilities for arranging, carrying out and reviewing the outcomes from annual health checks

6.8   How individuals and others can be supported to understand the importance of an annual health check

6.9   What needs to be considered when individuals need to undertake healthcare or medical treatment including:
- how they are supported
- their capacity to consent
- how to work with other professionals

- the duty of generic health services to make reasonable adjustments for individuals
- how to action outcomes

You are able to work in ways that:

6.10 Lead, monitor and review practice that actively supports health promotion and early intervention to reduce the risks of ill-health

6.11 Monitor, review and evaluate individual's access and use of:
- Healthcare checks
- Healthcare identified to meet needs

6.12 Monitor, review and evaluate:
- 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

Learning outcome:

7. Understand Positive Behavioural Support

Assessment criteria:

You understand:

7.1 What is meant by 'positive behavioural support'

7.2 The components of **Positive Behavioural Support**

7.3 Why a values-led approach is important for positive behavioural support

7.4 Why it is important to understand behaviour

7.5 The difference between form (the behaviour) and function (the reason for that behaviour)

7.6 The **four common functions** of challenging behaviour/behaviours that challenge

7.7 The components of a behaviour support plan

7.8 The **main components of post incident practice** and why these are 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

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Learning outcome:

8. Lead practice that supports safeguarding

Assessment criteria:

You are able to work in ways that:

8.1   Promote an individualised approach to safeguarding

8.2   Lead, monitor and review practice that ensures compliance with policies, procedures and agreed practice for the safeguarding of individuals

8.3   Lead and support practice that helps individuals recognise when behaviour towards them is inappropriate or unacceptable

8.4   Challenge actions, behaviours and practice that may be dangerous, abusive, discriminatory or exploitative

8.5   Access professional networks to seek additional support for situations that are outside of own expertise

Unit 424   Leading practice with individuals living 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)

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

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: **http://gov.wales/docs/dhss/publications/150722well - beingen.pdf**
Securing rights and entitlements Also for adults: Control over day to-day life	• I know and understand what care, support and opportunities are available and use these to help me achieve my well-being

	• 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 • I am treated with dignity and respect and treat others the same • My voice is heard and listened to • My individual circumstances are considered • I speak for myself and contribute to the decisions that affect my life or have someone who can do it for me
Physical and mental health and emotional well-being	• I am healthy and active and do things to keep myself healthy • I am happy and do things that make me happy • I get the right care and support, as early as possible • Protection from abuse and neglect • I am safe and protected from abuse and neglect • I am supported to protect the people that matter to me from abuse and neglect • I am informed about how to make my concerns know
Education, training and recreation	• I can learn and develop to my full potential • I do the things that matter to me
Domestic, family and personal relationships	• I belong • I contribute to and enjoy safe and healthy relationships • Contribution made to society ⬜ I engage and make a contribution to my community • I feel valued in society
Social and economic well-being	• I contribute towards my social life and can be with the people that I choose • I do not live in poverty • I am supported to work • I get the help I need to grow up and be independent • I get care and support through the Welsh language if I want it
Suitability of living accommodation	• I live in a home that best supports me to achieve my well-being

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:
    o how to balance what is important to and what is important for them
    o how they would like to do this

        o   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[4] set out how the care of an individual will be provided. They are based on assessment information and care and support plans and will cover the personal wishes, aspirations and care and support needs of the individual.

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

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

Plans: 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

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[4] Statutory guidance for service providers and responsible individuals on meeting service standard regulations (Welsh Government 2017)

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)

Period	Risk factors	Protective factors
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 daytime 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

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

Types of advocacy to include:

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

Valued roles e.g.
- Carer
- Employee
- Householder
- Parent
- Student
- Volunteer

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

Related NOS

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
- 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)
- All Wales Safeguarding Procedures (2019)

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/cg12]

- 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 425　　Leading practice for disabled children and young people

Level:	4
GLH:	149
Credit:	35
Unit Summary:	This unit aims to support learners develop the knowledge, understanding and skills needed to lead practice for disabled children and young people to achieve positive outcomes including their holistic growth, learning and development. In the context of this unit, the term 'children' refers to 'disabled children and young people'.

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 The role of own service in improving outcomes for disabled children and their families/carers

1.4 Social and medical perspectives of a **range of impairments/conditions**, how these have evolved and changed over time and influenced models of service delivery

1.5 How societal attitudes and values towards disabled children and their families/carers may impact on equality, diversity and inclusion

1.6 The impact of power, discrimination and society on children and their families/carers, across the life span

1.7 The impact of choice of words and language on how children and their families/carers are perceived and treated

1.8 How the judgement, stereotypical assumptions and expectations of others can lead to disabled children being stigmatized, and how this stigma can impact on both the child and their families/carers

1.9 How own service aims to promote equality, diversity and inclusion of disabled children and their families/carers

You are able to work in ways that:

1.10 Support workers understanding of:
- 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** and how these may impact on children and their families / carers
- **potential causes** of a **range of impairments/conditions**

1.11 Lead, monitor and review practice that
- recognises the centrality of the child rather than the impairment
- promotes positive perceptions of, and attitudes to disabled children and their families/carers
- actively challenges prejudice, stereotypical images, discrimination and negative attitudes towards disabled children and their families/carers

1.12 Role model the use of **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

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

Learning outcome:

2. Lead practice that actively involves families/carers in the support of disabled children

Assessment criteria

You understand:

2.1 What is meant by the term '**carer**'

2.2 Legislation, policy and guidance about the rights of carers for entitlements, assessment and support, including advocacy

2.3 The **potential impact on families** of caring for a disabled child

2.4 How to support families/carers to understand the roles and responsibilities of:
- workers within the service provision
- of other agencies and services

 in relation to their care and support

2.5 The potential impact on children and their families/carers of accessing support from multiple agencies and professionals

2.6 The importance of families/carers being supported 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:

2.7 Support families/carers understanding of:
- their rights and entitlements
- the range of support available and how this can be accessed

- the support that is available from the service provision

2.8 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)

Learning outcome:

3. Apply learning from research and use evidence informed practice in work with disabled children

Assessment criteria

You understand:

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

You are able to work in ways that:

3.2 Use research evidence, theories, models and frameworks to inform and adapt practice to support children's:
- holistic development
- well-being
- resilience

Learning outcome

4. Lead practice that applies understanding of child development

Assessment criteria

You understand:

4.1 **Theories of human life course development**

4.2 Critical stages in neurological and brain development during:
- the pre-birth period
- early childhood
- adolescence
- young adulthood

4.3 Possible factors and Adverse Childhood Experiences which could affect neurological and brain development

4.4 The potential of stress and trauma to cause harm to overall development and well-being of children throughout their life span

4.5 How expected development may differ for disabled children

4.6 Ways in which developmental delay in one area affects the ability to acquire skills in other areas and the potential impact of this on children

You are able to work in ways that:

4.7 Support others to develop and apply understanding of child development in their practice

4.8 Monitor and review the application of understanding of child development in practice

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

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Learning outcome:

5. Lead practice that supports children to develop a positive sense of self

Assessment criteria

You understand:

5.1 Evidence of the impact of being disabled on the self-esteem and self-confidence of children

5.2 Evidence of links between being a disabled child, and the achievement of **positive outcomes**

5.3 How to promote the importance of children having equal opportunities for holistic growth, play, learning and development, including taking risks

5.4 How to promote the use of an **accessible environment** that supports holistic learning growth and development

5.5 How to promote the use of aids and adaptations that aim to support active participation

5.6 How to promote the use of strategies to overcome real or perceived barriers to the active participation and inclusion of children and their families/carers

5.7 How to lead practice that supports children and their families/carers to have high expectations and help them to set realistic goals towards achieving these

5.8 How to build trust with children and their families/carers

5.9 How to support families/carers to extend their understanding of ways in which children can develop a positive sense of self

You are able to work in ways that:

5.10 Review and evaluate the impact of how the judgement, stereotypical assumptions and expectations of others is influenced because of a child's impairment

5.11 Support others to explore how children are either supported or prevented from taking risks and the impact this has on their sense of self

5.12 Lead, monitor and review practice that supports children to:
- explore their own social, emotional and needs according to culture, 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
- develop positive relationships
- achieve positive outcomes

5.13 Lead, monitor and review the use of aids and the adaptation of environments to support participation and inclusion and reflect the individual needs of children

5.14 Lead, review and monitor practice that supports families/carers with the holistic development and well-being of their child

Range:

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

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

Accessible environment: physical environment, sensory environment and psychologically informed environment

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Learning outcome:

6. Lead practice that supports children during change and transition

Assessment criteria

You are able to work in ways that:

6.1 Support **others** 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

6.2 Lead, monitor and review practice that:

- meaningfully supports 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

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Range

Others; workers and families/carers

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

Learning outcome

7. Lead support for effective communication with disabled children

Assessment criteria

You understand:

7.1   The communication methods and approaches that can be used to support children with a **range of impairments and conditions**

7.2   How to use the range of professionals who may offer advice and support to develop communication skills

7.3   Factors that need to be considered when identifying communication methods and approaches

7.4   How difficulties with communication and social interaction may impact on children

7.5   How previous experiences, additional conditions and first language may influence a child/young person's willingness and ability to communicate

7.6   How to establish when behaviour is being used as a form of communication

7.7   How to support others to use and adapt language and methods of communication ensuring that are both age and ability appropriate

You are able to work in ways that:

7.8   Lead, monitor and review practice for the use and evaluation of a range of communication methods and approaches to support children

7.9   Support the development of communication profiles/plans for children

Range

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

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Learning outcome:

8.   Lead practice that promotes safeguarding and safer care

Assessment criteria

You are able to work in ways that:

8.1 Lead practice that ensures compliance with policies, procedures and agreed practice for the safeguarding of children

8.2 Lead practice that recognises why disabled children are more:
- at risk from abuse and exploitation
- likely to be targeted by perpetrators of abuse
- vulnerable to exposure to physical, sexual and emotional health-harming activities and behaviours

8.3 Promote an individualised approach to safeguarding, taking account of the particular vulnerabilities and experiences of children

8.4 Challenge actions, behaviours and practice that may be dangerous, abusive, discriminatory or exploitative

8.5 Use supervision and support to consider the impact on self and others of suspected or disclosed harm or abuse

8.6 Access professional networks to seek additional support for situations that are outside of own expertise

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Learning outcome:

9.   Understand the importance of supporting children's education

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You understand:

9.1 How the Additional Needs and Education Tribunal (Wales) Act aims to support the educational needs of disabled children

9.2 The differing roles of professionals involved with the education of disabled children

9.3 Roles and responsibilities for supporting children with their educational activities

9.4 Own role in working with professionals in relation to the education of children

9.5 The importance of Individual Development Plans for children

9.6 The importance of ensuring that children are not disadvantaged in education as a result of being disabled

9.7 The potential impact of exclusion from education on children

9.8 How to ensure that children are:

- encouraged to engage and reengage in educational activities
- supported to build confidence
- recognised for their successes

9.9 Where additional support can be accessed where there are concerns about formally identified/not formally identified additional learning needs of children

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Learning outcome

10. Lead practice to support children to live in the digital world

Assessment criteria:

You understand:

10.1 How to explore the internet and keep up to date with new technologies

10.2 When, where and how support should be accessed for the safe use of digital technology

10.3 Current research into the impact of digital technology on children's well-being and their development

10.4 The importance of children being supported to know how to safely use digital technology

You are able to work in ways that:

10.5 Develop and implement strategies that support children with the safe and effective use of digital technologies

10.6 Routinely update knowledge and understanding of emerging issues related to the safe use of digital technologies

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Learning outcome:

11. Lead practice that supports nutrition and hydration of disabled children

Assessment criteria

You understand:

11.1 How to support **others** understanding of:

- current national guidance for a balanced diet for children

- the role of essential nutrients in supporting holistic growth and development, and well-being
- specialist support available for children for their nutrition
- 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 how to support the development of 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 and how this can be promoted

You are able to work in ways that:

11.2 Lead, monitor and review 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

11.3 Develop strategies to address potential challenges and factors that influence intake of food and drink

11.4 Ensure that children are encouraged to experiment with and experience new foods

11.5 Lead, monitor and review practice that responds positively to children's objections to food and drink, making adaptations as necessary

11.6 Ensure that children are encouraged to drink a sufficient volume of fluid

11.7 Monitor and record intake of food and drink and take action to address any concerns

Range
Others: workers and families/carers
Potential challenges: the relationship that disabled children may have with food, behavioural, environmental, physical
Potential impact: failure to thrive, malnutrition, dehydration, obesity, constipation

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Learning outcome:
12. Understand support for healthcare for disabled children

Assessment criteria

You understand:

12.1 The types of health challenges that may be experienced by disabled children

12.2 The range of professionals and services who provide advice and support for specific health challenges

12.3 The **governance** for undertaking delegated healthcare tasks

12.4 The importance of balancing healthcare approaches with child-centred, social care models of support

12.5 Actions to take where there are concerns about specific health conditions

12.6 Symptoms that require urgent action

Governance: the range of healthcare tasks that may be delegated to workers from other professionals, systems, procedures and practice related to delegated healthcare tasks

Learning Outcome

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

Assessment criteria

You understand:

13.1 The terms 'challenging behaviour' and 'behaviours that challenge'

13.2 How to support understanding of the potential impact on children of:
- using these terms to describe their behaviour
- engaging in behaviours that challenge

13.3 Types of crisis situations

13.4 The importance of prevention and early intervention in preventing crisis situations

13.5 The components of the **Positive Behavioural Support framework** and how this can help to minimise the risk of crisis situations

13.6 The **range of primary prevention strategies and early interventions** that may be used to support positive behaviour

13.7 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

13.8 How legislation, national/local policies and guidance provide a framework for the reduction of restrictive practices and **restrictive interventions**

13.9 Why an **ethical, values-based approach** is important in relation to the use of restrictive practices and restrictive interventions

13.10   When and how restrictive interventions can be used

13.11   How to ensure that children have a clear behaviour support plan

13.12   How to respond if a crisis situation occurs

13.13   The main components of **post incident practice**

You are able to work in ways that:

13.14   Lead, monitor and review practice that embeds a culture of prevention and early intervention to avoid crisis situations

13.15   Lead, monitor and review practice that aims to reduce restrictive practices and restrictive interventions and:
- embeds an **ethical, values-based approach**
- reflects legislation, guidance and national policies for children

13.16   Support others to develop the skills needed to manage crisis situations should they occur

13.17   Contribute to the assessment of crisis situations to:
- Identify patterns of behavior
- establish primary prevention strategies and early interventions that should be adopted

13.18   Undertake **post incident practice**

13.19   Ensure all reports/records are updated in line with organisational procedures

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

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

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

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

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

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 425   Leading practice for disabled children and young people

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.

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 child/young person. 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 child/young 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

They can be a build-up of issues over a period of time

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.

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

Impairment: an injury, illness or congenital condition that causes or is likely to cause a long-term effect on physical appearance and/or limitation of function within the 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

Others: could include workers and/or families/carers unless specifically ranged

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 feeing 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, 3rd 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

- SCDHSC 0315: Work with children and young people with additional requirements to meet their personal support needs

Related legislation and guidance

- Well-being of Future Generations (Wales) Act 2015
- Social Services and Well-being (Wales) Act 2014
- Regulation and Inspection of Social Services (Wales) Act 2016
- UN Convention on the Rights of the Child
- Equality Act (2010)
- Human Rights Act 1998
- Rights of Children's and Young Peoples' Measure 2011

- 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
- Children and Families Act 2014
- Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015
- Education Act 1996
- All Wales Safeguarding Procedures (2019)

Resources

Children in Wales **http://www.childreninwales.org.uk/**

Council for disabled children **https://councilfordisabledchildren.org.uk/**

All Wales Practice Guides for safeguarding children and young people **http://www.myguideapps.com/projects/wales_safeguarding_procedures/default/chi/index.c 6.html?nocache=0.5229602397989326**

Unit 426   Leading practice with children and young people who are looked after

Level:	4
GLH:	145
Credit:	34
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to lead practice with children who are looked after
	In the context of this unit the term 'children' refers to children and young people who are looked after.

Learning outcome:

1. Apply understanding of the role of services, arrangements and specialist placements for children and young people who are looked after

You understand:

1.1 The range of services, arrangements and specialist placements for children who are looked after

1.2 The roles and responsibilities of those involved in the delivery of services and specialist placements

1.3 Reasons why children may need to access services and/or specialist placements

1.4 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

1.5 The potential impact on children and young people of having support from multiple agencies and professionals

1.6 The importance of providing:
- opportunities and support for permanency for children
- psychologically informed environments
- opportunities for involving children in the design of services

1.7 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

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

You are able to work in ways that:

1.9 Support others understanding of:
- 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

Range

Services, arrangements: residential care, foster care, kinship care, placement with parents, Special Guardianship Orders, adoption.

Learning outcome:

2. Apply learning from research and use evidence informed practice in work with children and young people

Assessment criteria

You understand:

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

You are able to work in ways that:

2.2 Use research evidence, theories, models, frameworks and approaches to inform and adapt practice to support children's:
- holistic development
- well-being
- resilience

Learning outcome

3. Lead practice that applies understanding of child development

Assessment criteria

You understand:

3.1 **Theories of human life course development**

3.2 Critical stages in neurological and brain development during:
- the pre-birth period
- early childhood
- adolescence
- young adulthood

3.3 Why it is important for families to reflect on and understand child development in relation to:
- Their own circumstances and experiences through the life course
- Their relationships with their children

You are able to work in ways that:

3.4 Support others understanding of child development and:
- the impact of abuse and trauma on children, young people and adults at any stage of life
- presentation in times of stress or change
- the connection between children and adults physical and neurological systems in order to respond appropriately to their presentation and behaviour
- 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
- the 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:
4. Promote consistent approaches to develop and maintain nurturing and stable relationships

Assessment criteria

You understand:
4.1 The importance of:
- forming positive safe, loving relationships with children
- understanding a child's life journey and how this can help the development of nurturing and stable relationships

4.2 Theories, models and approaches that can be used to support children to develop relationships

4.3 The importance of being consistent and reliable for children's:
- outcomes
- well-being
- emotional and social development
- positive sense of self
- education

You are able to work in ways that:
4.4 Use targeted tools and skills to **support and build** positive safe, loving relationships with children

4.5 Monitor and review feedback on emerging patterns of behaviour and the holistic development of children

4.5 Role model the use of methods and strategies to respond to different types of behaviour, maintaining and promoting a secure base for children

4.6 Use observation, reflection and feedback to evaluate how own and others practice impacts on work with children

Range
Support and build: own and others' relationships

Learning Outcome

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

Assessment Criteria

You understand:
5.1 Links between educational achievement and being looked after
5.2 The impact of moves on a child's education
5.3 The range of **educational opportunities** available to children
5.4 The differing roles of professionals involved with the education of children who are looked after
5.5 The importance of ensuring that children are not disadvantaged in education as a result of being looked after
5.6 How exclusion from education impacts on children
5.7 How to recognise the indications of 'Additional Learning Needs' and access support for children
5.8 Roles and responsibilities for supporting children with their educational activities
5.9 How to ensure that children are:
   - encouraged to engage and re-engage in educational activities
   - supported to build confidence
   - recognised for their successes
5.10 The importance of participation of workers and children in the professional group involved in education

You are able to work in ways that:
5.11 ead practice that supports:
   - engagement in a diverse range of positive educational opportunities and experiences for children
   - the building of children's confidence and recognition of their successes
   - children to develop positive aspirations for the future and encourage self-belief
5.12 Lead practice that advocates for children's rights and entitlements to be included in education provision

Range
Educational opportunities: learning at home, school, training, voluntary work, employment

Learning outcome:
6. Lead practice that supports children 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
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 The impact of power, discrimination and society on children across the life span
6.5 The impact of choice of words and language on how children are perceived and treated
6.6 How the judgement, stereotypical assumptions and expectations of others can lead to children who are looked after being stigmatized

6.7 How the stigma experienced can impact on children directly and others that provide care for them

6.8 The complexities between relationship-based practice that helps children to feel secure and loved, and professional boundaries

6.9 The importance of positive role modelling and social learning theory in the development of children's emotional well-being and sense of self

6.10 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'**

6.11 How to develop others knowledge of the range of methods available to children to develop resilience, emotional intelligence and self-belief

You are able to work in ways that:

6.12 Lead, monitor and review practice that sets high expectations for children

6.13 Lead, monitor and review practice that supports children to feel secure and loved, whilst developing a positive sense of self

6.14 Lead, monitor and review practice that:
- provides children with opportunities to participate in activities and experiences that contribute to them developing a positive sense of self
- supports the achievement of positive outcomes for children
- develops children's self-esteem, confidence and positive sense of self
- supports the development and maintenance of positive relationships
- supports children to develop resilience, emotional intelligence and self believe
- ensures that **accurate and specific words** are used to describe 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

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

Learning outcome

7. Lead practice that supports meaningful involvement of children and young people in the assessment, planning, implementation and review of their care

Assessment criteria

You understand:

7.1 The importance of a robust assessment and placement process that enables meaningful involvement of children

7.2 Strategies that can be used to ensure the meaningful involvement of children in the development, evaluation and review of personal plans

You are able to work in ways that:

7.3   Lead, monitor and review practice that ensures that children are supported to have meaningful involvement in the development, review and evaluation of their:

- care and support plan
- personal plan

8.   Lead practice that supports children and young people before, during and after change and moves

You understand:

8.1   The potential impact of planned and unplanned moves for children and their care givers

8.2   The reasons why children who are looked after may need additional and focused support before, during and after change

8.3   Approaches that can be used to support children when changes are planned or unplanned

8.4   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

8.5   The impact of family circumstances on changes and moves

8.6   The importance of supporting children to build and retain an understanding of their life journey

You are able to work in ways that:

8.7   Lead practice that ensures children have meaningful involvement in:

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

8.8   Monitor and evaluate interventions and plans, identifying additional information and support when needed

8.9   Lead practice that promotes stability and predictability for children

Learning outcome

9.   Lead practice that supports positive relationships of children and young people who are looked after

Assessment criteria

You understand:

9.1   How children can be impacted by relationships

9.2   The importance of long-term relationships with stable, safe adults, family members and peers

9.3   How the digital world can be used to safely support the relationships of children

9.4   How to support children to:

- build and maintain positive, healthy and safe relationships with their family
- participate in agreed family time with wider family members and informal networks, taking account of any restrictions that are in place, and utilising any safety networks in the child's family

- prepare for family time and support them afterwards

9.5 How to supervise family time

9.6 How time with family may affect a child's emotional well-being and behaviour

9.7 Requirements for and potential use of records of family time

You are able to work in ways that:

9.8 Lead practice that supports children to build and maintain positive, healthy and safe relationships

9.9 Enable children to understand and contextualise their relationships with family and friends

9.10 Monitor and record the impact of family and peer time

9.11 Facilitate the development of relationships between professionals and children

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10. Support children to live in the digital world

You understand:

10.1 How to explore the internet and keep up to date with new technologies

10.2 When, where and how support should be accessed for the safe use of digital technology

10.3 Current research into the impact of the digital technology children's well-being and their development

10.4 The importance of effective education for children on how to safely use digital technology

You are able to work in ways that:

10.5 Develop and implement strategies that support children with the safe and effective use of digital technologies

10.6 Routinely update knowledge and understanding of emerging issues related to the safe use of digital technology

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11. Lead practice that promotes safeguarding and safer care

11.1 Lead practice that ensures compliance with policies, procedures and agreed practice for the safeguarding of children

11.2 Lead practice that recognises why children who are looked after are more:

- at risk from abuse and exploitation
- likely to be targeted by perpetrators of abuse
- vulnerable to exposure to physical, sexual and emotional health-harming activities and behaviours

11.3 Promote an individualised approach to safeguarding, taking account of the particular vulnerabilities and experiences of children

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11.4 Challenge actions, behaviours and practice that may be dangerous, abusive, discriminatory or exploitative

11.5 Use supervision and support to consider the impact on self and others of suspected or disclosed harm or abuse

11.6 Access professional networks to seek additional support for situations that are outside of own expertise

11.7 Lead practice that embeds safer caring principles

Learning Outcome

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

Assessment criteria

You understand:

12.1 The terms 'challenging behaviour' and 'behaviours that challenge'

12.2 How to support understanding of the potential impact on children of:
- using these terms to describe their behaviour
- engaging in behaviours that challenge

12.3 Types of crisis situations

12.4 The importance of prevention and early intervention in preventing crisis situations

12.5 The components of the **Positive Behavioural Support framework** and how this can help to minimise the risk of crisis situations

12.6 The **range of primary prevention strategies and early interventions** that may be used to support positive behaviour

12.7 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

12.8 How legislation, national/local policies and guidance provide a framework for the reduction of restrictive practices and **restrictive interventions**

12.9 Why an **ethical, values-based approach** is important in relation to the use of restrictive practices and restrictive interventions

12.10 When and how restrictive interventions can be used

12.11 How to ensure that children have a clear behaviour support plan

12.12 How to respond if a crisis situation occurs

12.13 The main components of **post incident practice**

You are able to work in ways that:

12.14 Lead, monitor and review practice that embeds a culture of prevention and early intervention to avoid crisis situations

12.15 Lead, monitor and review practice that aims to reduce restrictive practices and restrictive interventions and:
- embeds an **ethical, values-based approach**
- reflects legislation, guidance and national policies for children

12.16 Support others to develop the skills needed to manage crisis situations should they occur

12.17 Contribute to the assessment of crisis situations to:
- Identify patterns of behavior

- establish primary prevention strategies and early interventions that should be adopted

12.18 Undertake **post incident practice**

12.19 Ensure all reports/records are updated in line with organisational procedures

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

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

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

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

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

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

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Learning outcome

13 Promote support for the health and well-being of children

Assessment criteria:

You are able to work in ways that:

13.1 Support others understanding of the importance of:
- health promotion
- nutrition and hydration
- health care checks
- how the needs of children will change over the **life course**

13.2 Access and share with others additional advice and information that supports the health and well-being of children

Range

Life course: through adolescence, during times of stress and change

Unit 426   Leading practice with children and young people who are looked after

Supporting Information

Guidance for delivery

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 child/young person. 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 child/young 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

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

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: exposure to substance misuse (smoking, including passive smoking, alcohol, prescribed medication, illegal drugs, misuse of vitamins), insufficient dietary folic acid, ability of mother/ parent to address their own health needs, maternal diet, stress during pregnancy, birth trauma, premature birth, genetic factors, sexually transmitted infections, poor nutrition and hydration, non-responsive stressful and abusive environments, domestic abuse, poor physical activity, exposure to common childhood illnesses, pollution, over-exposure to the sun, over and under stimulation, toxic stress (including role and impact of cortisol and adrenaline), inadequate housing, poverty, lack of access to services.

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.

Others: could include – wider family members, informal networks and professional networks.

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 feeing 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

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[5].

Reasons why children 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.

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

Safe use of digital technology: current and emerging legislation e.g. sharing of inappropriate media images, sexting, county lines

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

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[5] Psychologically Informed Environments: A Literature Review – accessed on 24.06.2019 at **https://www.mentalhealth.org.uk/publications/psychologically-informed-environments-literature-review**

- 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

Wider family members and informal networks: parents/ carers, other family members, siblings etc., friends, neighbours, special interest groups.

Related NOS

- SCDHSC0038 Support children and young people to manage aspects of their lives
- SCDHSC0039 Support children and young people to achieve their educational potential
- SCDHSC0311 Support children and young people to develop and maintain supportive relationships
- SCDHSC0312 Support children and young people to develop a positive identity and emotional well-being
- SCDHSC0325 Support children and young people through major transitions
- SCDHSC0326 Promote the development of positive behaviour in children and young people

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' (Wales) 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
- All Wales Safeguarding Procedures (2019)

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/

All Wales Practice Guides for safeguarding children and young people

http://www.myguideapps.com/projects/wales_safeguarding_procedures/default/chi/index.c6.html?nocache=0.5229602397989326

Unit 427   Leading practice with families and carers

Level:	4
GLH:	145
Credit:	37
Unit Summary:	The aim of this unit is to support learners to develop the knowledge, understanding and skills needed to lead work with families/carers.
	In the context of this unit families/carers refers to those with whom the child/children regularly lives or has contact.
	Throughout the unit the term 'families' relates to both families and carers and the term 'children' refers to children and young people

Learning outcome:

1. Apply learning from research and evidence informed practice in own work with families/carers including support for rights and entitlements

Assessment criteria

You understand:

1.1   How legislative frameworks, national policies and guidance influence the provision of support and services for families

1.2   Research and evidence informed practice that underpins legislation, national policies and guidance for work with families

1.3   How research informs models and approaches for support and services for families

1.4   The roles and responsibilities of those involved in the provision of support and services to families

1.5   The role of own service in improving outcomes for families

1.6   The rights and entitlements that families have for support and services

You are able to work in ways that:

1.7   Apply learning from research and evidence informed practice in own work with families

1.8   Support families to understand:

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

Learning outcome:

2. Understand why families/carers may need to access support and services

You understand:

2.1 Circumstances and specific situations that may lead to families requiring support and services

2.2 How the judgement, stereotypical assumptions and expectations of others may:

- be unduly influenced by the complex multiple needs that some families have
- lead to families being stigmatized
- have a negative impact on families and the way that they function

2.3 Links between families own experiences through the life course, their knowledge of child development and expectations for themselves and their children

2.4 The diversity and complexity of family structures and relationships and how these may impact on the way that they function and informal support that is available

You are able to work in ways that:

2.5 Actively challenges prejudice, stereotypical images, discrimination and negative attitudes towards families

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)

Learning outcome:

3. Lead the use of approaches that support the development of positive professional relationships and the engagement of families/carers

Assessment criteria

You understand:

3.1 How to identify with families the best approaches to adopt when working with them

3.2 The effectiveness of using outreach work, community groups or home visiting to engage with and support families

3.3 The importance of reviewing and adapting approaches to meet the emerging needs of families

3.4 The importance of positive, safe relationships with families that take account of professional boundaries

3.5 The importance of being reliable and consistent when working with families

3.6 The need for a safe, secure and dynamically risk assessed environment that is conducive to working with families

3.7 Barriers that may prevent or deter families from accessing or engaging in services

3.8 Strategies that can be used to address real or perceived barriers

3.9 Strategies that can be used to engage with and maintain the engagement of families

3.10 Strategies that can be used to manage endings in a positive way

You are able to work in ways that:

3.11   Establish with families the most appropriate approaches to use when working with them

3.12   Use, monitor and review strategies that support:

- the development of positive, safe, professional relationships with families
- a positive, safe environment
- the engagement of families
- the ending of involvement with families in a positive way

3.13   Take action to remove or minimise real and perceived barriers experienced by families

4. Lead support for families/carers that helps them to recognise and take actions to mitigate factors that may have a negative impact on the way that they function

Assessment criteria

You understand:

4.1 Theories of change and how to apply these in practice

4.2 The importance of:

- having a non-judgmental, sensitive approach that takes account of the circumstances, experiences and feelings of families/carers
- using strengths based approaches

4.3 The importance of positive role modelling and social learning theory in the development of emotional well-being

You are able to work in ways that:

4.4 Lead support for families to explore:

- the circumstances and specific situations that have an impact on them
- how they can build on their experience, expertise and abilities for caring for their children
- support that they have from wider family members, friends and networks
- how they feel about the need for support
- the long and short-term implications of different lifestyles
- Adverse Childhood Experiences on themselves and their children
- the impact of their behaviour on their children and of their children on themselves
- outcomes they would like to achieve
- behaviours they would like to change
- skills they need to improve
- their strengths
- realistic opportunities to change their lifestyles

Learning outcome:

5. Lead practice that promotes outcomes focused assessment, planning, implementation and review of plans for families/carers

Assessment criteria

You understand:

5.1   The importance of:
- evidence informed assessment and planning that has clear purpose and meaning
- balancing the diverse needs of children/young people and individual family members
- accurate assessment in determining suitable approaches and support for families
- the need for detailed outcome focused planning and regular meaningful reviews of plans

5.2   Own role and responsibilities in relation to the **planning process** with families

5.3   The roles of other professionals and agencies in the planning process

5.4   The impact on families where there are a range of professionals/agencies involved in their support

5.5   How to support families to have high expectations for themselves and their children and help them set realistic goals towards achieving these

5.6   The importance of supporting families to develop a safety plan in the event of a crisis

You are able to work in ways that:

5.7   Lead, monitor and review the use of strengths-based assessments and plans

5.8   Lead, monitor and review practice that ensures families have meaningful involvement in the **planning process** including 'what matters' conversations

5.9   Role model open and honest working relationships with and between professionals and families that promote trust and collaboration to achieve positive outcomes

Range:

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

Learning outcome:

6.   Apply information sharing protocols when working with families/carers

Assessment criteria

You understand:

6.1   The findings of a range of research and reports that underpin good practice in information sharing

6.2   Joint working and information sharing protocols that should be in place when working with other professionals and services

6.3   The importance of informing families of occasions when information may be shared without their consent

6.4   Why, how and when referrals should be made to other professionals or services

6.5   How to identify what information is relevant when sharing with key professionals

6.6   The importance of sharing relevant information with appropriate agencies

6.7   The requirement to gain consent from families to share information and make referrals to other agencies, where there are no safeguarding concerns

6.8   The range and purpose of forums where information about families may need to be shared

6.9   Occasions when information can be shared without consent from families

6.10 The importance of discussing with families, information that will be shared with other agencies without their prior consent

6.11 How choice of words can impact on families and perceptions of them

6.12 Actions to take where information sharing, records and reports do not meet agreed protocols, legislative and organisational requirements

You are able to work in ways that:

6.13 Build trust and confidence with others recognising the roles, responsibilities, accountabilities and expertise of self and others

6.14 Lead, monitor and review practice for information sharing related to families

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Learning outcome

7. Lead practice that supports families/carers to build and maintain positive relationships and networks

Assessment criteria

You are able to work in ways that:

7.1 Lead, monitor and review practice that supports families to understand the importance of:
- long-term, safe and stable family relationships
- the impact of family time on emotional well-being
- identifying opportunities and making time for positive, enjoyable family time
- supportive relationships with wider family members and community networks

7.2 Lead, monitor and review practice that supports families to understand the potential impact of short-term, insecure, risky and unstable family and personal relationships

7.3 Lead, monitor and review practice that supports families to build safe, positive relationships with wider family members and community networks

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Learning outcome:

8. Lead practice that applies understanding of child development

Assessment criteria

You understand:

8.1 **Theories of human life course development**

8.2 Critical stages in neurological and brain development during:
- the pre-birth period
- early childhood
- adolescence
- young adulthood

8.3 Why it is important for families to reflect on and understand child development in relation to:
- their own circumstances and experiences through the life course
- their relationships with their children

You are able to work in ways that:

8.4 Support others understanding of child development and:
- the impact of abuse and trauma on children, young people and adults at any stage of life
- presentation in times of stress or change

- the connection between children and adults physical and neurological systems in order to respond appropriately to their presentation and behaviour
- 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
- the links between behaviour, developmental stages, and experiences of abuse and trauma
- how intergenerational trauma can be perpetuated

Learning outcome:

9. Lead practice that supports families/carers in children and young people's educational achievement

Assessment criteria

You understand:

9.1 Research and theoretical perspectives on the importance of educational achievement and how this may be impacted by societal, environmental and emotional factors

9.2 The range of educational opportunities available to children

9.3 Differing roles of professionals involved with the education of children

9.4 The impact of moves on a child's education

9.5 The correlation between Adverse Childhood Experiences and poor educational outcome

9.6 The importance of ensuring that children are not disadvantaged in education as a result of societal, environmental and emotional factors

9.7 How **exclusion from education** impacts on children

9.8 How to recognise the indications of 'Additional Learning Needs' and access support for children

9.9 Roles and responsibilities for supporting children with their educational activities

9.10 How to ensure that children are:
- encouraged to engage and re-engage in educational activities
- supported to build confidence
- recognised for their successes

9.11 The importance of participation of workers, children and families in the professional group involved in education

You are able to work in ways that:

9.12 Lead, monitor and review practice that supports families in:
- engagement in a diverse range of positive educational opportunities and experiences for children
- the building of children's confidence and recognition of their successes

- helping children to develop positive aspirations for the future and encourage self-belief

9.13 Lead, monitor and review practice that advocates for children's rights and entitlements to be included in education provision

9.14 Develop practice that supports partnership working between workers, children, families and the professional group involved in education

Range

Exclusion from education: short and long term, removal from the class into a separate environment

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Learning outcome

10   Lead practice that supports nutrition and hydration of children

Assessment criteria:

You are able to work in ways that:

10.1   Support families understanding of:
- current national guidance for a balanced diet for children
- the role of essential nutrients in supporting holistic growth and development, and wellbeing
- 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

10.2   Lead practice that encourages families to use strategies for:
- 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
- encouraging children to experiment with and experience new foods
- responding constructively to challenges

Range

Potential challenges: behavioural, environmental, physical, financial, cultural, ability to prepare healthy and nutritious food

Potential impact: failure to thrive, malnutrition, dehydration, obesity, constipation, tooth decay, long term illness (diabetes)

Learning outcome:

11   Lead practice that supports families/carers to understand the importance of good healthcare for children

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You are able to work in ways that:

11.1   Support families understanding of:
- the range of **healthcare checks** and support for children and the importance of these
- incubation periods of illnesses, infections/infestations
- physical and behavioural signs and symptoms of potential ill health, infections/infestations in children
- actions to take where there are concerns about potential illnesses, infections/ infestations
- symptoms that require urgent action
- potential **health challenges** that may be experienced by adolescents

Range:
Healthcare checks: Immunisations, teeth and eye checks
Health challenges: Sexually transmitted infections, substance misuse, mental ill-health

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Learning outcome:

12 Support families/carers to live safely in the digital world

Assessment criteria

You understand:

12.1   How to explore the internet and keep up to date with new technologies
12.2   When, where and how support should be accessed for the safe use of digital technology
12.3   Current research into the impact of the digital technology children's well-being and their development
12.4   The importance of effective education for families on how to safely use digital technology

You are able to work in ways that:

12.5   Enable families to develop and implement strategies that support the safe and effective use of digital technologies
12.6   Routinely update knowledge and understanding of emerging issues related to the safe use of digital technology

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Learning outcome:

13 Promote safeguarding

Assessment criteria

You are able to work in ways that:

13.1   Lead practice that ensures compliance with policies, procedures and agreed practice for the safeguarding of children and adults
13.2   Lead practice that recognises why particular families are more:
- at risk from abuse and exploitation

- likely to be targeted by perpetrators of abuse
- vulnerable to exposure to physical, sexual and emotional health-harming activities and behaviours

13.3   Promote an individualised approach to safeguarding, taking account of the particular vulnerabilities and experiences of families

13.4   Lead, monitor and review practice that supports families to build their resilience and safety

13.5   Challenge actions, behaviours and practice that may be dangerous, abusive, discriminatory or exploitative

13.6   Use supervision and support to consider the impact on self and others of suspected or disclosed harm or abuse

13.7   Access professional networks to seek additional support for situations that are outside of own expertise

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14 Support families/carers to develop the skills needed to manage crisis situations

Assessment criteria

You are able to work in ways that:

14.1   Support families to:
- recognise types of crisis situations
- minimise the likelihood of a crisis situation
- explore and agree actions to be taken if a crisis situation occurs
- know how to de-escalate a situation if someone is becoming agitated or aggressive
- reflect on crisis situations to develop strategies to avoid these in the future

14.2   Contribute to the assessment of crisis situations to:
- identify patterns of behaviour
- establish prevention strategies and early interventions that should be adopted
- identify any additional support needed

14.3   Ensure all reports/records are updated in line with organisational procedures

Range

Crisis situations: threatening, aggressive, inappropriate or violent behaviour, overdose, significant self-harm, suicidal thoughts, build-up of issues over a period of time

Unit 427   Leading practice with families and carers
Supporting Information

Guidance for delivery

Additional needs could include, but are not limited to:
- Physical disability
- Learning disability
- Autism
- Additional health needs
- Sensory loss
- Emotional and behavioural difficulties
- Attention Deficit Hyperactivity Disorder
- Insecure attachments
- Behavioural need

Barriers that may prevent or deter families from accessing or engaging in services could include:
- Substance misuse
- Mental health problems
- Fear
- Previous negative experiences
- Trust
- Availability and accessibility of services
- Rigid structure of services
- Attitudes of workers/professionals
- Physical environment
- Lack of confidence
- Lack of motivation
- Denial of need for support
- Lack of recognition of need to change
- Lack of understanding

Childhood disadvantage: children who are underprivileged and deprived of a decent standard of living and appropriate stimulation and environment, lacking access to education and services including healthcare, by poverty and a lack of opportunity. Childhood disadvantage has been shown to link to health-harming behaviours, anti-social behaviours, poor educational attainment, stress and familial breakdown in later life

8.1 **Circumstances and specific issues:** could include:
- the different emotional, social and environmental pressures families may be experiencing
- poverty
- employment
- links between families own experience through the life course and expectations for their children

- support that they may have from wider family members, friends and networks for parenting
- barriers to change
- how they feel about the need to access support
- ethnicity and culture
- physical or mental ill health
- health harming behaviours
- anti-social behaviours
- disability / additional learning needs
- substance misuse
- challenges within families, family breakdown, or other significant personal relationships
- Adverse Childhood Experiences
- childhood disadvantage
- being a refugee
- being a young carer/adult carer
- gambling

Information sharing protocols: these include GDPR as this relates to the Public Duty to Share data, WASPI and Caldicott guidance

Other professionals and agencies: health, housing agencies, Local Authority, education, justice services (eg police, youth offending team, probation services) third sector organisations (eg, Action for Children, Citizens Advice Bureau, NSPCC, Barnardos, Women's Aid, CAIS, Shelter Cymru), benefits advisors, family advocates, childcare workers, social care workers, social workers

Long and short-term implications of different lifestyles could include health harming behaviours (smoking, problem drinking, substance misuse, poor diet, low levels of exercise, risky sexual behaviour); anti-social behaviours (aggressive and violent behaviour, problems with criminal justice services); gambling

Particular challenges associated with information sharing: GDPR and the family's right to privacy versus the need to share information.

Potential barriers: rural/urban, physical accessibility, timing or availability of services, poverty, mental health, substance misuse, learning disability, ethnicity and culture

Resilience: refers to how well an individual can "bounce back" from adverse traumatic experiences, social disadvantage or from significant sources of stress. Resilience research highlights the factors, which will put children at risk of poor outcomes or protect them. Risk factors include parents' family upbringing, harsh and inconsistent parental discipline; and conflict/violence. Protective factors include positive parent-child relationships and a wider network of social support.

Societal, environmental and emotional factors: Discrimination and stigma, equality, poverty, ethnicity and culture, rural/urban, community, housing, employment, Adverse Childhood

Experiences, mental health problems, additional learning needs, disability, confidence, substance misuse, domestic abuse, bereavement, gambling, being a young carer/adult carer

Strength-based approach: A strength-based approach occurs when key workers place a positive emphasis on resilience, protective factors and strengths. This has the effect of communicating a sense of hope; establishing expectations for success within an individual's capacities; promoting
empowerment and independence and setting in motion forces for improvement.

The range of educational opportunities available to children; formal and informal, creative approaches, focusing on what the child or young person enjoys and building from that

Related NOS

- **WWP01:** Engage with parents to build and maintain effective supportive and empowering relationships.
- **WWP09:** Operate within policy, legal, ethical and professional boundaries when working with families.

Related legislation and guidance

- All Wales Safeguarding Procedures (2019)
- Social Services and Well Being (Wales) Act 2016
- Flying Start Parenting Support Guidance **https://gov.wales/docs/dsjlg/publications/cyp/170519-parenting-guidance-en.pdf**
- Work with Parents NOS **https://app.pelorous.com/media_manager/public/115/publications/Qualifications/work-with-parents-nos-jan-2011.pdf**
- Barnardo's- Promoting Resilience: A Review of Effective Strategies for Child Care Services, Dr. Tony Newman, Barnardo's Research and Development, 2002 **http://www.barnardos.org.uk/resilsum.pdf**
- Research into Practice Building emotional resilience in the children and families workforce – an evidence-informed approach: Strategic Briefing (2016) by Gail Kinman and Louise Grant **https://www.rip.org.uk/resources/publications/strategic-briefings/building-emotional-resilience-in-the-children-and-families-workforce--an-evidenceinformed-approach-strategic-briefing-2016**
- Parenting and resilience, Malcolm Hill, Anne Stafford, Peter Seaman, Nicola Ross and Brigid Daniel, Joseph Rowntree Foundation, 2007, **https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/parenting-resilience-children.pdf**
- Welsh Governments Education Begins at Home Campaign **http://gov.wales/topics/educationandskills/schoolshome/parents/education-begins-at-home/?lang=en**
- Welsh Governments Parenting in Wales Guidance on Engagement and Support, 2014 **http://gov.wales/docs/dsjlg/publications/cyp/140910-parenting-in-wales-guidance-en.pdf**
- The Bichard Inquiry Report (2004) **http://dera.ioe.ac.uk/6394/1/report.pdf**
- Play deprivation (2003) **https://issuu.com/playwales/docs/play_deprivation?e=5305098/5309703**
- Play: health and well-being (2012) **http://playwales.org.uk/login/uploaded/documents/INFORMATION%20SHEETS/play%20health%20and%20wellbeing.pdf**

- Reflective practice – what is it and why is it so important? (2018) **https://issuu.com/playwales/docs/reflective_practice?e=5305098/62475902**
- Practical uses of digital devices in play settings (2018) **https://issuu.com/playwales/docs/practical_uses_of_digital_devices_i?e=5305098/63 370528**
- 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**
- Calldicott Principles (2013) **https://www.igt.hscic.gov.uk/Caldicott2Principles.aspx**
- Adverse Childhood Experiences (ACEs) reports - **http://www.wales.nhs.uk/sitesplus/888/page/88504**
- All Wales Safe guarding Board **http://safeguardingboard.wales/practice-reviews/**
- Child Practice Reviews **http://www.wales.nhs.uk/sitesplus/888/page/92289**
- Local Safeguarding Boards Thematic Reviews
    - North Wales **https://www.northwalessafeguardingboard.wales/practice-reviews/child-practice-reviews/**
    - Cardiff and Vales of Glamorgan**https://www.cardiffandvalersb.co.uk/children/professionals-and-employers/child-practice-reviews/**
- All Wales Practice Guides for safeguarding children and young people **http://www.myguideapps.com/projects/wales_safeguarding_procedures/default/chi/index.c6.html?nocache=0.5229602397989326**

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 Child Care
- Level 2 Children's Care, Play, Learning and Development: Core
- Level 2 Children's Care, Play, Learning and Development: Practice
- Level 3 Children's Care, Play, Learning and Development: Practice
- Level 3 Children's Care, Play, Learning and Development: Principles and Contexts
- Level 4 Preparing for Leadership and Management in Children's Care, Play, Learning and Development
- Level 5 Leadership and Management of Children's Care, Play, Learning and Development: Practice