City & Guilds Level 3

Health and Social Care: Practice (Adults)

Approved by Qualifications Wales

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

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

Qualification Handbook

Version

February 2023 version 2.0

Qualification at a glance

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

Title and level	Reference number	Accreditation number
Level 3 Health and Social Care: Practice (Adults)	8040-05	C00/1253/6

Version and date	Change detail	Section
1.1 August 2019	Added Accreditation number	Qualification at a glance
1.1 August 2019	Updated supporting materials/centre documents	Throughout document
1.2 September 2019	Updated evidence requirements	Unit 353 'Supporting information'
1.3 October 2019	Updated Level 4 qualification titles	Introduction - What opportunities for progression are there?
1.4 August 2020	Safeguarding legislation references updated	Related legislation and guidance: Unit 330 Unit 340 Unit 401
1.5 March 2021	Safeguarding legislation references updated (Removal of 'Safe Hands 2000')	Related legislation and guidance: Unit 330
1.6 September 2021	Unit 350 Supporting the use of medication in social care settings: • Unit summary information • Related legislation and guidance	Unit 350 Supporting the use of medication in social care settings
2.0 February 2023	Structure of the qualification following addition of new optional units	Structure

Version and date	Change detail	Section
	Additional optional units added to qualification content 377 – Promoting the care and support of individuals accessing day services 378 – Promoting support for the digital inclusion of individuals 379 – Supporting individuals to plan for and prepare meals 383 – Using communication methods to motivate individuals to achieve their personal outcomes	Units: 377 378 379 383
	Introduction of overarching sections on legislation and resources to support currency Overarching guidance on legislation, regulations and national policy added Overarching guidance on resources added	Section 5: Units
	Unit 338 (1.4) – 'triad' of impairments has been amended to the 'dyad' of impairments	Unit 338 – Promoting support for individuals with a learning disability and/or autism

Contents

1 Introduction

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

Area	Description
Who is the qualification for?	This qualification is for those working, or seeking to work in health and social care settings.
	This qualification develops the ability of learners to practically support health and care needs of adults in a range of settings. The content of this qualification consolidates knowledge gained through attainment of the Level 2 Health and Social Care: Core qualification.
	This qualification is practice-based and assesses learners' knowledge and practice. It is designed for learners in work based learning. The qualification will assess learners' knowledge and practice through their work.
	This qualification is required for learners to work in specific job roles within the health and social care sector as set out in Social Care Wales Qualification Framework for Social care and Child care.
What does the qualification cover?	This qualification allows learners to develop the knowledge and skills required for employment and/or career progression in health and social care organisations or settings.
What opportunities for progression are there?	The qualification allows learners to progress to the following Consortium* qualification: • Level 4 Professional Practice in Health and Social Care • Level 4 Preparing for Leadership and Management in Health and Social Care ***The consortium consists of City & Guilds of London Institute and WJEC who worked jointly to develop and deliver all of the qualifications in the Health and Social Care and CCPLD suite.**
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, teachers and workplace assessors from across the health and social care sector.

Subject aims and objectives

The Level 3 Health and Social Care: Practice (Adults) qualification will enable learners to develop and demonstrate their knowledge, understanding, behaviours, skills and practice within a health and social care setting. In particular, learners will be able to demonstrate that they:

- understand, and apply in practice, the principles and values which underpin health and social care
- understand, and apply in practice, person-centred approaches
- promote and support effective practice within Health and Social Care
- are aware of key policies within the sector and understand how these affect service development and delivery
- work in partnership with individuals, their families, carers and a range of professionals
- apply a range of problem solving techniques
- reflect on practice to continuously improve
- use literacy, numeracy and digital competency skills as appropriate within their role

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

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

Please note that it is a requirement of Social Care Wales that an individual working within the health and social care sector will need both:

- the Level 2 Health and Social Care: Core (Adults) qualification
  and
- the Level 3 Health and Social Care: Practice (Adults) qualification

to work within specific job roles.

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

Structure

To achieve the **Level 3 Health and Social Care: Practice (Adults)** qualification learners must achieve a minimum of 50 credits in total;

- **18** credits must be achieved from the Mandatory group.
- A minimum of **14** credits must be achieved from Optional group A
- The balance of **18** credits can be achieved from **units in** Optional groups A or B

A maximum of 10 credits from Optional group A and B may be achieved from units at level 2

The **minimum** guided learning hour requirement for this qualification is 240.

Unit Number	Unit title	Unit level	GLH	Credits
	Mandatory group			
330	Promoting core practice in Health and Social Care (Adults)	3	100	18
	Optional group A			
401	Using assessments for the development of personal plans	4	35	6
402	Co-ordinating care and support for individuals living in their own homes	4	30	8
331	Promoting care and support for individuals living in their own homes	3	45	10
332	Promoting care and support for individuals living in care home settings	3	45	13
333	Promoting support for individuals living with dementia	3	45	11
334	Supporting individuals with the use of electronic assistive technology	3	20	4
335	Providing support for individuals to achieve reablement outcomes	3	20	5
336	Supporting individuals who misuse substances	3	40	7
337	Supporting individuals living in an adult placement/shared lives arrangement	3	35	5
338	Promoting support for individuals with a learning disability and/or autism	3	40	8
339	Promoting positive approaches for behaviour support	3	40	6
340	Supporting individuals living with mental ill-health	3	40	7

Unit Number	Unit title	Unit level	GLH	Credits
341	Supporting individuals with a physical impairment	3	25	4
342	Supporting individuals with an acquired brain injury	3	40	8
377	Promoting the care and support of individuals accessing day services	3	45	10
378	Promoting support for the digital inclusion of individuals	3	20	4
379	Supporting individuals to plan for and prepare meals	3	15	6
383	Using communication methods to motivate individuals to achieve their personal outcomes	3	20	5
236	Contributing to the support of individuals who misuse substances	2	30	4
	Optional group B			
343	Providing support to adults living with epilepsy	3	20	3
314	Undertaking capillary blood glucose monitoring	3	15	3
344	Taking venous blood samples from adults	3	20	3
345	Providing care for adults living with cancer	3	20	4
346	Palliative and end of life care for adults	3	35	7
320	Undertaking stoma care	3	20	3
321	Undertaking non-complex wound care	3	20	4
324	Administering adrenaline auto-injections	3	15	3
328	Facilitate group learning	3	20	4
329	Supporting individuals with enteral feeding	3	15	3
347	Health promotion	3	20	3
348	Working as a personal assistant with individuals	3	20	3
349	Supporting individuals to access advocacy	3	25	4
350	Supporting the use of medication in social care settings	3	35	5
351	Supporting adults to manage their diabetes mellitus	3	20	3
352	Undertaking physiological measurements in adults	3	20	3

Unit Number	Unit title	Unit level	GLH	Credits
353	Providing care to adults with indwelling urinary catheters	3	20	3
354	Providing care and support for adults with Coronary Heart Disease (CHD)	3	20	3
355	Providing recognition, escalation and response to acute physical deterioration	3	20	3
356	Supporting nutrition and hydration for individuals with special dietary requirements	3	20	2
357	Supporting individuals to manage dysphagia	3	20	3
358	Undertaking electrocardiography (ECG)	3	20	4
359	Providing care and support for adults with chronic respiratory conditions	3	20	3
360	Providing support to individuals following a stroke	3	25	3
209	Responding to anaphylactic reactions	2	10	2
239	Supporting individuals with management of continence	2	15	4
212	Supporting individuals with moving and positioning	2	20	3
240	Supporting individuals to maintain mobility and minimise the risk of falls	2	20	2
242	Supporting individuals with sensory loss	2	20	3
243	Supporting food safety practice in health and social care settings	2	10	2
244	Supporting individuals to manage pain and discomfort	2	15	2
245	Undertaking peak expiratory flow rate (PEFR) readings	2	15	2

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

The following additional rules exist for specific units within this qualification.

- Learners taking Unit 324 Administering adrenaline must also complete Unit 209 Responding to anaphylactic reactions.

Unit 209 may be taken either prior to or alongside the delivery of Unit 324.

- Learners may only achieve credits for 1 of the following:

  Unit 236 Contributing to the support of individuals who misuse substances

  Unit 336 Supporting individuals who misuse substances

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

Guided learning hour (GLH) and Total qualification time (TQT)

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

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

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

The TQT for this qualification is specified below.

Qualification	TQT
Level 3 Health and Social Care: Practice (Adults)	500

2 Centre requirements

Qualification approval

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

Centre approval is based upon an organisation's ability to meet the centre approval criteria. The approval for this qualification can be found detailed in the following documents:
- Administration Handbook (Introduction to working with City & Guilds and WJEC)
- Our Quality Assurance Requirements
- Quality Assurance Model

Prospective centres will be advised to seek centre and qualification approval, as appropriate, prior to starting to deliver the qualification.
The Consortium aims to provide the centre and qualification approval decision within 30 working days of the submission of the completed application, with four possible outcomes:
- Centre approval and qualification approval granted
- Centre approval and qualification approval granted subject to action plan
- Centre approval and qualification approval withheld subject to action plan
- Centre approval and qualification approval denied.

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

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

Centre staffing

Assessor requirements

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

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

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

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

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

Internal quality assurers

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

The qualification requirements for an IQA for competence-based qualifications are as follows, the IQA must:
- hold or be working towards the current Quality Assurance qualifications, e.g.
  - Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice or
  - Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice or
  - Hold the D34 unit or V1 Verifiers Award.

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

External quality assurers

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

The consortium requires Associates/appointees to hold an external quality assurance qualification, either:
D35 - Externally Verify the Assessment Process (D35) or V2 - Level 4 Certificate in Conducting External Quality Assurance of the Assessment Process (V2)
Level 4 External Quality Assurance of Assessment Processes and Practice.

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

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

Welsh context

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

Continuing professional development

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

Learner entry requirements

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

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

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

Age restrictions

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

3 Delivering the qualification

Initial assessment and induction

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

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

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

Support materials

The following resources are available for this qualification:

Description	How to access
Assessment pack	Consortium website

External associates/appointees

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

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

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

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

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

Internal quality assurance

Centres must have a written Internal Quality Assurance strategy.
This will help ensure that internal quality assurance procedures:

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

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

Moderation of internal assessment arrangements

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

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

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

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

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 learners

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

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

Malpractice

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

Examples of learner malpractice are detailed below (please note that this is not an exhaustive list):
- falsification of assessment evidence or results documentation
- plagiarism of any nature
- collusion with others
- copying from another learner (including the use of ICT to aid copying), or allowing work to
- be copied
- deliberate destruction of another's work
- false declaration of authenticity in relation to assessments
- impersonation.

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

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

Access arrangements and special consideration

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

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

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

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

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

ourqualifications/ centre-development/centre-document-library/policies-andprocedures/access-arrangements-reasonable-adjustments

4 Assessment

Summary of assessment methods

Learners must successfully complete:

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

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

Simulation

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

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

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

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

Time constraints

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

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

Recognition of prior learning (RPL)

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

For more information on RPL and the consortium's RPL policy, please refer to the Administration Handbook (Introduction to working with City & Guilds and WJEC)

available from the consortium website at **www.healthandcarelearning.wales**.

5 Units

Availability of units

All units are contained within this qualification handbook;

Unit Number	Unit title
330	Promoting core practice in Health and Social Care (Adults)
401	Using assessments for the development of personal plans
402	Co-ordinating care and support for individuals living in their own homes
331	Promoting care and support for individuals living in their own homes
332	Promoting care and support for individuals living in care home settings
333	Promoting support for individuals living with dementia
334	Supporting individuals with the use of electronic assistive technology
335	Providing support for individuals to achieve reablement outcomes
336	Supporting individuals who misuse substances
337	Supporting individuals living in an adult placement/shared lives arrangement
338	Promoting support for individuals with a learning disability and/or autism
339	Promoting positive approaches for behaviour support
340	Supporting individuals living with mental ill-health
341	Supporting individuals with a physical impairment
342	Supporting individuals with an acquired brain injury
377	Promoting the care and support of individuals accessing day services
378	Promoting support for the digital inclusion of individuals
379	Supporting individuals to plan for and prepare meals
383	Using communication methods to motivate individuals to achieve their personal outcomes
236	Contributing to the support of individuals who misuse substances
343	Providing support to adults living with epilepsy
314	Undertaking capillary blood glucose monitoring
344	Taking venous blood samples from adults
345	Providing care for adults living with cancer
346	Palliative and end of life care for adults
320	Undertaking stoma care

Unit Number	Unit title
321	Undertaking non-complex wound care
324	Administering adrenaline auto-injections
328	Facilitate group learning
329	Supporting individuals with enteral feeding
347	Health promotion
348	Working as a personal assistant with individuals
349	Supporting individuals to access advocacy
350	Supporting the use of medication in social care settings
351	Supporting adults to manage their diabetes mellitus
352	Undertaking physiological measurements in adults
353	Providing care to adults with indwelling urinary catheters
354	Providing care and support for adults with Coronary Heart Disease (CHD)
355	Providing recognition, escalation and response to acute physical deterioration
356	Supporting nutrition and hydration for individuals with special dietary requirements
357	Supporting individuals to manage dysphagia
358	Undertaking electrocardiography (ECG)
359	Providing care and support for adults with chronic respiratory conditions
360	Providing support to individuals following a stroke
209	Responding to anaphylactic reactions
239	Supporting individuals with management of continence
212	Supporting individuals with moving and positioning
240	Supporting individuals to maintain mobility and minimise the risk of falls
242	Supporting individuals with sensory loss
243	Supporting food safety practice in health and social care settings
244	Supporting individuals to manage pain and discomfort
245	Undertaking peak expiratory flow rate (PEFR) readings

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

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

Guidance for the delivery of unit content

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

Application of unit 330

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

The content within unit 330 will need to be applied to units across the qualification - consideration of its application should be made as part of preparation for the delivery of other units within the qualification.

Unit summary

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

Learning outcomes

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

Assessment criteria

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

Range

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

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

Evidence requirements

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

Guidance for delivery

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

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

NB - For unit 330 the definitions of the terms that are presented in **bold** are in included in the guidance for delivery.

Related NOS (National Occupational Standards)

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

Related legislation and guidance

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

Recommended unit guidance

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

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

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

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

Guided learning hour (GLH) value

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

Credit value

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

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

The section below provides overarching guidance in relation to the areas of legislation, guidance and national policy should be considered by learners undertaking this qualification, and particularly noted in relation to the core **Unit 330 Promoting core practice in Health and Social Care**.

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

In addition, for learners undertaking key units used in Social Care (236, 240, 242-244, 331-336, 338-341, 347-350, 378, 383, 401-402) this list of legislation, guidance and national policy should be considered in connection with these units and embedded appropriately as part of the delivery of these units.

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

Specific additional legislation, guidance and national policy for mental health
- Liberty Protection Safeguards
- Mental Health in Wales Fundamental Facts 2016
- Together for Mental Health and Well-being in Wales
- Talk to me 2 – suicide prevention strategy, Wales
- Mental Health Act Code of Practice for Wales (2016)

Specific additional legislation, guidance and national policy for substance misuse
- Misuse of Drugs Act (1971)
- Psychoactive Substances Act (2016)
- The Cigarette Lighter Refill (Safety) Regulations (1999)
- Misuse of Drugs Regulations (1973)
- Misuse of Drugs Regulations (2001)

Specific additional legislation, guidance and national policy for rights, equality, diversion and inclusion
- Disability Discrimination Act 1995 and 2005

Specific additional legislation, guidance and national policy for Welsh language
- Welsh Government (2017) Cymraeg 2050: Welsh language strategy pp 4 – 12

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

Overarching guidance on resources

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

Care and Support at home

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

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

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

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

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

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

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

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

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

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

Care and Support in care homes

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

www.agingwellinWales.com

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

Support of individuals living with dementia

Good Work: Dementia Learning and Development Framework
https://socialcare.wales/resources/good-work-dementia-learning-and-development-framework

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

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

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

Support of individuals with the use of electronic assistive technology

Technology to Care: Knowledge and skills sets and teaching guidance
https://socialcare.wales/learning-and-development/assistive-technology

www.icarehealth.co.uk/blog/assistive-technology-improve-dementia-care/

Lifelites Assistive technology for children: The technology we donate www.lifelites.org

NDCS Technology for deaf children and young people Technology for deaf children and young people | National Deaf Children's Society www.ndcs.org.uk

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

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

Reablement

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

Rehabilitation Council www.rehabcouncil.org.uk

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

The Rehabilitation Code, Rehabilitation Working Party www.iua.co.uk/rehabilitation

Back Care, charity for healthier backs www.backcare.org

Chartered Society of Physiotherapy - www.csp.org.uk

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

Disability Rights Commission – www.drc.org.uk

Health and Safety Executive - www.hse.gov.uk

Maximising the potential of reablement, SCIE May 2013

Code of Conduct for Healthcare Support Workers in Wales, NHS Wales 2011
https://www.wales.nhs.uk/nhswalescodeofconductandcodeofpractice

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

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

Substance Misuse

The Welsh Substance Misuse Alliance

The Code of Professional Practice for Social Care and associated resources
https://socialcare.wales/dealing-with-concerns/codes-of-practice-and-guidance

HIT Publications – HIT

Dual Diagnosis HUB Dual Diagnosis Professionals Resources | Dual Diagnosis Hub

DAN 247 Reducing harm Reducing Harm – DAN 247

Talk to Frank Honest information about drugs Honest information about drugs | FRANK
www.talktofrank.com

Learning disability/autism

All Wales Strategy for the Development of Services for Mentally Handicapped People (1983)
https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:4f8796c3-2de1-30e7-837f-abbe2c797a7a

Positive approaches for behaviour support

Social Care Wales (2016) Positive Approaches: Reducing Restrictive Practices in Social Care
https://socialcare.wales/resources/positive-approaches-reducingrestrictive-practices-in-social-care

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

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

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

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

NHS Education for Scotland – Positive Behavioural Support: A Learning Resource
http://www.nes.scot.nhs.uk/media/570730/pbs_interactive_final_nov_12.pdf

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

Wales Reducing restrictive practices framework Reducing restrictive practices framework | www.GOV.WALES

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

Individuals with mental ill-health

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

Mental Health in Wales Fundamental Facts 2016
https://www.mentalhealth.org.uk/sites/default/files/FF16%20Wales.pdf

Section 117 Aftercare in England and Wales
https://www.mind.org.uk/media/5544543/leaving-hospital-2-pdf.pdf - Link not working

Together for Mental Health and Well-being in Wales
http://gov.wales/topics/health/nhswales/mental-health-services/policy/strategy/?lang=en

Talk to me 2 – suicide prevention strategy, Wales
http://gov.wales/topics/health/publications/health/reports/talk2/?lang=en

Supporting individuals with a physical impairment/acquired brain injury

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

The Welsh Physical Disability Alliance

Maximising the potential of Physical Disability SCIE May 2013

http://www.disabilitywales.org/

Headway – the brain injury association www.headway.org.uk

Supporting individuals to maintain mobility and minimise the risk of falls

Moving and handling in Health and Social Care.
http://www.hse.gov.uk/healthservices/moving-handling-do.htm

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

Sensory Loss

Action on Hearing Loss Cymru https://www.actiononhearingloss.org.uk/about-us/wales.aspx

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

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

ADASS (2016) Position statement on vision rehabilitation
http://www.vision2020uk.org.uk/adass-updates-position-statement-on-vision-rehabilitation-in-collaboration-with-vision-2020-uk-and-rnib/

Cardiff University (2016) Depression in Visual Impairment Trial (DEPVIT)
https://orca.cf.ac.uk/93372/10/i1552-5783-57-10-4247%20%281%29.pdf

Welsh Government (2017) Sensory Health: Eye Care and Hearing Statistics
http://gov.wales/statistics-and-research/eye-care/?lang=en

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

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

RNIB (2016) 10 Principles of Good Practice in Vision Rehabilitation
http://www.rnib.org.uk/professionals-social-care-professionals-complex-needs-social-care/rehabilitation-workers

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

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

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

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

www.scie.org.uk/dementia/living-with-dementia/sensory-loss/

Pain and discomfort

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

http://www.bps.org.uk

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

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

Scie.org.uk Dignity in care/pain management
https://www.scie.org.uk/dignity/care/videos/pain-management

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

Alderhey Chronic Pain Team –
https://alderhey.nhs.uk/application/files/2016/0258/2751/New_version_of_book_list_speech_bubbles.pdf

Medication in social care settings

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

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

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

Incontinence management

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

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

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

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

Moving and positioning

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

http://www.nationalbackexchange.org/files/training_guidelines/all_wales_nhs_manual_handling_passport_scheme.pdf

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

Health and Care Standards Welsh Government April 2015 http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf

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

Food safety practice

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

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

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

Safeguarding

Safeguarding procedures - training materials (Adults) | Information and Learning Hub www.socialcare.wales

Safeguarding Awareness Training Pack | Social Care Wales www.socialcare.wales

Personal development plans

https://socialcare.wales/hub/hub-resource-sub-categories/assessing-and-meeting-individual-needs

Personal assistant with individuals

Social Care Wales Hub https://socialcare.wales/hub/resources

https://socialcare.wales/cms_assets/file-uploads/Guidance-for-the-assessment-of-qualifications-in-the-context-of-Personal-Assistants-April-2016-English.pdf

Advocacy for adults

Trosgynnol Plant Cymru: www.tgpcymru.org.uk

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

Health promotion

Donald Acheson Report 1998
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/265503/ih.pdf

Chief Medical Officer for Wales annual report

Health and Sustainable Preschool Scheme

Nutrition and hydration for special dietary requirements

Food Standards Agency - https://www.food.gov.uk

British Dietetic Association Food Fact Sheets https://www.bda.uk.com/foodfacts/home

The Caroline Walker Trust https://www.cwt.org.uk/

NHS choices http://www.nhs.uk/livewell/healthy-eating/Pages/Healthyeating.aspx

Manual of Nutrition Department of Health

Nutrition in Community Settings Pathway Welsh Government
http://www.wales.nhs.uk/sitesplus/documents/862/foi%20193j%2015.pdf

Nutrition Skills for Life Dietitians https://cwmtafmorgannwg.wales/services/nutrition-and-dietetics/public-health-dietitians-nutrition-skills-for-life/#:~:text=Who%20is%20it%20for%3F,malnutrition%20at%20a%20community%20level

NICE guidelines for constipation – https://www.nice.org.uk/guidance/cg99

Anaphylaxis campaign - https://www.anaphylaxis.org.uk/

BAPEN https://www.bapen.org.uk/

Trussel Trust https://www.trusselltrust.org/what-we-do/

Using communication techniques to motivate individuals

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

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

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

Unit 330   Promoting core practice in Health and Social Care (Adults)

Level:	3
GLH:	100
Credit:	18
Unit Summary:	The content of this unit reflects the underpinning values, behaviours and principles that should be observed and reflected in practice in all health and care activities that learners engage in. This content builds on the underpinning knowledge developed in the Level 2 Health and Social Care: Core (Adults).

Outcome 1: Principles and values of health and social care

1.1 Legislation, national policies, guidance and frameworks

You are able to work and support others to work in ways that:

- Uphold and promote the Codes of Conduct and Professional Practice in your work
- Embed the principles of the Social Services and Well-Being (Wales) Act 2014 and the Codes of Conduct and Professional practice into your day to day work

1.2 Rights based approaches

You are able to work and support others to work in ways that:

- Embed a rights based approach in practice
- Support individuals to balance their rights and responsibilities whilst ensuring a duty of care

1.3 Person-centred approaches

You are able to work and support others to work in ways that:

- Embed person-centred approaches in practice
- Support individuals to maximise their decision making and control over their lives and achieve what matters to them
- Embed the principles of co-production in your practice
- Support individuals to engage in activities that are meaningful to them
- Support individuals to develop and maintain skills that support active participation in activities and daily tasks that promote independence
- Embed a co-productive approach when working with individuals and others in the planning process for participation in activities, experiences and daily tasks that promote independence

You are able to work in ways that:

• Take account of the importance of knowing an individual's preferences and background and embed this in the way that you practice

1.4 Equality, diversity and inclusion

You are able to work and support others to work in ways that:

- Respect and promote equality, diversity and inclusion and challenge discriminatory practices

1.5 Positive risk taking

You are able to work and support others to work in ways that:

- Follow and promote workplace policies and procedures for the use of risk assessments to support individuals to take positive risks
- Embed a co-productive approach that supports individuals to take positive risks
- Embed a co-productive approach for undertaking, monitoring, evaluating and reviewing risk assessments
- Embed a co productive approach to manage issues related to dilemmas that arise between the right to take risks and safety and well-being

1.6 Positive relationships and professional boundaries

You are able to work and support others to work in ways that:

- Develop and promote positive relationships with individuals, their families and carers whilst maintaining clear professional boundaries.

1.7 Communication

You are able to work and support others to work in ways that:

- Identify, use and promote a range of communication methods to meet the needs and preferences of the individual/s that you support
- Adapt and facilitate methods of communication to meet the needs and preferences of the individual/s that you support

1.8 Welsh language and culture

You are able to work and support others to work in ways that:

- Implement and promote the principles of Mwy na Geiriau/More than Just Words in your workplace

1.9 Positive approaches to reduce restrictive practices in health and social care

You are able to work in ways and support others to work in ways that:

- Reflect and embed the use of positive approaches in your practice
- Follow and promote workplace policies and procedures that are in place for behaviour support

1.10 Reflection

You are able to work in ways that:

- Reflect on how your attitudes and behaviours impact on the individual/s that you support
- Reflect on the impact of the attitude and behaviour of others on the individual/s that you support
- Use reflection to improve the way that you and others practice

Outcome 2: Health and Well-being

2.1 Well-being

You are able to work in ways that:

- Take account of the importance of families, friends and community networks and work in a way that supports, develops and promotes these relationships
- Recognise and take account of what matters to individuals
- Take account where what matters to individuals conflicts with personal plans and/or any risk assessments
- Support and promote the well-being of individuals

2.2 Factors that impact upon health and well-being

You are able to work in ways and support others to work in ways that:

- Embed and promote a co-productive approach that supports the health and well-being of individuals
- Embed and promote a co-productive approach that promotes a sense of self-esteem, self-worth and sense of security of belonging of individuals
- Embed and promote a co-productive approach that maximises the **active participation** of individuals

You are able to work in ways that:

- Show that you know how and where to access and signpost others to further information or support related to the health and well-being of the individuals that you support
- Take account of any specific factors that impact upon health and well-being of the individuals that you work with
- Support health promotion

2.3 Support for personal care and continence

You are able to work in ways and support others to work in ways that:

- Support and promote personal care routines that meet the needs of individuals

2.4 Nutrition and hydration

You are able to work in ways that:
- Take account of any specific nutrition and hydration requirements for the individual that you support
- Promote a balanced diet and good hydration for the individual/s you support
- Provide support for a balanced diet and good hydration

Outcome 3: Professional Practice as a health and social care worker

3.1 Role and responsibilities of the health and social care worker

You are able to work in ways that:

- Meet your professional responsibilities and accountability
- Embed the ethos of your organisation in the workplace
- Help others understand the ethos and structure of your workplace
- Take account of the ethos and structure of other organisations you work with and the links with role and workplace
- Uphold and promote good practice by reporting matters that affect the welfare and safety of individuals or practices that are unsafe or conflict with the ethos, policies and procedures of the workplace
- Implement strategies to deal with challenges encounters in your practice
- Follow and promote workplace policies and procedures

You are able to work in ways and support others to work in ways that:
- Embed confidentiality in your day to day work
- Uphold the Codes of Conduct of Professional Practice relevant to your role

3.2 Partnership working

You are able to work in ways and support others to work in ways that:

- Take account of the range of other agencies that you may come into contact with and the roles of other workers in your organisation
- Reflect and embed the principles of partnership working and co-production in your work with others
- Reflect and embed the principles of confidentiality in all communication with others
- Develop and promote good working relationships with other workers and professionals whilst maintaining professional boundaries

3.3 Team working

You are able to work in ways that:

- Agree shared actions
- Work in ways that show consistency

3.4 Handling information

You are able to work in ways that:

- Follow workplace policies, procedures and processes on the handling of information including: storing, recording, confidentiality and sharing
- Record written information with accuracy, clarity, relevance and an appropriate level of detail in a timely manner.

3.5 Personal conduct of health and social care workers

You are able to work in ways and support others to work in ways that:

- Uphold and promote the profession of health and social care workers and role model best practice

3.6 Continuing professional development

You are able to work in ways that:

- Meet your workplace requirements regarding learning and development in your role
- Actively identify your own learning and support needs and work with your manager to develop and follow a personal development plan to meet these, including literacy, numeracy and digital competency
- Actively prepare for and contribute to supervision and appraisal
- Actively identify and work towards goals and targets that meet your role and responsibilities
- Develop the literacy, numeracy and **digital competency** skills needed to meet the requirements of your role
- Evaluate your practice with individuals and others and reflect on feedback to identify ways that your practice can be improved
- Evaluate and show the ways that feedback has improved your practice
- Evaluate how learning activities have improved your practice

Outcome 4: Safeguarding individuals

4.1 Legislative frameworks for Safeguarding

You are able to work and support others to work in ways that:

- Follow and promote your local and workplace policies and procedures for safeguarding individuals

4.2 Safeguarding individuals from harm, abuse and neglect

You are able to work and support others to work in ways that:

- Promote and support safeguarding of individuals
- Establish, develop and maintain relationships that support trust and rapport with individuals
- Support individuals to stay safe
- Keep yourself safe from allegations from harm or abuse

4.3 Factors, situations and actions that could lead or contribute to harm, abuse or neglect

You are able to work and support others to work in ways that:

- Identify factors, situations or behaviours that could lead to harm, abuse or neglect
- Promote safe practices and minimise risks to individuals of harm, abuse or neglect
- Follow and promote workplace policies and procedures for reporting concerns about factors, situations or behaviours that could lead to harm, abuse or neglect

Outcome 5: Health and safety in health and social care

5.1 Health and safety in the work setting

You are able to work and support others to work in ways that:

- Meet responsibilities in line with health and safety legislation
- Support others to meet their responsibilities in line with health and safety legislation
- Adhere to workplace policies and procedures for health and safety
- Follow and promote workplace processes for the recording and reporting of any concerns or incidents related to health and safety

5.2 Risk assessments for health and safety

You are able to work and support others to work in ways that:

- Ensure safe practice by routinely carrying out risk assessments in your day to day work

You are able to work in ways that:

- Are compliant with health and safety risk assessments for your workplace and procedures for reporting concerns or incidents

5.3 Fire safety

You are able to work and support others to work in ways that:

- Adhere to the procedures of your workplace that must be followed in the event of a fire

5.4 Infection prevention and control

You are able to work and support others to work in ways that:

- Follow and promote good hygiene practice
- Implement your workplace policies and procedures for infection prevention and control
- Follow and promote hand washing technique that is used to prevent the spread of infection

5.5 Food safety

You are able to work and support others to work in ways that:

- Follow and promote your workplace policies and procedures in relation to food safety

5.6 Hazardous substances

You are able to work and support others to work in ways that:

- Follow and promote your workplace policies and procedures for the storage, use and disposal of hazardous substances

5.7 Security in the work setting

You are able to work and support others to work in ways that:

- Adhere to arrangements that are in place to ensure that you, individuals and others are safe in the work setting
- Adhere to work place policies and procedures for lone working, advising of whereabouts and access to the work setting

5.8 Managing stress

You are able to work in ways that:

- Reflect on how stress can impact your own and others well-being and the implications for practice
- Uses a range of support mechanisms to manage your own well-being and that of others

Unit 330 Promoting core practice in Health and Social Care (Adults)

Supporting Information

Evidence requirements

- See assessment approach section below.

Guidance for delivery

The Level 3 Health and Social Care: Practice (Adults) qualification is underpinned by a mandatory unit – **Promoting core practice in Health and Social Care (Adults)**

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

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

These five areas reflect the core principles that underpin the practice of all workers in the health and social care sector and reflects the underpinning knowledge that learners have gained through the Level 2 Health and Social Care: Core (Adults) qualification. The content has been developed to highlight the core values, principles and behaviours that any learner working in a Level 3 health and social care role should demonstrate at all times during their work. As such, the unit content has been structured differently to other practice units within this qualification.

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

Assessment approach

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

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

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

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

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

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

Hand washing technique - using current national and international guidelines.

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

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

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

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

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

Personal plans set out how the care of an individual will be provided. They are based on assessment information and care and support plans and will cover personal wishes, aspirations and care and support needs of the individual.
Personal plans will provide:
- Information for individuals and their representatives of the agreed care and support and the manner in which this will be provided

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

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

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

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

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

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

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

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

Workplace - a setting in which care and support is provided e.g. the individuals own home.

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

Unit 401   Using assessments for the development of personal plans

Level:	4
GLH:	35
Credit:	6
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to use assessment information to develop personal plans for the delivery of care and support that meets identified outcomes.
	In the context of this unit, 'individual' refers to adults or children and young people. Practice assessment would include families/carers where appropriate.

Learning outcome:

1.   Assessment and care and support planning

Assessment criteria

You understand:

1.1   Legislation, national policy and guidance related to assessing the needs of individuals
1.2   How the national assessment and eligibility tool is used for assessments
1.3   The reasons for the 'National Minimum Core Data Set'
1.4   The importance of the five elements of assessment
1.5   **Key elements** of an assessment of need
1.6   The **primary focus** of assessment
1.7   What is meant by 'outcomes orientated' assessment
1.8   The rights of individuals to access advocacy support for their assessment
1.9   Requirements for providing and reviewing care and support plans
1.10 Principles of, format and content requirements of care and support plans
1.11 How judgement is made about eligible care and support needs
1.12 The use of direct payments for care and support
1.13 Responsibilities of local authorities for assessment of adults and children in the secure estate
1.14 When an integrated/specialist assessment may be required and who may be involved in this
1.15 Charging arrangements for eligible care and support in local area

Range
Key elements - co-production, strengths-based approach, outcome focused
Primary focus - building on an individual's strengths and assets including their abilities and families/communities

2. Use assessment information and care and support plans to develop personal plans

Assessment Criteria

You understand:

2.1   Own role for developing personal plans and the processes that must be followed

2.2   Ways of working to build positive, supportive relationships with individuals, their families/carers including finding out about their daily lives, history and culture

2.3   How to have meaningful conversations with individuals and their families/carers about what matters to them and the support that they need

2.4   How to deal with conflicts between the views and choices of individuals and their families/carers

2.5   Protocols for gaining and confirming consent:
   - of individuals and families/carers when sharing information with services and professionals
   - of individuals when sharing information with families/carers and others

2.6   The importance of ensuring a non-judgemental approach towards the personal circumstances of individuals, their families/carers and the way that they lead their lives

You are able to work in ways that:

2.7   Review information to identify the assessed needs of the individual and their identified outcomes

2.8   Clarify with the individual their assessed needs, identified outcomes and how they would like to be supported to achieve these

2.9   Embed a co-productive approach to develop a strengths-based, outcome focused personal plan that identifies support from:
   - families, friends, networks and communities
   - the service/workers

2.10 Support the individual to consider potential risks and agree how these may be managed

2.11 Ensure the plan includes an element of flexibility to support positive outcomes

2.12 Support the individual to understand how the personal plan will be implemented

2.13 Agree how the personal plan will be monitored, reviewed and adapted to meet changing needs

2.14 Ensure that the personal plan is recorded and made available in an accessible format for the individual

Unit 401 Using assessments for the development of personal plans

Supporting Information

Evidence requirements

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

Guidance for delivery

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

References throughout guidance that refer to 'the Act' relate to the Social Services and Well-Being (Wales) Act 2014 .

Charging and financial assessment:

Part 5 of the Act replaced previous legislation and allows local authorities the discretion to set a charge for the non-residential and residential care and support they provide or arrange for adults. The Act introduced one set of charging and financial assessment arrangements rather than the, previously, differing arrangements for charging for non-residential and residential care and support. A weekly maximum charge and "buffer" will be maintained, as well as a capital limit to be used to determine who pays the full cost of their residential care themselves.

The regulations prohibit charging children and young people under 18 (or their parents or guardians) for care and support received under Part 4 of the Act.

The Act requires mandatory deferred payments schemes for residential care. Deferred payment agreements allow a person to 'defer' or delay the need to sell their property (or other asset) to meet the costs of their residential care until a later, more appropriate time for them. Instead the cost of their residential care is met by their local authority with the costs of this secured against the value of their property by means of placing a first legal mortgage charge upon it.

A local authority can charge a low level flat rate charge for prevention or assistance provided to adults although not for preventative services for children. Note that the provision of information and advice are excluded from charging under the Act, but that a flat rate fee for assistance can be charged.

The Act maintains the current individuals who may not be charged and forms of care and support for adults for which a charge cannot be made e.g. six weeks free home care following a period in hospital.

Direct payments

The Act sees direct payments as enhancing an individual's ability to have real choice and control as to how to meet their personal outcomes: it encourages their use. Where eligible care and support needs, or support needs in the case of a carer, have been identified and that

individual, or their representative, expresses a wish to receive one, direct payments must be made available in all cases where they enable personal outcomes to be achieved.

Direct payments are designed to be used flexibly and innovatively, and there should be no unreasonable restriction placed on their use as long as it is being used to meet an eligible need for care and support. The Act removes some current exclusions of certain classes of payments (with appropriate safeguards).

A key change is that direct payments are able to be provided for any identified need for support a local authority is to meet including, unlike previously, in long term residential settings.

An adult, child / their family or carer will be able to use their direct payments to purchase their care and support directly from their local authority if they wish (previously prohibited).

The previous direct payment regulations allowed the employment of close relatives living in the same household so long as the local authority agreed that this was necessary for the individual's requirements. This is now viewed and expressed more positively so long as the local authority has no doubts as to the individual's wish for such an arrangement and are assured that the individual's personal outcomes will be met by this arrangement.

Many people use the direct payment to become an employer e.g. by employing a personal assistant (PA). If so, the local authority should give people clear advice as to their responsibilities when managing direct payments.

In general, people should be given assistance to maintain their ability to receive a direct payment where they are unable or unwilling to manage one.

Eligibility for care and support
The individual has an eligible need for care and support if an assessment establishes that they can only overcome barriers to achieving their personal outcomes by the local authority working with them in jointly preparing a care and support plan, or support plan for a carer, and ensuring that the plan is delivered.

If the provision of care and support cannot help the person achieve their personal outcomes the question of eligibility does not arise. It is not the purpose of the eligibility criteria to draw local authority care and support services into challenges they cannot address (such as provision of health care, employment, or education).

If the individual's personal outcomes cannot be met, or cannot be sufficiently met, solely through care and support co-ordinated by themselves, their family or carers, the individual has an eligible need.

The eligibility decision flows naturally from the assessment process. All five elements must be taken into account in the assessment, and from this a judgement reached about whether the person has eligible needs. There are no longer any thresholds in relation to eligibility. Determining eligibility is not about giving a right to any one service; it is about access to care and support to meet personal outcomes.

Note that the National Minimum Core Data Set (NMDS) must be completed as part of the initial assessment.

The regulations specifically identify needs which meet the eligibility criteria for children. Identifying whether there would be an adverse effect on the development of the child if the need goes unmet is crucial. Assessing children's needs must be about ensuring their best interests are met and their welfare safeguarded.

A key part of assessment must be to establish whether there is reasonable cause to suspect that an adult or child is experiencing or at risk of abuse, neglect or other harm.

Key elements of an assessment of need:

The Act required local authorities to make significant changes in how they respond to individuals with needs for care and support and in the services that they commission. The implementation of the Act required a change to assessment practice, with a move away from 'identifying what services an individual needs' to an emphasis on what care and support the individual requires to achieve the personal outcomes 'that matter to them' – outcomes identified through a respectful conversation about how the individual and / or their family wants to exercise control over decisions about their care and support.

The process of assessment should be based on the principles of co-production so that practitioners and individuals share the power to plan together. This might mean a shift in relationship between professionals and people who use services. For professionals it will be important not to be too risk averse, and to enable and empower individuals.

Developing a strengths-based approach is seen as a key aspect of working collaboratively between the individual supported and the professional(s) supporting them, working together to determine outcomes that draw on the individual's strengths and assets.

The primary focus is not on problems or deficits, but building on people's resources and assets, including people's strengths, abilities and families or communities. Practitioners may like to use the following list to consider their own practice:
- Outcome-orientated: the central element of a strengths-based approach is the extent to which people themselves identify the outcomes they would like to achieve in their lives (for those with parental responsibility for under 16s, the outcomes they would like for their child) and practitioners then work with them to achieve desired outcomes.
- Ability to understand and develop community responses to the need for care and support of individuals, rather than assessment for services.
- Reduce reliance on formalised prescriptive approaches and further emphasise the use of professional judgement. Professionals should move towards empowerment while keeping the individual's welfare and / or well-being in mind at all times.
- Undertake assessments proportionate to the severity of the need for care and support and the complexity of the situation.

National assessment and eligibility tool

Assessments must, as a minimum, record information in line with the national assessment and eligibility tool, which comprises the national minimum core data set and an analysis structured around the 5 elements of assessment:
- assess and have regard to the person's circumstances;
- have regard to their personal outcomes;

- assess and have regard to any barriers to achieving those outcomes;
- assess and have regard to any risks to the person if the outcomes are not achieved; and
- assess and have regard to the person's strengths and capabilities.

The process of assessment requires that practitioners must have discussions with people to identify what matters to them and the personal outcomes they wish to achieve (and in the case of children, the outcomes which any person(s) with parental responsibility wishes to achieve for the child), and what contribution the individual and their family or the wider community can make to achieving those outcomes.

Effective assessments should be valuable experiences in themselves. They should build a better understanding of someone's situation, identify the most appropriate approach, and establish a plan for how they will achieve their personal outcomes.

Personal plan – a personal plan sets out how care and support needs will be met. Individuals should be involved in the preparation of their own care and support plan as much as possible. The personal plan may also be referred to as the service delivery plan.

Principles of care and support plans, the format and content requirements
The overarching duties of the Act must be followed when developing plans, which should be person-centred, promote well-being and be outcome-based. It is also important that they are clear and concise and use appropriate language, communication methods and are in an accessible format so that the individual can participate in their planning and understand their plan.

Safeguarding runs throughout the Act and all practitioners will need to be alert to any risk of harm to the individual or to others. Care and support planning will explore the possible responses to these risks and agree approaches to risk management and / or mitigation.

Plans must also be integrated where possible (and it is appropriate to do so) and be jointly owned and operated by practitioners. For example, integrated across health and social care or social care and education.

The format of the support plan must be agreed by the local authorities and local health board (LHB) and NHS Trusts and, as a minimum, must be consistent across the regional LHB footprint. They must work together to ensure that local and specialist templates for support plans meet the national minimum core data set and content required.

Planning must reflect the Welsh Government Strategy 'More than Just Words', which means that local authorities must be proactive and enable people to communicate and participate through the medium of Welsh.

The plan as a minimum should cover the following content:
- personal outcomes which have been identified by the individual, and the actions to be undertaken to help achieve them by the local authority and others
- the need(s) for care and support that will be met
- the review arrangements and how progress will be measured

Where appropriate plans should also set out:

- the roles and responsibilities of the individual, carers and family members
- the resources (including financial resources) required from each party
- any direct payments that make up all or part of the plan.

Requirements for providing and reviewing care and support plans

Local authorities must provide, and keep under review, care and support plans for children and adults, and support plans for carers, who have needs which meet the eligibility criteria.

This duty also applies for people where it appears to the local authority that it is necessary to meet their needs in order to protect them from, or risk of, abuse or neglect or (for children) other harm.

Many individuals' needs for care and support can be met without a formal plan. In such instances relevant preventative or community based services should be clearly signposted to the individual or their family. A record of how these needs will be met without a plan must be made on the National Assessment and Eligibility Tool.

However, a plan is needed when the individual is unlikely to achieve their personal outcomes unless the local authority provides or arranges care and support to meet an identified, eligible need.

The local authority must involve the individual and jointly develop the plan and, where feasible, any carer. The plan should set out the ways in which the individual can be supported to achieve their personal outcomes; the types of care and support that might be best suited and available to them; and how these can be accessed.

The plan must be kept under review. If the authority believes that an individual's eligible need for care and support has changed, it must conduct an assessment and revise the plan as necessary.

The Act introduced the portability of support plans for adults and children across Welsh local authority boundaries. This means that if someone with eligible needs relocates within Wales the 'new' authority has a duty to maintain the care and support set out in their previous plan at least until it has had the opportunity to review their needs.

The secure estate
The Act brought in a new duty for local authorities in respect of adults with care and support needs who are in the secure estate in Wales, and an extension of the duty of a local authority to visit a looked after child, or former looked after child, to all children in the secure estate and a change in how existing responsibilities for the care and support of children in the secure estate (whether detained in England or Wales) are fulfilled.

The responsibility for the need for care and support of an adult, regardless of their place of ordinary residence before their detention, falls on the local authority where the provision is located. This was a big change for local authorities with prisons and they have the same duties to fulfil in respect of assessing and meeting the need for support for adults in the secure estate as for their citizens in the community i.e. the requirements outlined in the previous slides. They need to take a holistic approach when individuals are serving their sentence and when planning for their release.

The responsibility for the support needs of a Welsh child falls on their Welsh home local authority, that is, the local authority in whose area the child was ordinarily resident prior to being in custody. If the child has no known ordinary residency status, then responsibility for their support needs will fall on the local authority where the child is detained, whether that be in England or Wales.

When an integrated/specialist assessment may be required

A key part of assessment must be to establish whether there is reasonable cause to suspect that a child or adult is experiencing or at risk of abuse, neglect or other kinds of harm and unable to protect himself or herself (with regards to adults) and whether any emergency action is required to safeguard the person.

The practitioner should undertake an assessment that is proportionate to the circumstances, but should take into account the five elements of assessment that enable an eligibility decision to be made. An assessment may conclude that a more comprehensive or specialist assessment is required, including a partnership approach of one or more agencies or professional assessments. These should all feed into one integrated assessment and one single assessment process.

An assessment should identify whether, and if so to what extent, the provision of advice and information or signposting to preventative or other services could contribute to the achievement of the individual's personal outcomes or otherwise meet their care and support need(s).

The eligibility decision flows naturally from the assessment process. All five elements must be taken into account in the assessment, and from this a judgement reached about whether the person has eligible needs. If the identified need(s) can only be met through a care and support plan or a support plan the need will be eligible.

Related NOS

- SCDHSC0415: Lead the service delivery planning process to achieve outcomes for individuals

Related legislation and guidance

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

Unit 402 Co-ordinating care and support for individuals living in their own homes

Level:	4
GLH:	30
Credit:	8
Unit Summary:	This unit aims to support learners develop the knowledge, understanding and skills needed to co-ordinate a dispersed workforce for care and support at home.
	In the context of this unit, 'individuals' could refer to adults or children and young people.

Learning outcome:

1. Support the delivery of services that support individuals to live in their own home

Assessment criteria

You understand:

1.1 **Processes and systems** that are required for the delivery of services
1.2 What needs to be considered when matching workers with individuals
1.3 The importance of having clear, agreed delivery plans
1.4 Actions to take when delivery plans need to be modified to respond to changes in the personal circumstances of individuals and their families/carers
1.5 Communication systems and methods that support information sharing, continuity of service and the co-ordination of a dispersed workforce
1.6 How to plan schedules for workers that:
   - fulfil delivery plans and contractual obligations
   - meet legislative requirements for terms and conditions of workers
   - allow flexibility to be able to respond to emergency situations or changing needs/situations
1.7 The importance of clear communication with individuals, their families/carers and workers about any changes to work schedules

You are able to work in ways that:

1.8 Ensure that individuals and their families/carers are aware of what can be expected from the service provision and those delivering it
1.9 Ensure that workers are clear about their **role, responsibilities and accountabilities**
1.10 Support clear communication and information sharing across workers, with individuals and their families/carers and with other professionals
1.11 Ensure clarity for workers of:
   - **information** that should be shared and recorded in communication systems
   - their responsibilities in using communication systems and methods
   - their work schedule and any changes that need to be made

- their time allocation and activities that they are required to carry out to support individuals
- the processes to be followed in the event of emergency situations or unforeseen events
- their responsibilities in continually checking, following and providing feedback about personal plans
- lone working arrangements

Range

Processes and systems: to meet regulatory and contractual requirements and reflect best practice guidelines

Role, responsibilities and accountabilities: legislative, regulatory and organisational requirements, Codes of Conduct and Practice, delegation of tasks by other professionals, systems, policies and practice guidance they must follow in their work

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

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Learning outcome:

2. Promote good relationships with individuals and their families/carers

Assessment criteria

You understand:

2.1 The **potential impacts** on individuals and their families/carers of accessing care and support in their home

2.2 Ways of working that minimise negative impacts on individuals and their families/carers

2.3 The importance of:
- responding promptly and sensitively to all requests for information or action
- asking questions to clarify needs and understand issues from the perspective of individuals and their families/carers
- seeking and acting on feedback from individuals, their families/carers, other professionals and workers

2.4 How to handle requests for workers to carry out tasks or activities outside of personal plans or their role

2.5 How to deal with
- concerns or complaints
- individuals and/or families/carers who are distressed
- conflict

You are able to work in ways that:

2.6 Promote the development of positive, supportive relationships with individuals, families/carers and other professionals

2.7 Respond promptly and sensitively to requests for information or action

2.8 Support workers to respond appropriately to requests to carry out tasks or activities outside of personal plans or their role

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2.9 Seek and act on feedback from individuals, their families/carers, other professionals and workers to continually improve the service provision

Range

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

Unit 402   Co-ordinating care and support for individuals living in their own homes

Supporting Information

Evidence requirements

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

Guidance for delivery

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

Related NOS

- SCDLMCA4 Manage a dispersed workforce to meet the needs and preferences of individuals at home

Related legislation and guidance

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

Unit 331   Promoting care and support for individuals living in their own homes

Level:	3
GLH:	45
Credit:	10
Unit Summary:	This unit aims to provide learners with support to develop the knowledge, understanding and skills needed to promote the sensitive and safe support of individuals living in their own homes.

Learning outcome:

1. Support for individuals to live in their own homes

Assessment criteria

You understand:

1.1 How legislation, national policy, guidance and standards for care and support set the requirements for care and support at home

1.2 Resources, services, and professionals that may provide, or be used to support individuals and their families/carers in their own home

1.3 Protocols for gaining and confirming consent:
- of individuals and families/carers when sharing information with services and professionals
- of individuals when sharing information with families/ carers and others

1.4 How gender and ethnicity, and social, cultural and religious environments may impact on individuals and the care and support they access

1.5 The significant contribution of families/carers for the on-going care and support of individuals

1.6 How to support carers to understand their right to receive support for their own well-being

You are able to work in ways that:

1.7 Take account of specific legislation, national policy, guidance and standards for care and support at home

1.8 Recognise and acknowledge the skills and expertise that families/carers have for the on-going care and support of individuals

1.9 Support carers to access information about assessment and support for their own well-being

Learning outcome:

2. Promote support for individuals and their families/carers during change and transitions

You know:

2.1 **Potential impacts** on individuals and their families/carers of change related to accessing care and support in their own home

2.2 The importance of:
- recognising and taking account of the impact of change on individuals and their families/carers
- individuals being supported to maintain their personal identity during times of change
- ensuring a non-judgemental approach towards the personal circumstances of individuals, their families/carers and the way that they lead their lives

2.3 The importance of providing information to individuals and their families/carers about what to expect from the care and support provided by the service/workers

You are able to work in ways that:

2.4 Respond sensitively when there are negative impacts that result from accessing care and support on individuals and their families/carers

2.5 Provide information to individuals and their families/carers prior to, and during access to the service to help them know what to expect

2.6 Support individuals and their families/carers to adjust to change and the provision of care and support in their own home

2.7 Promote support for individuals and/or their families carers to maintain their personal identity and individuality through times of change

2.8 Promote support for individuals to retain a sense of security, continuity, belonging, purpose, achievement and significance in times of change

Range

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

Learning outcome:

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

Assessment criteria

You understand:

3.1 What rights based approaches mean in practice when supporting individuals in their own homes

3.2 The role of advocacy in supporting the rights of individuals and their families/carers

3.3 How the way that services are delivered can challenge stereotypical attitudes of those needing care and support

3.4 The importance of recognising and promoting the valued roles that individuals and carers have held, and can continue to hold

3.5 The positive impact that continuing to have a valued role can have on an individual's well-being and how they are perceived and treated by others in society

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3.6 How individuals can continue to contribute to their networks and communities and enrich the lives of others

3.7 What the right to a full and valued life means for individuals and how this can be supported

3.8 The concepts of 'silent harms' and 'learned helplessness' and the implications for the well-being of individuals

3.9 The importance of a strengths-based approach for building skills, confidence and self-esteem

3.10 The importance of being able to continue to take risks in everyday life

3.11 Why individuals accessing care and support may be discouraged or prevented from taking risks

3.12 Links between positive risk taking and responsibility, voice and control and social inclusion

3.13 Ways of working to build positive, supportive relationships with individuals, their families/carers including finding out about their daily lives, history and culture

3.14 The importance of promoting positive reciprocal relationships between individuals, their families/carers and other workers

3.15 How to deal with conflicts between the views and choices of individuals and their families/carers

You are able to work in ways that:

3.16 Promote recognition of the valued roles that individuals hold

3.17 Embed the Senses Framework in own and others practice

3.18 Promote the support of individuals to lead full and valued lives

3.19 Role model use of methods to find out about the daily lives, history, culture and what is important to individuals and their families/carers

3.20 Establish how you can best support individuals and their families/carers to achieve what matters to them

3.21 Develop positive, supportive relationships with families/carers that respects their expertise and role

Learning outcome:

4. Promote the development and use of personal plans that support individuals living in their own homes to achieve positive outcomes

Assessment criteria

You understand:

4.1 Own role in the planning process with individuals

4.2 How to clarify expectations for support for a valued range of meaningful activities with individuals and their families/carers

4.3 The importance of regularly seeking and taking account of feedback on personal plans

4.4 The importance of ensuring that **information** is recorded in communication systems at each visit and used to inform practice

4.5 How to consider and respond to requests to work outside of personal plans or agreed role

4.6 The importance of taking actions to address feedback about any concerns related to changes in the circumstances of individuals and their families/carers

You are able to work in ways that:

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

4.8 Support individuals to engage in a valued range of meaningful activities in ways that promote independence

4.9 Identify resources and support that may assist individuals in their daily living

4.10 Monitor, review and evaluate information recorded in communication systems, taking action to address any identified issues

Range

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

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

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Learning outcome:

5. Maintain security and safe working practice

Assessment criteria

You understand:

5.1 **General requirements** for entering and leaving the homes of individuals

5.2 Actions to take if there are difficulties gaining entry to the homes of individuals

5.3 Actions to take if there are difficulties with hazards in the home

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

You are able to work in ways that:

5.5 Identify specific requirements and individual preferences for entering, leaving and securing the homes of individuals

5.6 Ensure that general and specific requirements for entering, leaving and securing homes are followed

Range

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

Unit 331 Promoting care and support for individuals living in their own homes

Supporting Information

Evidence requirements

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

Guidance for delivery

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

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

Full and valued life to include:
* choice and control over both small day to day details and life-defining matters
* social and economic well-being
* engagement and participation in a valued range of meaningful activities and experiences
* physical and mental health care
* sexual relationships
* sexual orientation and gender identity
* social inclusion
* relationships and friendships.

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.

Professionals that provide support could include:

* Occupational therapist
* Physiotherapist
* Podiatrist
* Dietician
* Speech and language therapists
* Rehabilitation officers
* GPs
* District nurses
* Older people's mental health teams
* Social workers

- Advocates
- Dentist
- Hygienist
- Optometrist
- Reablement worker.

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

Silent harms: Some individuals who need care and support 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.

Types of advocacy to include:

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

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

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

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

Related legislation and guidance

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

Unit 332   Promoting care and support for individuals living in care home settings

Level:	3
GLH:	45
Credit:	13
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to promote support for individuals living in care home settings. In the context of this unit, the term 'individuals' refers to older adults living in care home settings

Learning outcome:

1. The role of legislation, national policy, guidance and standards for care home settings

Assessment criteria

You understand:

1.1   How different types of care home settings are used to support individuals at different stages of their life journey
1.2   How legislation, national policy, guidance and standards support the development of positive characteristics of care home settings
1.3   The role of the Older People's Commissioner in promoting the rights of individuals living in care home settings
1.4   Resources and professionals that may provide, or be used to support individuals living in care home settings
1.5   The importance of providing families opportunities to be involved in the on-going care and support of individuals
1.6   How gender and ethnicity, and social, cultural and religious environments may impact on individuals and the care and support that they access

You are able to work in ways that:

1.7   Take account of specific legislation, national policy guidance and standards for care home settings
1.8   Promote opportunities for families to be involved in appropriate on-going care and support of individuals

Learning outcome:

2. Promote support for changes and transitions experienced by individuals

Assessment criteria

You understand:

2.1 **Potential impacts** on individuals and their families of the changes that they are experiencing including a move into a care home setting

2.2 Information that should be provided to individuals and their families of what to expect from a care home setting

2.3 How the 'home' environment, personal space, personal possessions and privacy impact on individual's sense of self and emotional well-being

2.4 How to adapt and develop the physical environment to support the well-being of individuals

2.5 The importance of:
- recognising and taking account of the impact of change on individuals and their families
- individuals being supported to maintain their personal identity during times of change
- ensuring quiet spaces and areas for social interaction

You are able to work in ways that:

2.6 Support individuals to settle into their new home

2.7 Provide information to individuals and their families prior to and after entering the home to help them know what to expect

2.8 Role model practice that makes individuals and their families feel welcome in the home

2.9 Support individuals and their families to:
- prepare for and adjust to change
- manage transitions into the home, within the home and between the home and other places

2.10 Respond sensitively when there are negative impacts that result from changes individuals and their families are experiencing

2.11 Support individuals to retain a sense of security, continuity, belonging, purpose, achievement and significance in times of change

Range

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

Learning outcome:

3. Promote rights based approaches

Assessment criteria

You understand:

3.1 What rights based approaches means in practice when supporting individuals in care home settings

3.2 How the Declaration of Rights of Older People in Wales supports rights based approaches

3.3 The role of advocacy in supporting the rights of individuals living in care home settings

3.4 How societal attitudes and values towards aging and individuals living in care home settings impact upon equality and inclusion and quality of life

3.5   How stereotypical assumptions and perceptions of individuals can be challenged

3.6   The importance of recognising and promoting the valued roles that individuals have held and can continue to hold

3.7   The positive impact that continuing to have a valued role can have on an individual's well-being and how they are perceived and treated by others in society

3.8   How individuals can continue to contribute to their communities and enrich the lives of others

You are able to work in ways that:

3.9   Promote recognition of the valued roles that individuals have/have had

3.10 Role model the promotion of positive perceptions of individuals

3.11 Actively challenge prejudice, stereotypical images, discrimination and negative attitudes towards individuals

Learning outcome:

4.   Promote support for individuals to achieve positive outcomes

Assessment criteria

You understand:

4.1   Own role in the **planning process** with individuals

4.2   The importance of regularly seeking and taking account of feedback on personal plans

4.3   How the Senses Framework can be used to support positive outcomes and well-being

4.4   What the right to a full and valued life means for individuals and how this can be supported

4.5   The concept of 'silent harms', 'learned helplessness' and implications for the well-being of individuals

4.6   Potential impacts of isolation and loneliness on older adults

4.7   Physical and psychological consequences for individuals if they are left for long periods without movement or stimulation

4.8   The importance of a strengths-based approach for building skills, confidence and self-esteem

4.9   The importance of individuals being able to continue taking risks in everyday life

4.10 Why individuals living in care home settings may be discouraged or prevented from taking risks

4.11 Links between positive risk taking and responsibility, voice and control and social inclusion

4.12 How reminiscence work can be used with individuals to find out about their history, culture, build relationships and develop a sense of belonging

4.13 The importance of supporting positive reciprocal relationships between individuals and:
- Other residents
- Family and friends
- Communities
- Workers

4.14 The importance of intergenerational activities and how to promote these

4.15 The importance of establishing with an individual their wishes for their personal appearance and how this may affect their sense of identity and well-being

You are able to work in ways that:

4.16 Embed a co-productive approach when working with individuals and their families in the **planning process**

4.17 Establish how best to support individuals to achieve what matters to them

4.18 Promote the use of techniques with individuals to support reminiscence

4.19 Embed the Senses Framework in own and others practice

4.20 Promote the support of individuals to:

- engage in a valued range of meaningful activities
- live full and valued lives

4.21 Support all individuals, including those who have limiting physical and/or cognitive abilities, to interact and have opportunities for social participation

4.22 Promote support for individuals to retain, make and develop positive reciprocal relationships with:

- others living in the home
- friends and family
- others within the local community

Range

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

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Learning outcome:

5. Promote support for effective communication

Assessment criteria

You understand:

5.1 Methods and approaches that can be used to:

- address factors that impact on communication
- encourage individuals to express their views and opinions

You are able to work in ways that:

5.2 Promote the use and adaptation of methods and approaches that support effective communication

5.3 Contribute to the development of communication profiles and plans in accordance with own role and responsibilities

5.4 Promote the use of practical ways for the Active Offer

Learning outcome:

6. Support health and well-being for individuals in care home settings

You understand:

6.1 Health conditions commonly associated with aging

6.2 Health checks that individuals need to support their health and well-being

6.3 The rights of individuals to access healthcare in care home settings

6.4 Governance that needs to be in place where healthcare tasks are delegated to workers by healthcare professionals

6.5 Potential impacts of losing independence, mobility and skills

6.6 The importance of movement and maintaining and developing mobility to reduce the likelihood of falls

6.7 The use of equipment and the layout of rooms and furniture to support mobility and navigation of environment

6.8 How aids, adaptations and equipment can be used to enhance independence, safety and well-being of individuals

6.9 How to support individuals:
- with mobility
- to manage pain and discomfort
- to safely eat and drink
- with mouth care
- with management of continence

6.10 What makes a positive dining experience, and the importance of this for individuals health and well-being

You are able to work in ways that:

6.11 Use aids, adaptations and equipment which support the health and well-being of individuals

6.12 Promote support for individuals to safely navigate their environment

6.13 Ensure that the factors that can contribute to falls are minimised

6.14 Promote support for a positive dining experience that:
- encourages individuals to eat and drink
- takes account of specific nutrition and hydration requirements of individuals

6.15 Support individuals:
- to access healthcare checks
- to manage pain and discomfort
- with their mouth care
- to manage their continence

Learning outcome:

7. Support personal care and continence management

Assessment criteria

You understand:

7.1 Interventions to support individual's management of their continence

You are able to work in ways that:

7.2   Support individuals to communicate their preferences about managing their continence

7.3   Support individuals to use continence aids and make regular use of toilet facilities:
- in line with their needs and preferences
- in ways that maximise their independence, self-respect, dignity and privacy

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Learning outcome:

8.   Support pressure area care

Assessment criteria

You understand:

8.1   The anatomy and physiology of healthy skin

8.2   The causes of pain experienced from pressure damage

8.3   Actions that can prevent skin breakdown and pressure damage

You work in ways that:

8.4   Follow personal plans to support positioning and skin care of individuals to prevent skin breakdown and pressure damage

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Learning outcome:

9.   Support palliative and end of life care

Assessment criteria

You understand:

9.1   Workplace policies and procedures for supporting individuals with palliative and end of life care

9.2   The importance of following agreed plans for palliative and end of life care

9.3   The importance of treating individuals and their families sensitively in a dignified and respectful manner

9.4   How to support dignity after death

Unit 332   Promoting care and support for individuals living in care home settings

Supporting Information

Evidence requirements

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

Guidance for delivery

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

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

Agreed plans for palliative and end of life care could include:
>Personal plans
>Advanced care plans
>Advanced directives.

Different types of care home settings could include:
* Adult care homes
* Nursing homes
* Respite / short breaks
* 'Step up/step down'
* Extra care.

Factors that impact on communication to include:

* Sight loss
* Hearing loss
* Dementia
* Physical and mental health
* Language
* Environment
* Relationships.

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

- Community connections
- Access to primary and specialist healthcare
- Support for faith and cultural links and practices
- Managing finances.

Health checks could include:

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

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

Information that should be provided to individuals and their families: Routines, arrangements for visitors, personal and shared spaces, personal possessions, personal plans, healthcare, mealtimes, environment, activities, staffing structures and 'who's who', arrangements for hospital admission, Codes of conduct and practice, how to make a compliment or complaint about the service.

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.

Limiting physical and/or cognitive abilities to include:

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

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

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

Personal plans[1] 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.

Physical and psychological consequences of long periods of inactivity would include:

Physical:
- Muscle waste
- Heart atrophies
- Blood pressure rises
- Increased risk of skin breakdown/pressure ulcers.

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

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

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

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

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

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

Range of techniques could include:

- Life story work
- Living in the moment
- Mindfulness
- Reminiscence.

Senses Framework:

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

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

Types of advocacy to include:

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

- Independent professional advocacy.

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

Why individuals may move into a care home to include:
- increased frailty and dependency
- poor physical or mental health, a fall, stroke or other sudden change in health
- changes in personal circumstances e.g. carers no longer able to cope at home
- death of a spouse or partner.

Related NOS
- SCDHSC 0344 Support individuals to retain, regain and develop skills to manage their daily living

Related legislation and guidance

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

Unit 333   Promoting support for individuals living with dementia

Level:	3
GLH:	45
Credit:	11
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to promote support for individuals living with dementia.
	In the context of this unit, the term 'individuals' refers to individuals living with dementia from different age groups and individuals with a learning disability who are also living with dementia.

Learning outcome:

1. Perceptions and perspectives of dementia

Assessment criteria

You understand:

1.1 The importance of seeing the person first and not the dementia

1.2 How dementia can affect individuals and families/carers in different ways

1.3 How dementia is not a natural part of aging and can affect younger as well as older people

1.4 How stigma and negative societal attitude and values toward individuals living with dementia can:
   - impact on equality, diversity and inclusion
   - compound the difficulties experienced by individuals

1.5 How stigma around dementia and the fear of negative impacts of statutory intervention can make individuals and their families/carers shy away from seeking help

1.6 How gender and ethnicity, and social, cultural and religious environments may impact on individuals their families/carers and the support that they access

1.7 The influence of social movements, policy and legislation on changing perceptions of dementia

You are able to work in ways that:

1.8 Promote the use of methods that recognise individual strengths and personal characteristics

1.9 Promote positive perceptions of, and attitudes to, individuals living with dementia

1.10 Actively challenge negative language, prejudice and discrimination towards individuals living with dementia

2. Supporting the health and well-being of individual's living with dementia

Assessment criteria

You understand:

2.1 Types of dementia and their potential causes

2.2 Differences and **commonalities** between the major types of dementia

2.3 Differences between dementia and other physical and mental health conditions

2.4 How the type of dementia can have an impact on physical abilities, mental health and well-being

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

2.6 How lifestyle factors can impact on:
- the risk of developing dementia
- delaying the onset of dementia

2.7 How dementia can mask underlying physical health issues

2.8 How physical illness can temporarily increase the symptoms of dementia

2.9 Increasing risk factors associated with maintaining physical well-being for **areas of physical care**

2.10 The increased risk of individuals with a learning disability developing dementia, and the additional difficulties this will pose in assessment, management and support

2.11 How health promotion activity and support can impact positively on the lived experience of dementia

2.12 The concept of cognitive and functional ability and how this informs practice

2.13 **Memory impairment** and its impact in dementia

2.14 Parts of the brain associated with creativity and emotions that are often least affected by dementia

You are able to work in ways that:

2.15 Promote the use of methods that respond effectively and sensitively to symptoms and presentation of dementia

2.16 Take account of an individual's experience of dementia whilst recognising their strengths and abilities

2.17 Support individuals to maintain agreed areas of physical care

2.18 Promote healthy choices for individuals

Range

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

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

Memory impairment - 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.)

3. Support individuals and their families/carers to adapt to diagnosis and living with dementia

Assessment criteria

You understand:

3.1 The importance of early diagnosis
3.2 **Potential impacts of diagnosis** and how these will differ across individuals and families/carers
3.3 The support that can be provided by other agencies, professionals and from communities and networks
3.4 The importance of providing individuals and their families/carers with timely information and advice at the time of diagnosis and throughout their dementia journey
3.5 How understanding dementia can be empowering for individuals and families/carers
3.6 Timely use of interventions and adaptations that support ongoing independence following diagnosis
3.7 The importance of continually reviewing and adapting approach and support as dementia progresses
3.8 The importance of planning for the future, including palliative and end of life care

You are able to work in ways that:

3.9 Actively listen to how individuals and families/carers are feeling as they adjust to living with dementia
3.10 Recognise the impacts of a diagnosis of dementia on individuals and their families/carers
3.11 Support access to timely information and advice for families/carers
3.12 Use the Senses Framework to inform support for individuals and their families/carers to help them manage transitions and adjust to change
3.13 Support individuals and their families/carers to plan for the future

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)

Learning outcome:

4. Promote rights based approaches

Assessment criteria:

You understand:

4.1 The principles of the Mental Capacity Act and their implications for supporting individuals
4.2 The legal directives that individuals can make to help plan for the future
4.3 The implications of best interest decisions for individuals with dementia
4.4 The role of advocacy in supporting the rights of individuals and their families/carers
4.5 Conflicts and dilemmas that may arise from different perspectives of the individual, families/carers, and formal care and support
4.6 Why individuals living with dementia may be more vulnerable to harm and abuse
4.7 Why individuals may be discouraged or prevented from taking risks

4.8 The importance of being able to continue taking risks in everyday life

4.9 Links between positive risk taking and responsibilities, voice and control, and social inclusion

4.10 What the 'right to walk' means and how to support individuals to do this safely

4.11 The concept of the least restrictive option in relation to using electronic monitoring and tracking devices

4.12 The importance of recognising:
- that gender identity and sexual orientation can change through time
- the rights that individuals have to continue to express their gender identity and sexual orientation

4.13 The principles of capacity and consent for administering prescribed medication to an individual

4.14 Limitations and problematic nature of over using antipsychotic medication, anti-depressants, anti-muscarinic or sedatives

4.15 The importance of life story work and effective communication for understanding behaviours that may appear challenging

4.16 How and when restrictive practices and restrictive interventions can be used with individuals and the importance of using proactive strategies to avoid these wherever possible

You are able to work in ways that:

4.17 Promote rights based approaches for individuals and their families/carers

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Learning outcome:

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

5.3 How to clarify expectations with individuals and their families/carers the support they need to engage in a valued range of meaningful activities

You are able to work in ways that:

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

5.5 Support individuals to engage in a valued range of meaningful activities in ways that promote independence, dignity and respect

5.6 Work with the individual and their families/carers to identify resources and support that may be used to assist them to achieve positive outcomes

Range

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

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6. Support individuals and their families/carers to live well with dementia

Assessment criteria

You understand:

6.1 The importance of effective communication that responds to each individual's sense of reality, needs and preferences

6.2 What the right to a full and valued life means for individuals

6.3 The importance of outcomes focused approaches and assisting individuals to maximise their independence

6.4 The concept of 'silent harms', 'learned helplessness' and implications for the well-being of individuals and their families/ carers

6.5 What is meant by the term 'valued role'

6.6 The importance of recognising and promoting the valued roles that individuals hold and have held

6.7 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

6.8 How life story work can be used to:
  - 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

6.9 The importance on supporting individuals to achieve the 'little things that matter' as well as the big outcomes

6.10 The critical role that families/carers and others have in the care and support of individuals

6.11 The role that people in the wider community play in the lives of individuals and their families/carers

6.12 The importance of community participation and positive reciprocal relationships for well-being

6.13 How individuals can contribute to their community and enrich the lives of others as well as receive care and support

6.14 What makes a good short break for an individual living with dementia

6.15 Why short breaks are important to individuals and their families/carers and how they can contribute to well-being and maintaining positive family relationships

6.16 The importance of the **physical environment**

6.17 How electronic assistive technology can be effectively used to enhance the independence, safety and well-being of individuals

You are able to work in ways that:

6.18 Use life story work and cognitive and functional assessments to inform the way that care and support is developed and delivered

6.19 Use **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
- manage issues relating to dilemmas that arise when balancing the right of an individual to take risks, and their safety and well-being

6.20   Actively involve and encourage families/carers in appropriate aspects of care and support

Range

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

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

Unit 333 Promoting support for individuals living with dementia

Supporting Information

Evidence requirements

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

Guidance for delivery

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

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

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

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

Interventions and adaptations include: medical interventions, self-help tools and equipment, electronic assistive technology.

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

Legal directives: advance directives, power of attorney.

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

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.

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

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

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

Silent harms: 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.

Social movements: for example, Dementia friends; Alzheimer's Society 'Right to know' campaign; ' Dementia in rural Wales' campaign.

Symptoms and presentation of dementia could include memory, judgement, language and orientation.

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

Related legislation and guidance

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

Unit 334   Supporting individuals with the use of electronic assistive technology

Level:	3
GLH:	20
Credit:	4
Unit Summary:	The aim of this unit is to provide learners with the knowledge, understanding, skills and confidence, to provide support to individuals with the use of electronic assistive technology. In the context of this unit, the term 'individual' refers to adults, children and young people.

Learning outcome:

1. Confidence in the use of electronic assistive technology

Assessment criteria

You understand:

1.1 How technology is part of everyday life and can **transform the lives** of individuals and families/carers

1.2 The potential for electronic assistive technology to be adapted and designed to meet specific needs

1.3 Strengths and weaknesses of a range of electronic assistive technologies

1.4 How to promote the benefits of electronic assistive technology

1.5 The importance of working with other professionals who have a particular role or expertise in electronic assistive technology

1.6 Own role for supporting the use of electronic assistive technology and how and when to seek additional support

1.7 Actions to take in the event of a failure/breakdown of electronic assistive technology

1.8 How to make appropriate referrals for support with electronic assistive technology

1.9 How to support the **safe use** of electronic assistive technology

You are able to work in ways that:

1.10 Use a co-productive approach to support individuals and families/carers to make informed choices about the use of electronic assistive technology

1.11 Support partnership approach with others who have a particular role or expertise in electronic assistive technology to support individuals, families/carers to achieve positive outcomes

1.12 Support individuals and families/carers to safely use electronic assistive technology

Range

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

Safe use - following instructions and guidance for installation, use, maintenance and disposal in line with own role and responsibilities, awareness of hazards associated with electrically powered devices, individual risk assessments, security measures when using internet and social media

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Learning outcome:

2. Rights, values and electronic assistive technology

Assessment criteria

You understand:

2.1 Potential positive and negative impacts of the use of electronic assistive technology on the rights, health and well-being of individuals and families/carers

2.2 How electronic assistive technology can support positive risk taking

2.3 How to ensure that electronic assistive technology promotes and safeguards health and well-being, dignity, autonomy, privacy and confidentiality

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

You are able to work in ways that:

2.5 Support individuals and families/carers to understand implications for their health and well-being, dignity, autonomy, privacy and confidentiality in relation to electronic assistive technology

2.6 Maximise the benefits, take account of, and seek to minimise potential negative impacts of the use of electronic assistive technology

2.7 Use agreed processes for consent for the use of electronic assistive technology in accordance with own role and responsibilities

Range

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

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Learning outcome:

3. Supporting assessment for and review of electronic assistive technology

Assessment criteria

You understand:

3.1 Processes for the outcome focused assessment for and review of the use of electronic assistive technology, including self-assessment

3.2 Own and **others'** role in the assessment for and review of the use of electronic assistive technology

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

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

You are able to work in ways that:

3.5 Use a co-productive approach to support the assessment for and review of the use of electronic assistive technology

3.6 Support the design and implementation of a plan for the use of electronic assistive technology

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

Range

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

Learning outcome:

4. Remote or virtual monitoring and response systems

Assessment criteria

You understand:

4.1 The role and purpose of services that use monitoring and response systems

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

Unit 334 Supporting individuals with the use of electronic assistive technology
Supporting Information

Evidence requirements

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

Guidance for delivery

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

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

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

Related NOS

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

Related legislation and guidance

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

Unit 335   Providing support for individuals to achieve their reablement outcomes

Level:	3
GLH:	20
Credit:	5
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills to assist individuals with reablement activities.

Learning outcome:

1. Support individuals and families/carers to understand the benefits of reablement activities

Assessment criteria

You understand:

1.1   What is meant by the term 'reablement'
1.2   Principles of reablement and the potential benefits for individuals and their families/carers
1.3   Types of reablement activities and the range of professionals involved in these
1.4   The importance of timely access to reablement services and support
1.5   The **potential impact** on individuals of loss of cognitive and physical skills
1.6   How to support individuals to overcome **potential barriers** to engage in reablement activities

You are able to work in ways that:

1.7   Provide timely information, advice and reablement support for individuals and their families/carers
1.8   Respond sensitively to any negative impacts that an individual is experiencing
1.9   Support individuals to recognise and consider ways of addressing potential barriers to engagement in reablement activities

Range

Potential impact - loss of - confidence, valued role, meaningful activities, self-esteem, sense of self and identity
Potential barriers - fear of failing, embarrassment, conflict of opinion between individuals and families/carers, fear of intrusion and loss of control, jargon used by professionals, lack of insight – not recognising support needed

Learning outcome:

2. Promote person-centred care approaches to support individuals to engage in reablement activities

You understand:

2.1   The importance of **planning** for initial engagement with individuals and their families/carers

You are able to work in ways that:

2.2   Plan effectively for initial engagement with individuals and their families/carers

2.3   Use a co-productive approach to contribute to the assessment of the individual

2.4   Use a co-productive approach with individuals and their families/carers to contribute to the development of plans for reablement activities that will support recovery and the development of the skills they need to achieve what is important to them

2.5   Promote active participation in a valued range of meaningful activities, supporting the individual to take as much responsibility as possible for:
- the use of current skills and abilities
- regaining former skills
- acquiring new skills

2.6   Work in partnership with other professionals to access the support needed for specific reablement activities

2.7   Undertake specific reablement activities that have been delegated by other professional within accountability of own role

2.8   Use a co-productive approach with individuals and their families/carers to review and evaluate reablement activities

2.9   Adapt approach in response to any changes in the individual's condition or negative response to reablement activities

Range

Planning - finding out about the person and their situation, identifying the range of support available, preparing clear information about the service and the support available, considering potential risks

Unit 335   Providing support for individuals to achieve their reablement outcomes

Supporting Information

Evidence requirements

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

Guidance for delivery

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

Assessment of the individual: What matters to them, the skills they need to achieve what is important to them, existing skills and how to build on these, the level of help, support and assistance needed, how to evaluate success.

Development of plans: desired outcomes, reablement activities, the level of help and assistance needed, range of reablement services/professionals who will be involved, involvement of families/carers.

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

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

Skills: for managing day-to-day life include those relating to preparing food; eating and drinking; dressing; bathing and washing; mobility; getting in and out of bed; getting around the home environment; cleaning; other domestic activity.

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

Related NOS

- SCDHSC0027 Support individuals in their daily living
- SCDHSC3100 Participate in inter-disciplinary team working to support individuals
- SCDHSC0344 Support individuals to retain, regain and develop skills to manage their daily living

Related legislation and guidance

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

Unit 336 Supporting individuals who misuse substances

Level:	3
GLH:	40
Credit:	7
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to support individuals who misuse substances. In the context of this unit, the term 'individual' refers to adults or young people who use/misuse substances.

1. Substance use and misuse

Assessment criteria

You understand:

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

You are able to work in ways that:

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

Range

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

Learning outcome:

2. Supply and exchange injecting equipment

You understand:

2.1   Different **types of injections and appropriate injecting techniques**

2.2   Potential injecting injuries

2.3   **Blood borne viruses** and potential transmission routes

2.4   How to deal with discarded needles and spillages

2.5   When it is appropriate to signpost to additional support

You are able to work in ways that:

2.6   Follow organisational procedures for the supply and exchange of injecting equipment in line with your role and responsibility

Range

Types of injections and appropriate injecting technique - for the drug used, intravenous, intramuscular, subcutaneously, appropriate equipment needed, the correct technique

Blood borne viruses - hepatitis B, hepatitis C, HIV

Learning outcome:

3.   Interventions for supporting individuals experiencing substance misuse to achieve positive outcomes

Assessment criteria

You understand:

3.1   Own role in the **planning process** with individuals

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

3.3   The range of interventions that can be used with individuals

3.4   How to work with individuals to select the most appropriate intervention in line with identified outcomes

3.5   Protocols for gaining and confirming consent from individuals when sharing information with:

  • other services and professionals

  • families/carers

3.6   How to deal with conflicts between the views and choices of individuals and families/carers

You are able to work in ways that:

3.7   Embed a co-productive approach with individuals in the planning process

3.8   Support individuals to use agreed interventions and follow plans

3.9   Work with the individual to identify additional resources and support that may be used to assist them to achieve positive outcomes

3.10   Refer individuals to other services where additional support is needed

Range

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

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4. Perceptions and perspectives of individuals who misuse substances

Assessment criteria

You understand:

4.1 Stigma associated with substance misuse
4.2 **Potential impacts** of societal attitudes and values on individuals
4.3 What the right to a full and valued life means for individuals and how this can be supported
4.4 How gender, ethnicity and social, cultural and religious environments may impact on individuals and the support they access

You are able to work in ways that:

4.5 Promote positive perceptions of and attitudes to individuals who misuse substances
4.6 Actively challenge prejudice, stereotypical assumptions, discrimination and negative attitudes towards individuals who misuse substances

Range

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

Learning outcome:

5. Co-occurring mental health and substance misuse issues

Assessment criteria

You understand:

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

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Learning outcome:

6. Managing risky situations

Assessment criteria

You understand:

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

Range

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

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Unit 336   Supporting individuals who misuse substances

Supporting Information

Evidence requirements

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

Guidance for delivery

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

Clinical classifications of substances: Stimulants, depressants, analgesics, hallucinogens.

The types of substances individuals may use: could include alcohol, cannabis, cocaine, amphetamine, heroin, solvents and gases, benzodiazepines, synthetic cannabinoids, ketamine, MDMA, image and performance enhancing drugs.
Substances may have a range of different names, e.g. Cannabis – weed/ hash/ dope/ pot/ ganja.

Related NOS

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

Related legislation and guidance

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

Unit 337   Supporting individuals living in an adult placement/shared lives arrangement

Level:	3
GLH:	35
Credit:	5
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to work as an adult placement/shared lives carer, and to support individuals within their home environment.

Learning outcome:

1. The role of adult placement/shared lives in the health and social care sector

Assessment criteria

You understand:

1.1   What is meant by the term 'adult placement/shared lives'
1.2   Types of shared lives arrangements provided within the health and social care sector and how these differ from more traditional forms of care and support
1.3   How a values-based approach has been embedded in legislation, policy and practice for supporting individuals in a shared lives arrangement
1.4   Potential benefits of shared lives arrangements for individuals and key people
1.5   How shared lives arrangements can support individuals to participate in a valued range of meaningful activities within community settings
1.6   The role of the adult placement/shared lives carer

Learning outcome:

2. Support the introduction of a shared lives arrangement

Assessment criteria

You understand:

2.1   How professional relationships differ between an individual and the shared lives carer and their families to that between individuals and care and support workers in more formal service settings
2.2   Considerations that need to be made for an introduction into the shared lives arrangement for both the individual and key people
2.3   How power imbalances can be addressed in a shared lives setting

You are able to work in ways that:

2.4 Identify the considerations needed to support the individual to adjust to a new home environment

2.5 Establish with key people any adjustments that might need to be made to support an individual within the home

2.6 Support the individual to settle into the home environment:
- provide a welcoming and supportive environment
- provide opportunities for the individual to meet and get to know key people
- provide a safe space for the individual to communicate their thoughts and feelings about sharing the home environment

2.7 Establish strategies to deal with conflicts that may arise

2.8 Work with the individual and key people to agree and review 'house rules' in order to minimise any potential difficulties

2.9 Support key people to participate in the shared lives arrangement

2.10 Support the individual to develop new, and maintain existing, friendships and networks

2.11 Support the individual to develop relationships with your own extended family and networks

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Learning outcome:

3. Support health and well-being through person-centred approaches

Assessment criteria

You understand:

3.1 The importance of using a strengths based approach to build skills, confidence and self esteem

3.2 The importance of having a valued role and sense of purpose on well-being

You are able to work in ways that:

3.3 Support the individual to engage in the person-centred planning process

3.4 Support the individual and others to continually assess what matters to them and how their identified needs can be met within the shared lives arrangement

3.5 Support the individual to express how they feel about the on-going shared lives arrangement

3.6 Support the individual and others to identify and make any specific changes or adaptions that may be needed to support them to achieve what matters to them within the shared lives arrangement

3.7 Support the individual to have voice and control with the support of advocates where appropriate

Unit 337   Supporting individuals living in an adult placement/shared lives arrangement

Supporting Information

Evidence requirements

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

Guidance to delivery

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

Adult placement/shared lives arrangement may include:
- Long term accommodation support
- Short breaks
- Day time support
- Kinship support.

Introduction to the shared lives arrangement to include:
- Any adaptations or adjustments that may be needed
- What makes a welcoming and supportive environment
- An understanding of shared and personal spaces and belongings
- Working with the individual and key people to agree 'house rules' in order to minimise potential difficulties
- Ways to support an individual if they become distressed about the move to a shared lives arrangement.

Key people may include:
- Those who share the shared lives carer's home environment
- Members of the shared lives carer's extended family
- The shared lives carer's social networks
- Others who may be involved in the shared lives arrangement.

Person-centred planning process to include individuals:
- How they can be supported to express their opinions
- Identifying what matters to them and what they would like to achieve
- How they would like to do this
- How big or long-term goals can be broken down into smaller achievable steps or goals
- How they will be able to tell whether they have achieved their goals
- How individuals can be supported to recognise and celebrate the achievement of goals
- Why it is important to use a strengths-based approach with individuals to build upon what the person is able to do

- Who they would like to be involved and at what stage
- How to involve families of other key people in supporting the individual to achieve their goals
- How, where and when their person-centred planning should take place
- How their person-centred planning should be recorded.

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

Transitions could include: people moving into or out of the service provision, births, deaths, marriages, employment, redundancy, retirement, moving into adulthood.

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

Related NOS
- SCDHSC 0333 Prepare your family and networks to support individuals in your own home
- SCDHSC 0334 Provide a home and family environment for individuals requiring care and support

Unit 338   Promoting support for individuals with a learning disability and/or autism

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

Learning outcome:

1. Perceptions and perspectives of learning disability and autism

Assessment criteria

You understand:

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

You are able to work in ways that:
1.15 Use methods to support individuals that take account of:
- the characteristics of the disability

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

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

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

Range

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

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

Learning outcome:

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

Assessment criteria

You understand:

2.1 How the UN Convention of Rights of Persons with Disabilities supports a rights based approach

2.2 What the right to a full and valued life means for individuals

2.3 What is meant by the term 'valued role'

2.4 The importance of having a valued role and sense of purpose for an individual's well-being

2.5 The importance of community participation and positive reciprocal relationships for well-being

2.6 How individuals can contribute to their community and enrich the lives of others

2.7 How to support individuals to understand the concept of friendship

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

2.9 How to address potential barriers that hinder:
- community participation
- positive reciprocal relationships

2.10 Links between positive risk taking and responsibilities, voice and control, and social inclusion

2.11 The importance of risk taking in everyday life for individuals

2.12 Why individuals may have been, or may be discouraged or prevented from taking risks

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

You are able to work in ways that:

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

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

2.15 Support individuals to take informed risk

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3. Support effective communication

Assessment criteria

You understand:

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

3.2 The importance of providing the correct level of information for individuals

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

3.4 The importance of using and adapting language and methods of communication that are both age and ability appropriate

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

3.6 How behaviour may be used as a form of communication

You are able to work in ways that:

3.7 Use a range of communication methods and approaches to support individuals

3.8 Adapt methods of communication to meet the needs of individuals

3.9 Contribute to the development of communication plans for individuals

3.10 Embed a co-productive approach when working with others to evaluate a range of methods used to support their communication

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Learning outcome:

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

Assessment criteria

You understand:

4.1 The purpose and components of person-centred planning and how this is supported by the key worker

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

4.3 The importance of involving families, carers, friends and siblings in person-centred planning

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

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

4.6 The concept of 'learned helplessness', and how person-centred planning and Active Support aims to address this

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

4.8 The importance of using a strengths-based approach to build skills, confidence, self-esteem and develop relationships

4.9 How electronic assistive technology can be effectively used to support independence, safety and well-being of individuals

You are able to work in ways that:

4.10 Use a co-productive approach to support individuals to participate in the person-centred planning process

4.11 Implement the Active Support Model

4.12 Follow plans for individuals

4.13 Contribute to the review and evaluation of plans

Range

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

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Learning outcome:

5. Sexuality and sexual health

Assessment criteria:

You understand:

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

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

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

Learning outcome:

6. Health conditions and the importance of health checks

Assessment criteria:

You understand:

6.1 **Health conditions** commonly associated with learning disability

6.2 The rights of individuals to have equal access to healthcare and end of life care

6.3 The challenges in accessing appropriate end of life care for individuals

6.4 The importance of health promotion and early intervention to reduce the risk of ill health

6.5 What should be included in an annual health check and why these are important

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6.6   Responsibilities for arranging and carrying out annual health checks

6.7   How individuals can be supported to understand the importance of an annual health check

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

You are able to work in ways that:

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

6.10   Support individuals to access and undertake:
- healthcare checks
- a range of healthcare

6.11   Follow up identified actions resulting from health checks

Range

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

Unit 338   Promoting support for individuals with a learning disability and/or autism

Supporting Information

Evidence requirements

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

Guidance for delivery

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

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

Active Support Model: The Active Support Model is a person-centred model of how to interact with individuals combined with a daily planning system that promotes participation and enhances quality of life to establish the level of participation in activities and the level of support needed to develop the skills needed to engage in these as independently as possible. To include:
- Daily plans and levels of participation
- Levels of help or support and assistance
- Positive interaction
- Positive reinforcement
- Skills teaching
- Task analysis
- Valued range of meaningful activities

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

Challenges that may occur in supporting community participation:
- support available
- cost
- access
- segregated activities
- attitudes, beliefs, pre-conceived ideas and behaviours of others
- communication abilities
- personal appearance

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[2] National Occupational Standards for health and social care

- ability
- lack of understanding of the concept of friendship

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

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

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

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

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

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

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

Levels of help or support and assistance: refers to graduated levels of assistance, from simple verbal reminders providing the lowest level of support to actual physical guidance providing

the highest level. Assistance should be given flexibly according to the individual's need for help, and should be focused on encouraging as much independence as possible

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

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

Personal plans[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.

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

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

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

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

Psychological consequences i.e.:

- Listlessness and boredom
- Depression and lethargy
- Confusion
- 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

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

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

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

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

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

Types of advocacy to include:

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

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

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

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

Unit 339 Promoting positive approaches for behaviour support

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

Learning outcome:

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

Assessment criteria

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

You are able to work in ways that:
1.11 Implement an ethical, values-based approach in the use of restrictive practices and restrictive interventions
1.12 Adhere to legislative requirements, policies and guidance for the use of restrictive interventions

Range

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

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

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Learning outcome:

2. Factors that can influence behaviour

Assessment criteria

You understand:

2.1   The behavioural model

2.2   Factors that may shape the behaviour of individuals

2.3   How the fundamentals of behaviour relate to everybody, not just individuals accessing care and support

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Learning outcome:

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

Assessment criteria

You understand:

3.1   Why voice and control is important

3.2   The potential impact on individuals of not being listened to or feeling that they do not have a say or any control over events affecting them

3.3   Ways of working that support voice and control of individuals

3.4   The importance of:
- working with individuals to establish what they want from their service and the best way for this to happen
- individuals being able to make choices both about small day to day things as well as life defining decisions
- individuals being able to make mistakes and learn from them
- enabling individuals to maximise their participation in the development and management of their personal plan and behaviour support plan
- developing a range of ways in which individuals can give feedback on the services and support they receive
- enabling individuals to participate in the development of the service as equal partners

You are able to work in ways that:

3.5   Use strategies to promote and support the voice and control of individuals

3.6   Embed a co-productive approach that supports individuals to participate in, and give feedback on, the way that their care and support is delivered

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

Assessment criteria

You understand:

4.1 What prevention and early intervention means in relation to using positive approaches to reduce the use of restrictive interventions

4.2 The **range of primary prevention strategies and early interventions** to support positive behaviour

4.3 **Models and frameworks** that support positive approaches to reduce the use of restrictive practices and interventions

You are able to work in ways that:

4.4 Embed a range of primary prevention strategies and early intervention in your practice

4.5 Use agreed models and frameworks for behaviour support

Range

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

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

Learning outcome:

5. Support individuals to develop positive behaviour

Assessment criteria

You understand:

5.1 The relationship between positive and proactive approaches and person-centred practice

5.2 The importance of being clear about expectations and setting personal development goals that support positive behaviour

5.3 Why it is important to include individuals in setting behavioural goals

5.4 How to support individuals to develop an understanding of:

- why goals and boundaries for behaviour need to be set
- why they behave in a certain way
- when behaviour may be acceptable and unacceptable
- the potential consequences of behaviour
- the benefits of positive behaviour for both themselves and others

5.5 Why it is important for others to develop an understanding of the individual's behaviour and the need for consistent support strategies

You are able to work in ways that:

5.6   Use positive and proactive approaches to support the development of positive behaviour

5.7   Support individuals to develop an understanding of their behaviour in accordance with their ability

5.8   Use a co-productive approach with individuals to set and review personal development goals and agree boundaries for positive behaviour

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6.   Promote multi-agency collaboration and partnership working

Assessment criteria

You are able to work in ways that:

6.1   Embed the principles of effective partnership working in your practice

6.2   Develop, share and agree plans and approaches for behaviour support in accordance with role and responsibilities

6.3   Share with others the outcomes of reviews and assessments, including risk assessments

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

Assessment criteria

You understand:

7.1   The importance of offering support and debriefing:
   - for incidents of behaviours that challenge
   - in all situations where restrictive interventions have been used

7.2   How individuals, workers and others should be supported following an incident of behaviours that challenge

You are able to work in ways that:

7.3   Implement techniques for debriefing and provide support following incidents of behaviours that challenge

7.4   Reflect on learning from incidents of behaviours that challenge and implement any changes needed to support approaches to practice

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

Assessment criteria

You understand:

8.1   Why it is important to monitor and review positive approaches and the use of restrictive practices/interventions

8.2   How to use **methods** that support the review of positive approaches and restrictive practices/interventions

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8.3   How to use data to reduce the use of restrictive practices/interventions

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

You are able to work in ways that:

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

Range

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

Unit 339   Promoting positive approaches for behaviour support

Supporting Information

Evidence requirements

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

Guidance for delivery

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

Challenging behaviour may include behaviours that are:
- Repetitive / obsessive
- Withdrawn
- Aggressive
- Self-injurious
- Disruptive
- Anti-social or illegal
- Verbally abusive.

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

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

b) Restorative approaches

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

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

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

How workers, carers and others involved should be supported following an incident to include:
- Emotional support
- First aid if needed
- Time away

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

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

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

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

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

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

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

Ways of working that support the voice and control of individuals:
   a) **Communication:**
- The importance of:
  - Involving individuals in decisions which affect their lives
  - Asking individuals what they want in ways they understand
  - Listening carefully and actively
  - Using appropriate non-verbal communication techniques
  - Always making time for the individual to communicate
  - Managing the environment to facilitate effective communication

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- Speaking clearly and not giving too much information or asking too many questions
- Being reassuring and non-threatening in your expressions and tone
- Being supportive and encouraging and avoiding negative statements
- Using the individual's past experience and life story to support communication
- Understanding how particular conditions may affect communication
- Making sure a detailed description of how best to communicate with individuals is included in their records.

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

The importance for individuals of:

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

c) Understanding the meaning of behaviour:

How behaviour can:

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

When and how restrictive interventions can be used: If restrictive interventions are used in an emergency or where an individual is intending to seriously harm themselves or others, they should always:
- Be used for no longer than necessary
- Be proportionate to the risk and the least restrictive option
- Be legally and ethically justifiable

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

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

Related NOS
- SCDHSC0336 Promote positive behaviour

Related legislation and guidance

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

Unit 340   Supporting individuals living with mental ill-health

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

Learning outcome:

1. Mental ill-health and associated factors

Assessment criteria

You understand:

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

Range
Potential impacts - positive and negative

Learning outcome:

2. Rights based approaches

Assessment criteria

You understand:

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

2.7 What the right to a full and valued life means for individuals and how this can be supported

2.8 What is meant by the term 'valued role'

2.9 The positive impact that having a valued role can have on an individual's well-being and how they are perceived and treated by others in society

2.10 The importance of community participation and reciprocal relationships on well-being

2.11 Links between positive risk taking and responsibilities, choice, voice and control, and social inclusion

2.12 The importance of positive risk taking in everyday life for individuals

2.13 Why individuals living with mental ill-health may have been, or may be discouraged or prevented from taking risks

2.14 How gender and ethnicity, and social, cultural and religious environments may impact on individuals and the support they access

2.15 Protocols for gaining and confirming consent:
- Individuals and families/carers when sharing information with services and professionals
- Individuals when sharing information with families/carers

2.16 How to deal with conflicts between the views and choices of individuals and families/carers

You are able to work in ways that:

2.17 Take account of specific legislation, national policy, guidance and standards for mental health

2.18 Use rights based approaches to support individuals

2.19 Support individuals to take informed risk

2.20 Promote positive perceptions of and attitudes to individuals living with mental ill-health

2.21 Actively challenge prejudice, stereotypical assumptions, discrimination and negative attitudes towards individuals living with mental ill-health

Range

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

Learning outcome:

3. Treatment and support for recovery

Assessment criteria

You understand:

3.1 The Recovery Model

3.2 Treatment that is available to support recovery of individuals

3.3 The benefits of social prescribing for individuals

3.4 Professionals and services available to provide treatment and support

You are able to work in ways that:

3.5 Embed the Recovery Model in your work

3.6   Support individuals to develop resilience

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

Learning outcome:

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

Assessment criteria

You understand:

4.1   Own role in the **planning process** with individuals

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

4.3   How to clarify expectations with individuals the support they need to engage in a valued range of meaningful activities and their recovery

You are able to work in ways that:

4.4   Embed a co-productive approach with individuals in the planning process

4.5   Support individuals to engage in a valued range of meaningful activities in ways that promote their independence and recovery

4.6   Work with the individual to identify additional resources and support that may be used to assist them to achieve positive outcomes

Range

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

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Learning outcome:

5.   Co-occurring mental health and substance misuse issues

Assessment criteria

You understand:

5.1   What is meant by the term 'co-occurring mental health and substance misuse'

5.2   Mental health problems associated with substance misuse

5.3   Issues faced by individuals with both mental ill-health and substance misuse

5.4   How to support individuals who are experiencing co-occurring mental health and substance misuse issues

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Learning outcome:

6.   Managing crisis situations

You understand:

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

Range

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

Unit 340　　　　　Supporting individuals living with mental ill-health

Supporting Information

Evidence requirements

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

Guidance for delivery

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

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

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

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

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

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

The Recovery Model:

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

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

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

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

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

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

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

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

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

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

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

Links between recovery and social inclusion:

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

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

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

Types of advocacy: (copy from other units, include IMHA and IMCA).

Types of mental health problems could include**:**
- Anger
- Anxiety and panic attacks
- Bipolar disorder
- Body dysmorphic disorder
- Borderline personality disorder
- Depression
- Dissociative disorders
- Drugs – recreational drugs and alcohol
- Eating problems
- Hearing voices
- Hoarding
- Hypomania and mania
- Loneliness
- Obsessive-compulsive disorder
- Panic attacks
- Paranoia
- Personality disorders
- Phobias
- Postnatal depression and perinatal mental health
- Post-traumatic stress disorder
- Premenstrual dysphoric disorder
- Psychosis
- Schizoaffective disorder
- Schizophrenia
- Seasonal affective disorder
- Self-esteem
- Self-harm
- Sleep problems
- Stress
- Suicidal feelings

- Tardive dyskinesia.

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

Related NOS

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

Related legislation and guidance

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

Unit 341   Supporting individuals with a physical impairment

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

Learning outcome:

1. The concept of disability and physical impairment

Assessment criteria

You understand:

1.1 What is meant by the terms 'disability', 'disabled' and 'physical impairment'

1.2 What is meant by the terms 'congenital', 'acquired', 'neurological' and 'progressive' when used in relation to physical impairment

1.3 The importance of recognising the centrality of the individual rather than the impairment

1.4 The impacts (positive and negative) of being labelled as having a physical impairment

Learning outcome:

2. Rights based approaches

Assessment criteria

You understand:

2.1 How the UN Convention of Rights of Persons with Disabilities supports a rights based approach

2.2 How societal attitudes and values towards individuals with physical impairment impact on equality, diversity and inclusion

2.3 The role of advocacy in supporting the rights of individuals

2.4 How to use a rights based approach to support individuals

2.5 What the right to a full and valued life means for individuals and how this can be supported

2.6 What is meant by the term 'valued role'

2.7 The positive impact that having a valued role can have on an individual's well-being and how they are perceived and treated by others in society

2.8 The difference between physical presence and participation

2.9 The importance of community participation and reciprocal relationships on well-being

2.10 Links between positive risk taking and responsibilities, choice, voice and control, and social inclusion

2.11 The importance of risk taking in everyday life for individuals

2.12 Why individuals with physical impairment may have been, or may be discouraged or prevented from taking risks

2.13 **Potential impacts** of **social and environmental barriers** on an individual with a physical disability

2.14 How gender, ethnicity and social, cultural and religious environments may impact on individuals with physical impairment and the support they access

You are able to work in ways that:

2.15 Use rights based approaches to support individuals

2.16 Support individuals to take informed risk

2.17 Promote positive perceptions of and attitudes to individuals with physical impairment

2.18 Actively challenge prejudice, stereotypical assumptions, discrimination and negative attitudes towards individuals with physical impairment

Range

Potential impacts - exclusion, socio-economic, education, employment, mobility, independence, emotional and physical well-being, mental health, life choices
Social and environmental barriers - stereotypical attitudes, negative/offensive language, physical and organisational barriers

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Learning outcome:

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

Assessment criteria

You understand:

3.1 Own role in the **planning process** with individuals

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

3.3 How to clarify expectations with individuals and the support they need to engage in a valued range of meaningful activities

You are able to work in ways that:

3.4 Embed a co-productive approach with individuals in the planning process

3.5 Support individuals to engage in a valued range of meaningful activities in ways that promote independence

3.6 Work with the individual to identify resources and support that may be used to assist them to achieve positive outcomes

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

Unit 341   Supporting individuals with a physical impairment

Supporting Information

Evidence requirements

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

Guidance for delivery

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

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

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

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

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

Related legislation and guidance

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

Unit 342   Supporting individuals with an acquired brain injury

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

Learning outcome:

1. Rights based approach

Assessment criteria

You understand:

1.1 How the UN Convention of Rights of Persons with Disabilities supports a rights based approach

1.2 The medical and social models of disability

1.3 Why acquired brain injury is sometimes described as a hidden disability

1.4 How to use a rights based approach to support individuals

1.5 What the right to a full and valued life means for individuals

1.6 What is meant by the term 'valued role'

1.7 The importance of having a valued role and sense of purpose on well-being

1.8 Links between positive risk taking and responsibilities, choice, voice and control, and social inclusion

1.9 The importance of risk taking in everyday life for individuals

1.10 Why individuals may have been, or may be discouraged or prevented from taking risks

1.11 How lack of insight resulting from acquired brain injury may impact on an individual's ability to take risk

1.12 The role of advocacy in supporting the rights of individuals

1.13 The importance of family-centred approaches to support individuals

You are able to work in ways that:

1.14 Use rights based approaches to support individuals

1.15 Support individuals to take informed risk, taking account of any lack of insight and what the individual wants to achieve

Learning outcome:

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

You understand:

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

You are able to work in ways that:

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

Range
Types and causes - traumatic brain injury, other forms of acquired brain injury
Potential impacts - physical, cognitive, emotional and behavioural

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Learning outcome:
3. Support effective communication

Assessment criteria

You understand:

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

You are able to work in ways that:

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

4. Support rehabilitation, reablement and ongoing support for individuals

Assessment criteria

You understand:

4.1   Benefits of rehabilitation, reablement and on-going support

4.2   The range of professionals/agencies involved in rehabilitation, reablement and ongoing support for:
- individuals at different stages of recovery
- different aspects of acquired brain injury

4.3   The boundaries of own role when undertaking tasks that have been delegated by other professionals for the rehabilitation, reablement and on-going support of individuals

4.4   Why it is important to understand lack of insight and fatigue when supporting individuals with rehabilitation, reablement activities and on-going support

4.5   How rehabilitation, reablement and ongoing support can help the brain develop new neurological pathways and alternative ways of working

4.6   How electronic assistive technology can be effectively used to enhance the independence, safety and well-being of individuals

4.7   The importance of using a strengths-based approach to build skills, confidence and self-esteem

4.8   Strategies, **models and approaches** to support:
- physical recovery
- cognitive skills
- emotional well-being
- positive and constructive behaviour

4.9   The need to maintain motivation, celebrate individual successes and understand 'learned helplessness'

4.10 Ways that well-being can be actively promoted and supported for individuals

4.11 The importance of developing good relationships for supporting the use of positive approaches with individuals

You are able to work in ways that:

4.12 Use a co-productive approach to implement a range of strategies to support an individual's:
- physical recovery
- cognitive skills
- emotional well-being
- positive and constructive behaviour

4.13 Assist individuals to use person-centred planning processes to set goals that support their recovery and ability to lead full and valued lives

4.14 Promote active participation in a valued range of meaningful activities, supporting the individual to take as much responsibility as possible for:
- the use of their current skills and abilities
- regaining former skills
- acquiring new skills

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

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

Unit 342   Supporting individuals with an acquired brain injury

Supporting Information

Evidence requirements

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

Guidance for delivery

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

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

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

Active Support Model: a person-centred model of how to interact with individuals combined with a daily planning system that promotes participation and enhances quality of life to establish the level of participation in activities and the level of support needed to develop the skills needed to engage in these as independently as possible. To include:
- Daily plans and levels of participation
- Levels of help or support and assistance
- Positive interaction
- Positive reinforcement
- Skills teaching
- Task analysis
- Valued range of meaningful activities.

Cognitive communication difficulties - include:
- Attention and concentration difficulties
- Memory problems
- Literal interpretation
- Re-emergence of first language
- Reduced reasoning and problem-solving skills
- Cognitive fatigue
- Slowed speed of information processing
- Impaired social communication skills.

Communication difficulties - include**:**
- Aphasia
- Receptive aphasia
- Reading problems
- Expressive aphasia
- Writing problems
- Dysarthria
- Dyspraxia of speech.

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

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

Full and valued life would include:
- Choice and control over both small day to day details and life-defining matters
- Education and training
- Employment
- Social and economic well-being
- Engagement and participation in a valued range of meaningful activities
- Physical and mental health care
- Parenthood
- Sexual relationships
- Sexual orientation and gender identity
- Housing and accommodation
- Social inclusion
- Relationships and friendships.

Hidden disability: for some individuals with acquired brain injury and there are no obvious visible characteristics.

Lack of insight: difficulties in accurately perceiving and interpreting one's own and other people's behaviour and feelings. The individual may have unrealistic views of themselves and may not appreciate that they have certain problems. This may lead to unattainable goals being set which can lead to failure and frustration or unsafe risks being taken as the individual does not recognise the risk itself.

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

Other forms of acquired brain injury would include: tumour, stroke, brain haemorrhage, encephalitis.

Person-centred planning process to include individuals:
- How they can be supported to express their opinions
- Identifying what matters to them and what they would like to achieve
- How they would like to do this
- How big or long-term goals can be broken down into smaller achievable steps or goals
- How to take account of fatigue when planning how to meet goals
- How they will be able to tell whether they have achieved their goals
- How individuals can be supported to recognise and celebrate the achievement of goals
- Why it is important to use a strengths-based approach with individuals to build upon what the person is able to do
- Who they would like to be involved and at what stage
- How to involve families of other key people in supporting the individual to achieve their goals
- How, where and when their person-centred planning should take place
- How their person-centred planning should be recorded.

Potential impacts of acquired brain injury
Physical to include:
- Mobility
- Spasticity
- Weakness or paralysis
- Ataxia
- Sensory impairment
- Fatigue
- Difficulty with speech
- Epilepsy
- Hormone imbalances.

Cognitive to include:
- Problems with memory
- Language loss
- Problems with visual – perceptual skills
- Motivation
- Reduced concentration span
- Reduced information processing ability
- Repetition
- Impaired reasoning
- Impaired insight and empathy.

Emotional and behavioural to include:
- Personality changes
- Mood swings
- Depression and sense of loss
- Anxiety
- Frustration and anger
- Post-traumatic stress disorder
- Disinhibition
- Impulsiveness
- Irritability, agitation and aggression
- Apathy and loss of initiative

- Egocentricity.

Range of communication methods:
This may include ways to support the individual to:

- **Concentrate on speech**
- Make it easier for the person to concentrate or focus on what is being said, e.g. through not talking when the television/radio is on, or when a difficult task is being attempted.
- Discuss tasks in advance of doing them, to help focus the person's attention.
- Don't skip hurriedly from one topic to another in conversation; focus on one subject and make it clear when you begin or intend to begin to talk about something new.

- **Understand speech**
- Adapt your own communication as necessary, e.g. by speaking more slowly.
- Encourage the individual to let you know when they haven't understood you.
- Use gestures where appropriate, as well as other forms of communication (e.g. images, drawings, photos) to support understanding of speech.

Also consider the methods and approaches used in response to an individual that support's effective communication, such as,
- Provide active encouragement at attempts by the individual to communicate (use of positive reinforcement; avoiding 'correcting' or highlighting 'failings' to articulate)
- Resist the temptation to speak for the person, or finish sentences for them – provide time and opportunity for the individual to find the right word.
- Avoid over-reacting or losing your temper in challenging situations.
- Encourage the use of non-speech methods of communication where communication problems are severe, e.g. writing, typing, 'sign language' and communication aids.

Reablement activities would include:
- Physiotherapy
- Skills development
- Communication skills development
- Memory development
- Therapies
- Strategies to support cognitive abilities and memory loss.

Strategies and ways of working to support emotional well-being and positive and constructive behaviour would include:
- Use of a range of positive approaches
- Providing frequent, non-critical feedback about performance or behaviour
- Goal setting
- Focus on strengths, improvements and positive changes
- Memory aids
- Development of physical, cognitive and communication skills
- Counselling
- Support groups
- Neuropsychologist support.

Strategies and ways of working to support physical recovery would include:

- Other professionals
- Reablement
- Electronic assistive technology
- Adjustments.

Strategies and ways of working to support the development of cognitive skills would include:
- Memory aids
- Electronic assistive technology
- Goal setting / person-centred planning
- Positive reinforcement
- Feedback.

Types of advocacy to include:
- Self-advocacy
- Informal advocacy
- Collective advocacy
- Peer advocacy
- Citizen advocacy
- Independent volunteer advocacy
- Formal advocacy
- Independent professional advocacy.

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

Related NOS
- SCDHSC 0344 Support individuals to retain, regain and develop skills to manage their daily living
- SCDHSC3111 Promote rights and diversity
- SCDHSC0382 Support individuals to manage change in their lives
- SCDHSC0031 Promote effective communication

Related legislation and guidance

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

Unit 377   Promoting the care and support of individuals accessing day services

Level:	3
GLH:	45
Credit:	10
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to provide care and support to individuals who access day services.
	In the context of this unit the term 'individual' refers to 'individuals who access or use day services'.

Learning outcome:

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

Assessment criteria

You understand:

1.1 Types of care and support individuals may access through day services

1.2 Reasons why individuals may access day services

1.3 How gender and ethnicity and social, cultural and religious environments may impact on individuals and the care and support they access

1.4 The potential of day services and benefits of supporting individuals to access these

1.5 The range of agencies and professionals who may provide support to individuals in day services

1.6 Protocols for gaining consent of individuals when sharing information with families / carers

1.7 Protocols for gaining consent of individuals and families / carers when sharing information with services and professionals

1.8 The significant contribution of families/carers for the on-going care and support of individuals and how this interacts with day service provision

Learning outcome:

2. Promote support for individuals and their families/carers during change and transitions

Assessment criteria

You understand:

2.1 What is meant by change and transition in the context of day service

2.2 **Potential impacts** on individuals and their families/carers of change related to accessing care and support from day services

2.3 The importance of individuals and their families knowing what to expect from day services

2.4 The importance of:

- recognising and taking account of the the impact of change on individuals and their families/carers
- ensuring individuals are supported to maintain their personal identity during times of change
- ensuring the service is appropriate and continues to remain appropriate for individuals

You are able to work in ways and support others to work in ways that:

2.5 Ensure individuals are welcomed and supported to settle into day service provision
2.6 Provide information to individuals and their families / carers prior to and during access to the service to help them know what to expect
2.7 Promote support for individuals to maintain their personal identity through times of change
2.8 Promote support for individuals to retain a sense of security, continuity, belonging, purpose, achievement and significance in times of change
2.9 Take actions where services are not appropriate for individuals

Range

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

Learning outcome:

3. Promote support for rights based approaches and positive outcomes for individuals who are accessing day services

Assessment criteria

You know:

3.1 What rights based approaches means in practice when supporting individuals in day services
3.2 Ways of working to build relationships with individuals and find out about their daily lives, history and culture
3.3 The importance of individuals being able to continue to take risks in everyday life
3.4 Why individuals accessing care and support may be discouraged or prevented from taking risks
3.5 Links between positive risk taking and responsibilities, voice and control, well-being and social inclusion
3.6 The role of advocacy in supporting the rights of individuals in day services
3.7 How the way others perceive individuals and their families/carers may be influenced by the fact that they access care and support
3.8 How negative perceptions of individuals and their families/carers can be challenged
3.9 How the way services are delivered can challenge stereotypical attitudes of those needing care and support
3.10 The importance of the use of language and how this can impact on the way individuals are perceived

3.11 The potential impact of isolation and loneliness on individuals

3.12 Physical, psychological and behavioural consequences for individuals if they are left for long periods without movement or stimulation

3.13 The concept of 'silent harms' and 'learned helplessness' and the implications for the well-being of individuals

3.14 How the 'Senses Framework' can be used to support positive outcomes and well-being

3.15 What the right to a full and valued life means for individuals and how this can be supported

3.16 Why it is important to recognise the valued roles that individuals have held and can continue to hold

3.17 The positive impact that having / continuing to have a valued role can have on individuals' well-being and how they are perceived and treated by others in society

3.18 How individuals can contribute to their networks and communities and enrich the lives of others

3.19 How to support individuals to develop relationships with others accessing day services and / or others in the community

3.20 The importance of building positive, reciprocal relationships between individuals, their families / carers and workers

3.21 How to support individuals and their families/carers to explore other sources of support available to help them achieve what matters to them

3.22 How to deal with conflicts between the views and choices of individuals and
- their families/carers
- the delivery of day service

You are able to work in ways and support others to work in ways that:

3.23 Promote positive perceptions of individuals and families/carers who access care and support from day services

3.24 Role model the use of methods to:
- find out about the daily lives, history and culture of individuals
- establish how you can best support individuals to achieve what matters to them
- encourage individuals to express their views and opinions
- recognise and build on the strengths of individuals

3.25 Embed the Senses Framework in own and others practice

3.26 Promote recognition of the valued roles individuals have / have had

3.27 Promote the support of individuals to lead full and valued lives

3.28 Promote support for individuals to participate in activities and experiences that are meaningful and enjoyable and reflect their valued roles

3.29 Support all individuals to interact and have opportunities for social interaction

3.30 Promote support for individuals to make and develop positive reciprocal relationships with:
- others in day services
- others in the local community

3.31 Support the identification of other sources of support that may help individuals achieve what matters to them

3.32 Develop positive, supportive relationships with families / carers that respects their expertise and role

4. Support the development and implementation of plans which support what matters to individuals

You understand:

4.1 What co-production means in the context of day services

4.2 Own role in the **planning process** with individuals

4.3 The importance of continually seeking and taking account of feedback on personal plans with individuals and their families/carers

4.4 The importance of ensuring **information** is recorded using agreed communication systems and used to inform practice

4.5 The importance of taking actions to address feedback about any concerns about changes in the circumstances of individuals and / or their families/carers

4.6   Actions to take where the service is not able to support an individual to meet their personal outcomes or goals

You are able to work in ways and support others to work in ways that:

4.6 Embed a co-productive approach when working with individuals in the **planning process**

4.7 Support the development, implementation, review and evaluation of personal plans to reflect what is important to and for individuals

4.8 Support individuals to engage in a valued range of meaningful activities in ways that promote independence

4.9 Monitor and review information recorded in communication systems

Range

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

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

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Learning outcome:

5   Promote support for the development and maintenance of independence skills for individuals

Assessment criteria

You understand:

5.1 What is meant by the term 'outcomes focused' when supporting individuals

5.2 The importance of ensuring that activities are 'outcomes focused'

5.3 Ways of working which help build confidence and encourage individuals to try new activities

5.4 The importance of using a strengths-based approach for building individual's skills, confidence and self esteem

5.5 Ways of working to promote, develop and maintain the independence skills of individuals

5.6 The range of independence skills individuals may need and/or wish to develop or maintain and how to ensure they are fully involved in identification of these

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5.7 How to support individuals to develop new skills

5.8 Ways of working to encourage individuals to share their skills with others

You are able to work in ways and support others to work in ways that:

5.9 Role model use of activities and teaching to support the development of individual's skills

5.10 Role model the use of positive reinforcement for skills development

5.11 Ensure that individuals are encouraged to try new activities and develop skills

5.12 Use observation and feedback from individuals and others to establish:
- how well they enjoyed the activity
- the level of support needed to participate in the activity
- whether the activity achieved the identified outcomes
- what may need to change to support active participation in the activity
- the identification of new goals and activities

Unit 377   Promoting the care and support of individuals accessing day services

Supporting Information

Evidence requirements

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

Guidance for delivery

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

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

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

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

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

Behavioural:
Challenging behaviour may include behaviours that are:
- Repetitive / obsessive
- Withdrawn
- Aggressive
- Self-injurious
- Disruptive
- Anti-social or illegal
- Verbally abusive.

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

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

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

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

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

Silent harms: Some individuals who need care and support 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.

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

advice.

Types of **advocacy** to include:
- Self-advocacy
- Informal advocacy
- Collective advocacy
- Peer advocacy
- Citizen advocacy
- Independent volunteer advocacy
- Formal advocacy
- Independent professional advocacy.

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

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

National Occupational Standards
- SCDHSC0344 Support individuals to retain, regain and develop skills to manage their daily living

Unit 378   Promoting support for the digital inclusion of individuals

Level:	3
GLH:	20
Credit:	4
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to support the digital inclusion of individuals
	In the context of this unit, the term 'individuals' refers to adults and / or children and young people who access care and support services

Learning outcome:

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

Assessment criteria

You understand:

1.1 What is meant by the term 'digital inclusion'
1.2 The benefits of digital inclusion
1.3 How digital inclusion can **transform the lives** of individuals and / or their families / carer
1.4 How digital inclusion can support positive risk taking and the achievement of personal outcomes
1.5 What is meant by the term 'digital exclusion'
1.6 Factors which may lead to digital exclusion
1.7 Actions which can be taken to reduce digital exclusion and increase digital inclusion

Range

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

Learning outcome:

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

Assessment criteria

You understand:

2.1   Terms used in relation to digital technology
2.2   The range of digital technology which may be used by individuals and their families to support their well-being and the achievement of personal outcomes

2.3 How and where to find out more about digital technology

2.4 Own role for supporting the use of digital technology

2.5 The skills needed to support digital inclusion:
- **communicating**
- **handling information and content**
- **transacting**
- **problem solving**

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

2.7 How to promote support for individuals and / or their families / carers to understand the potential benefits of digital technology

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

2.9 Resources which can be used to engage individuals with digital technology

2.10 How to promote support for the **safe use** of digital technology

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

2.12 How to ensure digital technology promotes and safeguards health and well-being, dignity, autonomy, privacy and confidentiality

2.13 Actions to take where you or others have concerns about the use of digital technology

You are able to work in ways that:

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

2.15 Access information and / or support to develop own **skills** for the support of the safe use of digital technology:
- communicating
- handling information and content
- transacting
- problem solving

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

2.17 Use a co-productive approach to support individuals and / or their families / carers to make informed choices about the use of digital technology

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

2.19 Ensure the active participation of individuals when supporting the use of digital technology

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

Range

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

Communicating – communicate, collaborate and share online

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

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

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

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

3. Support the assessment and review of the use of digital technology to support health and well-being

You understand:

3.1 Processes for the outcome focused assessment for and review of the use of digital technology, including self-assessment
3.2 Own and others' role in contributing to the assessment and review of the use of digital technology
3.3 How the use of digital technology fits within an overall plan of support for individuals

You are able to work in ways that:

3.4 Use a co-productive approach to support the assessment and review of the use of digital technology
3.5 Support the design and implementation of a plan for the use of digital technology
3.6 Apply the principles and values of health and social care when supporting the assessment, planning and review of the use of digital technology

Unit 378   **Promoting support for the digital inclusion of individualsPromoting support for the digital inclusion of individuals**

Supporting Information

Benefits of digital inclusion could include**:**

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

Factors which may lead to digital exclusion could include:

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

Terms used in relation to digital technology could include:

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

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

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

Evidence requirements

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

Guidance for delivery

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

Related legislation and guidance

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

Unit 379   Supporting individuals to plan for and prepare meals

Level:	3
GLH:	15
Credit:	6
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to support individuals to plan for and prepare meals.
	In the context of this unit, the term 'individuals' refers to adults and children and young people who access care and support services.
	Barred combination with unit 243 'Supporting food safety practice in health and social care settings'.

Learning outcome:

1. Support individuals to know the importance of nutrition and hydration

Assessment criteria

You are able to work in ways that:

1.1 Support individuals to know :
- why nutrition and hydration are important
- what is meant by 'eating well'

1.2 Support individuals to know how to plan balanced meals from the **five food groups**

1.3 Support individuals to know why foods high in salt and sugar should be eaten in small amounts

Range

Five food groups – 1. fruit and vegetables, 2. potatoes, bread, rice, pasta and other starchy carbohydrates, 3. beans, pulses, fish, eggs, meat and other proteins, 4. dairy and alternatives, 5. oils and spreads

Learning outcome:

2. Support individuals to understand food safety

Assessment criteria

You understand:

2.1 Legislation related to food safety and what this means in the home environment

2.2 How to support individuals to know:
- potential **food safety hazards** when handling food and drink
- causes of food poisoning and illness related to the handling of food

- what is meant by the four 'C's in relation to food safety

2.3 The importance of supporting individuals to maintain **food safety measures** when handling food

2.4 How to ensure food safety measures are implemented in such a way that do not have a negative impact on the home environment

2.5 How to deal with conflict and issues related to food safety measures

You are able to work in ways that:

2.6 Support individuals to understand the risks that can occur from the inappropriate preparation and storage of food

2.7 Support individuals to know how to implement food safety measures when preparing and storing food

Range

Food safety hazards – microbiological, chemical and physical, allergenic

Food safety measures – effective controls, minimise risks, hand washing, use of appropriate personal protective equipment, ensuring clean surfaces, equipment and utensils before and after handling food, clearing away promptly and safely, safe disposal of food and drink, safe food temperatures, effective controls for storing food and drink, utensils and equipment

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Learning outcome:

3. Understand the process of skills teaching/development when supporting individuals to plan for and prepare meals

Assessment criteria

You understand:

3.1 Different **levels of support** which can be used to support active participation in meal planning and preparation

3.2 What is meant by the term 'graded assistance'

3.3 How to use task analysis for skills teaching/development

3.4 The importance of:
- having a clear teaching/development plan
- recognising and building on the individual's strengths
- positive reinforcement when teaching/developing skills
- consistency when teaching/developing skills

Range

Levels of support – ask, instruct, prompt, show, guide

Learning outcome:

4. Support individuals to plan nutritious meals

Assessment criteria

You are able to work in ways that:

4.1 Use co-productive approaches with individuals to:
- identify the support needed to plan meals

- identify the meals they would like to prepare
- plan balanced meals which reflect the guidance on eating well and the preferences of individuals

4.2   Support individuals to select and make available the ingredients needed for identified meals

4.3   Support individuals to select and make available the equipment needed to prepare identified meals

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5.   Support individuals to prepare nutritious meals

Assessment criteria:

You are able to work in ways that:

5.1   Use co-productive approaches with individuals to:
- use task analysis to identify the different steps of preparing meals
- identify the support needed to prepare meals
- identify any aids or adaptations needed
- identify food safety measures to be used when preparing the meal

5.2   Support individuals to prepare meals using agreed teaching/development plans and levels of support

5.3   Use positive reinforcement to motivate individuals and let them know they are doing things correctly

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Learning outcome:

6.   Support individuals to review their meal planning and preparation

Assessment criteria

You are able to work in ways that:

6.1   Use co-productive approaches with individuals to:
- review how they feel about their participation in meal planning and preparation
- review what they feel went well and changes they would like to make
- identify next steps in meal planning and preparation including other meals they would like to make

6.2   Record progress and any changes to the skills/development plan

Unit 379   Supporting individuals to plan for and prepare meals

Supporting Information

Evidence requirements

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

Guidance for delivery

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

Consistency – it is important that all workers use the same approach to avoid confusion for the individual. It also helps to establish patterns, the repetition will support individuals to learn a new skill.

Eating Well:
The Eatwell Guide: Government Recommendations for a Balanced Diet.
The basic principles of healthy eating are summarised in the Eatwell Guide. This translates the government's nutrient-based dietary recommendations for healthy eating into food-based guidelines.

The guide is a pictorial guide showing the proportion and types of food that are needed to make up a healthy balanced diet.

The guide is suitable for most individuals including those of all ethnic origins and those who are of a healthy weight or overweight. It is also suitable for vegetarians and children over the age of five.

The guide may not be appropriate for those who are nutritionally at risk, for example frail older people, disabled children and young people, individuals who are ill, or those following a specific therapeutic diet as they may have more specific dietary requirements. Older people may be at greater risk of malnutrition.

The guide shows that individuals do not have to give up the foods they enjoy and that all foods can be part of a healthy diet. It is about achieving the right balance and variety of foods that is important for health. It aims to reduce the confusion about what a healthy diet is.

The guide is divided into five food groups:
- fruit and vegetables
- potatoes, bread, rice, pasta and other starchy carbohydrates
- beans, pulses, fish, eggs, meat and other proteins
- dairy and alternatives
- oils and spreads.

Foods from the largest groups should be eaten most often and foods from the smallest group should be eaten less often. The calorie requirements shown on the Eatwell Guide apply to adults. Rather than focusing on calories for children, it is more important that they are offered regular, nutritious meals along with active play.

You can access the pictorial Eatwell Guide here:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/528193/Eatwell_guide_colour.pdf

Why is balance important?
No single food contains all the essential nutrients the body needs to be healthy and to work well. The nutritional value of a person's diet depends on the overall mixture or balance of foods that is eaten over a period of time, as well as on the needs of the individual. That is why a balanced diet is one that is likely to include a large variety of foods, so we get enough of all the nutrients.
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We need energy to live, but the balance between carbohydrate, fat and protein must be right for us to remain healthy. Too little protein can interfere with growth and other body functions, too much fat can lead to obesity and heart disease. Getting enough vitamins and minerals and dietary fibre is important for health.

The **five food groups:**
1. Fruit and vegetables
Most people know that we should be eating more fruit and vegetables but many of us are not eating enough. We should be eating at least five portions of fruit and vegetables a day and can choose from fresh, frozen, tinned, dried or juiced. Potatoes don't count because they're a starchy food.

Fruit and vegetables should make up over a third of the food you eat each day. And it is also important to eat a variety. Fruit and vegetables are good sources of many vitamins and minerals and fibre. People who eat lots of fruit and vegetables are less likely to develop chronic diseases like heart disease and some cancers. Fruit and vegetables are also low in fat and when eaten in place of high energy foods can help with weight control.

2. Potatoes, bread, rice, pasta and other starchy carbohydrates
These foods should make up just over a third of the food we eat. These foods give us carbohydrates (starch), fibre, some calcium and iron and B vitamins. This group includes bread, breakfast cereals, chapattis, oats, rice, pasta, noodles, potatoes, yams, plantains, dishes made from maize, millet, and cornmeal. We should try to eat a variety.

Choose wholegrain, wholemeal, brown or 'high fibre' varieties wherever possible. People often think that starchy foods are more likely to make us gain weight than any other food, but it is too many calories that makes us gain weight. Often it is the fat we add to starchy foods that adds calories. For example, it's the margarine or butter we spread on bread, the cream or cheese sauce we add to pasta, or the oil we use for frying.

3. Beans, pulses, fish, eggs, meat and other proteins
For most people a healthy diet means eating only moderate amounts of meat, fish and the alternatives such as pulses, eggs, nuts, beans, soya products such as tofu, tempeh, textured soya protein, and choosing lower fat versions whenever possible. This group of foods gives us iron (for healthy blood), protein, B vitamins, especially vitamin B12, zinc and magnesium.

Processed meat such as bacon and salami, and meat products such as sausages, beef burgers and pâté are all relatively high in fat and are not recommended for health, so try to keep them to a minimum. Beans such as canned baked beans and pulses are a good low fat source of protein and high in fibre.

We should aim to eat at least two portions of fish a week. These can be fresh, frozen or canned and include fish fingers and fish cakes. Each week one of these portions should be oily fish such as sardines, salmon, mackerel, herring or trout as they are rich in omega-3 fatty acids and a good source of vitamin A and D. Fresh or canned tuna does not count as a portion of oily fish but is still a good source of protein and some vitamins.

4. Dairy and alternatives

This group includes milk, cheese, yoghurt, fromage frais and other dairy foods in moderate amounts. Remember to choose lower fat varieties whenever you can. If you use soya or other plant based alternatives such as rice or oat milk substitutes, make sure you choose calcium enriched varieties when possible. These foods supply calcium (for strong bones), protein, vitamin B12 and vitamins A and D.

This group doesn't include butter, eggs and cream.

5. Oils and spreads

A small amount of fat in the diet is essential for health. This group includes unsaturated fats such as olive oil, rapeseed oil and their spreads. It is important to get more of our fats from unsaturated oils/spreads as they help reduce cholesterol in the blood.

Fats have twice as many calories weight for weight as protein and carbohydrates so should be used in small amounts.

Foods high in fat, salt and sugar:

The foods in this group are not needed in the diet and so, if included, should only be eaten occasionally and in small amounts. Some fats are easy to spot, like cream, fat on meat, butter and margarine. Other fats are hidden in cakes, chocolate, crisps, pastry, mayonnaise, salad dressings, puddings, ice cream and rich sauces and gravies.

Sugar contains only calories and has no other nutrients. We can get all the energy you need from other foods, so you don't need sugar. Too much sugar causes tooth decay and may contribute to obesity. Sugary foods include soft drinks, sweets, jam and sugar, as well as foods such as cakes, puddings, biscuits, pastries and ice cream. Read food labels and watch out for sucrose, dextrose, fructose and maltose on the ingredients list of packaged food, as they are all forms of sugar, as are honey, syrup, raw sugar, brown sugar, cane sugar, muscovado and concentrated fruit juice.

Most of the salt we eat is already in everyday foods such as bread, breakfast cereal, pasta sauce and soup. Check the label and choose foods that are lower in salt.

People with dark skin from African, African-Caribbean and south Asian backgrounds may also not get enough vitamin D from sunlight and should consider taking a vitamin D supplement all year around.

It is important individuals are offered a balanced diet with a variety of foods from the different food groups. This will help them to get all the nutrients they need for health and well-being.

The **four 'C's**
- Cleaning

- Cooking
- Chilling
- (avoiding) Cross contamination

Cleaning
Removing harmful germs or microbes by cleaning with warm soapy water. We should regularly clean our:
- hands
- work surfaces
- chopping boards
- knives

Washing with warm soapy water, the lather and physical motion of washing will detach bacteria from the surfaces, it will not however kill it – to kill bacteria we need to wash the surfaces at above 70°c which is too hot for our hands.

Dishcloths and tea towels should be changed or washed and dried regularly – dirty, damp cloths allow bacteria to breed.

All utensils and dishes must be clean before using to prepare or serve food, this is to avoid cross contamination. We should use different utensils, plates and chopping boards when preparing ready to eat foods and raw foods that require cooking such as meat. Remember to wash them thoroughly with warm soapy water between tasks to avoid the spread of harmful bacteria.

Cleaning products
We should always read the instructions carefully on any cleaning products to make sure they are suitable for food surfaces and that you are using them correctly.

Cooking
Cooking food at the right temperature and for the correct length of time will make sure that any harmful bacteria are killed. We should always check the advice on food packaging and follow the cooking instructions provided.

How time and temperature kill bacteria
During cooking, heat energy transfers into and breaks down proteins in the food – meat changes colour from pink to brown. Cooking also causes the proteins in bacteria to break up so they no longer function and the bacteria die. This is why cooking properly removes the risk from harmful bacteria, that are in some food.

Bacteria usually grow in the 'Danger Zone' between 8°c and 60°c. Below 8°c, growth is stopped or significantly slowed down. Above 60°c, the bacteria start to die. Time and temperature are both important because proteins need to be heated up for enough time for them to be broken down. Standard advice is to cook food until it has reached 70°c and stayed at that temperature for 2 minutes.

The other time and temperature combinations are:
- 60°c for 45 minutes
- 65°c for 10 minutes
- 70°c for 2 minutes
- 75°c for 30 seconds
- 80°c for 6 seconds

Chilling food
Some foods need to be kept in the fridge to slow down the growth of bacteria. To keep food safe:
- Follow the storage instructions on the packaging, including the best before and use by dates
- Keep chilled food out of the fridge for the shortest time possible during preparation
- Cool cooked food quickly at room temperature, then place in the fridge within 1 to 2 hours
- The fridge should be 5*c or below as some bacteria can grow at lower temperatures than 8°c
- Don't over fill the fridge, leaving space allows air to circulate and maintains the set temperature

Freezing food
A freezer acts as a pause button. Food in a freezer won't deteriorate and most bacteria cannot grow in it. The cold temperatures of a freezer (-18°c) delay chemical reactions within foods and put any bacteria that may be present on pause. The bacteria are still alive, but they stop growing or producing toxins.

The important thing to remember is that because bacteria haven't been killed, they may be revived as the food defrosts. Make sure when you are defrosting, that the food never enters the Danger Zone because the bacteria may grow and make anyone who eats it ill.
Once defrosted, food should be eaten within 24 hours, it should not be re-frozen.

Cross contamination
Cross contamination is what happens when bacteria or other microbes are transferred from one object or surface to another. The most common example is the transfer of bacteria between raw and cooked food.

This is thought to be the cause of most foodborne infections for example when you are preparing raw chicken, bacteria can spread to our chopping boards, knives and hands and could cause food poisoning.

Bacterial cross contamination is most likely to happen when raw food touches or drips onto ready to eat food, utensils or surfaces.

We can prevent it by:
- Preparing food hygienically
    - use different utensils, plates and chopping boards for raw and cooked meat
    - wash utensils, plates and chopping boards for raw and cooked food thoroughly between tasks
    - do not wash raw meat
    - wash our hands after touching raw foods and before you handle ready to eat food
- Storing food effectively
    - cover raw food, including meat and keep it separate from ready to eat foods
    - use a dish which has a lip to prevent spillages
    - store covered raw meat, poultry, fish and shellfish on the bottom shelf of the fridge

Some of the foods which are more likely to cause food poisoning than others are: raw milk, raw shellfish, soft cheeses, pate, foods containing raw egg and cooked sliced meat. The Food Standards Agency has a helpful leaflet called '**Foods that need extra care'.**

Graded assistance – this means changing the amount of support until the most appropriate level is reached and always starting with the least amount of support.

Too much support can lead to workers taking over. Too little support could lead to individuals failing completion of the task.

Importance of hydration:
Fluid is essential for health. Individuals who are not drinking enough fluids are at risk of repeated infections, confusion or falling over.

Dehydration is the loss of water from the body and this can seriously affect the body if fluids are not replaced. The body needs water so that it can go on working normally every day.

Signs of dehydration:
- thirst and/or dry lips and tongue
- sunken eyes and/or skin looks dry and may sag
- not passing much urine
- headaches, confusion, lack of concentration and/or mood swings.

Reasons individuals lose fluid:
- vomiting, diarrhoea, fever
- heat exhaustion
- medicines that remove water from the body
- medical problems; ill health
- drinking a lot of alcohol; it removes water from the body.

Reasons individuals don't drink enough fluid:
- loss of appetite
- lack of thirst
- forget to drink
- distracted by other things
- unable to access drinks
- drinks not available
- to manage or avoid the urge to go to the toilet.

How much fluid do we need?
In the UK it is recommended that an adult drinks 6-8 full glasses of fluid per day.

What counts as fluid intake?
Fluids include water and anything that contains water, such as tea, coffee and fruit drinks or juices. Soft drinks like coke and lemonade are fine in small amounts only, but remember they contain lots of sugar and could lead to tooth decay. Children should avoid tea and coffee.

Practical Hints; encourage individuals to:
- drink fluids often, before they get thirsty
- drink more fluids on hot and humid days
- try drinking small amounts of fluid more often throughout the day
- drink more fluid when they are more active or exercising
- drink more if they have fever, diarrhoea or vomiting.

The importance of hydration

Dehydration is common amongst older people and can lead to headaches, confusion, inability, falls, loss of appetite and constipation. Some of the evidence for the benefits of good hydration in older people is summarised below.

Pressure ulcers
Poorly hydrated individuals are twice as likely to develop pressure ulcers. This is because dehydration reduces the padding over bony points. Fluid intake to correct dehydration increases levels of tissue oxygen and helps ulcer healing.

Constipation
Poor fluid intake is one of biggest causes of chronic constipation. It is more frequent in older people living in care homes, affecting some 42% of patients admitted to geriatric wards. In individuals who are poorly hydrated, drinking more water can increase stool frequency. It can also help the beneficial effect of daily dietary fibre intake.

Urinary infections and continence
Water helps maintain a healthy urinary tract and kidneys. Being hydrated, rather than having a high fluid intake, is important in the prevention of urinary tract infection (UTI). Many older people don't like to drink in the evening to prevent them from needing the toilet in the night. However, it has been shown that restricting overall fluid intake does not reduce urinary incontinence.

Kidney stones and gallstones
Good hydration can reduce the risk of kidney stone formation by 39%. This is because dilute urine helps to prevent crystallisation of stone-forming salts. Drinking water at regular intervals can also help by diluting bile and stimulating gall-bladder emptying. This, in turn, helps to prevent gall stone formation.

Heart disease
Adequate hydration reduces the risk of heart disease by 46% in men and by 59% in women. It also helps prevent blood clots forming by decreasing the viscosity of the blood (how 'thick' the blood is).

Low blood pressure
Many older people have a drop in blood pressure when they stand. This sometimes causes them to pass out. Drinking a glass of water 5 minutes before standing helps stabilise blood pressure and prevents fainting.

Diabetes

Water is an essential part of the dietary management of diabetes. This is because dehydration can worsen diabetic control. In individuals with poorly controlled diabetes, high urine output can increase the risk of dehydration.

Cognitive impairment

Dehydration worsens mental performance. Symptoms of mild dehydration include light headedness, dizziness, headaches and tiredness. It reduces alertness and the ability to concentrate. Once you feel thirsty, mental function may be affected by up to 10%. Mental performance gets worse as the individual becomes more dehydrated. In older people this affects cognitive function, leading to increasing frailty, reduced ability to do things for themselves, and a reduction in quality of life.

Falls

The risk of falls increases with age. In older people, falls can result in injury and fractures. For example, a broken hip can lead to a reduced quality of life, over and above the trauma and hurt. Such individuals rarely get back to the same degree of independent living as they enjoyed before they fell.

Dehydration has been identified as one of the risk factors for falls in older people. This is because it can lead to a deterioration in mental state and increase the risk of dizziness and fainting. Maintaining adequate hydration in older people helps to prevent falls.

Skin

Being well hydrated is a good way to keep the skin healthy and young-looking. The skin acts like a water reservoir and helps regulate fluid for the whole body. Mild dehydration causes skin to appear flushed, dry and loose, with a loss of elasticity, which makes it look older than it is.

Importance of nutrition

There are concerns that the typical diets of individuals can contribute to health problems such as:
- being overweight
- eating too few fruits and vegetables and not enough fibre
- high intakes of sugar and soft drinks that can cause damage to teeth and lead to unhealthy weight gain
- not eating enough food such as fish, in particular oily fish
- eating too much salty and processed food
- anaemia due to too little iron and low intakes of other important nutrients
- those on lower incomes may be more at risk of having a poorer quality diet and are more likely to be overweight or obese
- older people, particularly those living in care settings, are at greater risk of being underweight and malnourished.

Childhood and adolescence are a time of rapid growth and development and a healthy diet is needed to support this. Poor nutrition can lead to faltering growth where children don't grow at the expected rate for their age. Poor growth in childhood can affect health in later life.

Legislation

The Food Safety Act (1990) provides a framework for the food hygiene and safety legislation in England, Wales and Scotland.

The Food Hygiene Regulations (Wales) 2006 make it an offence for food businesses to supply food which should not be eaten and could be harmful. These regulations would apply to any

social care service which provides food to individuals. All workers involved in handling, preparation or provision of food must have received appropriate training in how to do this safely.

The Food Standards Agency are an independent Government department who protect public health in relation to food, they have lots of helpful information on their website.

Levels of support
- Ask: a verbal prompt to let an individual know its time to do something
- Instruct: a number of verbal prompts breaking down the task into easy steps
- Prompt: a gesture or sign to tell the individual what to do or using signs to mimic the act. This can be used with 'instruct'
- Show: a demonstration of what needs to be done. This gives more information about the task and is visual. It can be used with 'instruct' and 'prompt'
- Guide: is providing physical help to do something, depending upon the needs of the individual. Hand on hand support is the most effective and can be used for all or part of the task.

All of the different levels could be required during one whole task and part of the initial assessment will include identifying, with the individual, the right support needed at each stage of the task.

Positive reinforcement – when positively reinforcing an individual's participation in the task, its important to give praise and let them know they have completed it correctly. Sometimes, positive reinforcement is the natural end product of the task – in this case, eating the meal which has been prepared.

Task analysis – breaking down a task into smaller, more manageable steps is sometimes called task analysis. Every step can be supported at the right level the individual needs, using ask, instruct, prompt, show or guide.

At first, the steps should be small and manageable to help the individual achieve success and maintain motivation.

Once the task is broken down into steps for the individual, the support can start from either the beginning or the end of the task. This is known as 'backward' or 'forward' chaining.

In 'backward chaining' the worker would complete most of the steps in the task, leaving the final step for the individual to carry out. Once the individual completes the step, positive reinforcement occurs. When the step has been mastered, the previous step in the task analysis can be included in the teaching plan.

'Forward chaining' follows the same principle, but starts with the first step of the task.

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

Unit 383　Using communication methods to motivate individuals to achieve their personal outcomes

Level:	3
GLH:	20
Credit:	5
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to use communication methods to motivate individuals to achieve their personal outcomes
	In the context of this unit, the term 'individuals' refers to adults and / or children and young people accessing care and support services

Learning outcome:

1. Understand models of change

Assessment criteria

You understand:

1.1 A **range of models and frameworks** to support change
1.2 The transformational change process and what is meant by the term 'Decisional Balance'
1.3 How models of change can be used to support individuals to achieve their personal outcomes and 'what matters' to them
1.4 The **stages of change**
1.5 The characteristics of each of the stages of change
1.6 How to establish which stage an individual is at on their journey of change
1.7 Links between models of change and:
   - person / child centred approaches
   - strengths based approaches
   - rights based approaches
   - outcomes focused practice

Range:
Range of models and frameworks – Kubler Ross, Motivational Interviewing, Solution Focused Brief Therapy, counselling, Appreciative Inquiry, coaching
Stages of change – Pre-contemplation, contemplation, preparation, action, maintenance, relapse (Prochaska and Di Clemente Transtheoretical model of change)

2. Use communication methods which support models of change and the achievement of personal outcomes

You understand:

2.1 What is meant by the term 'collaborative communication'

2.2 **Core communication skills** to support collaborative communication

2.3 The importance of using language which the individual can understand throughout all communication

2.4 The different levels of listening and the impact of these on individuals

2.5 Strategies which can be used to start conversations about change

2.6 The importance of trying to gain insight and understand the views, wishes and feelings of individuals from their perspective

2.7 How the views, wishes and feelings of individuals may change over time and the importance of being able to refocus on new personal outcomes

2.8 The importance of individuals hearing their own voice reflected back in conversations

2.9 How core communication skills can be used to evoke change in everyday conversations with individuals

2.10 The importance of developing trusting relationships with individuals

You are able to work in ways that:

2.11 Use a range of communication skills which motivate individuals to make changes and achieve their personal outcomes

2.12 Support individuals in the change process at their own pace

2.13 Support individuals to reflect on the change process and outcomes achieved

2.14 Celebrate successes and support individuals to learn from failures or when things go wrong

Range
Core communication skills – OARS: ask **O**pen ended questions, **A**ffirm – notice and reflect strengths and challenges, listen **R**eflectively, **S**ummarise

3. Use reflective practice to support own communication skills

You understand:

3.1 How own personal experiences, values and attitudes may influence communication with individuals

3.2 How unconscious bias may influence own behaviour

3.3 How to access support to reflect on own practice

You are able to work in ways that:

3.4 Access support to reflect on communication skills and how these are used to motivate individuals through the change process

Unit 383   Using communication methods to motivate individuals to achieve their personal outcomes

Supporting Information

Strategies which can be used to evoke change conversations

- Ask Evocative Questions: Ask open questions
- Explore Decisional Balance: Ask first for the good things about status quo, then ask for the not-so-good things.
- Ask for Elaboration: When a change talk theme emerges, ask for more details. In what ways? Tell me more…? What does that look like?
- Ask for Examples: When a change talk theme emerges, ask for specific examples. When was the last time that happened? Give me an example. What else?
- Look Back: Ask about a time before the current concern emerged. How were things better, different?
- Look Forward: Ask what may happen if things continue as they are (status quo). Try the miracle question: If you were 100% successful in making the changes you want, what would be different? How would you like your life to be five years from now?
- Query Extremes: What are the worst things that might happen if you don't make this change? What are the best things that might happen if you do make this change?
- Use Change Rulers: Ask, "On a scale from zero to ten, how important is it to you to [target change] - where zero is not at all important, and ten is extremely important? Follow up: And why are you at ___and not _____ [lower number than they stated]? What might happen that could move you from ___ to [higher number]? Instead of "how important" (need), you could also ask how much you want (desire), or how confident you are that you could (ability), or how committed are you to (commitment).
- Explore Goals and Values: Ask what the person's guiding values are. What do they want in life? Using a values card sort can be helpful here. If there is a "problem" behaviour, ask how that behaviour fits in with the person's goals or values. Does it help realise a goal or value, interfere with it, or is it irrelevant?
  Come Alongside: Explicitly side with the negative (status quo) side of ambivalence. Perhaps _____is so important to you that you won't give it up, no matter what the cost.

<u>References</u>

Motivational Interviewing - Resources for Trainers (From the Motivational Interviewing Network of Trainers, Updated: September, 2014, page 128)

William R Miller and Stephen Rollnick – Motivational interviewing: Helping people change (3rd edition) (2013 – Guildford press)

Unconscious bias – examples include, halos and horns effect, contrast bias, confirmation bias, affinity bias, gender bias, race bias

Evidence requirements

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

Guidance for delivery

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

Related legislation and guidance

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

Unit 236   Contributing to the support of individuals who misuse substances

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

Learning outcome:

1. Substance use and misuse

Assessment criteria

You know:

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

You are able to work in ways that:

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

Range

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

Learning outcome:

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

You know:

2.1   The range of interventions that can be used with individuals

2.2   Services and professionals who can provide additional information, advice and support to individuals about substance misuse, and interventions that can help

2.3   How to access additional support for individuals for interventions

2.4   Protocols for gaining and confirming consent from individuals when sharing information with:

other services and professionals

families/carers

You are able to work in ways that:

2.5   Support the individual to identify:

- concerns about their use or misuse of substances
- what they would like to achieve and changes that may need to take place to help them do this
- additional resources and support that may be used to assist them to achieve positive outcomes

2.6   Follow organisational policies and procedures to refer individuals to other services where additional support is needed

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Learning outcome:

3.   Co-occurring mental health and substance misuse issues

Assessment criteria

You understand:

3.1   What is meant by the term 'co-occurring mental health and substance misuse'

3.2   Mental health problems associated with substance misuse

3.3   Issues faced by individuals with both mental ill-health and substance misuse

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Learning outcome:

4.   Perceptions and perspectives of individuals who misuse substances

Assessment criteria

You know:

4.1   Stigma associated with substance misuse

4.2   **Potential impacts** of societal attitudes and values on individuals

4.3   How gender, ethnicity and social, cultural and religious environments may impact on individuals and the support they access

You are able to work in ways that:

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

Range

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

Learning outcome:

5. Managing risky situations

Assessment criteria

You understand:

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

Range

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

Unit 236   Contributing to the support of individuals who misuse substances

Supporting Information

Evidence requirements

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

Guidance for delivery

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

Clinical classifications of substances: Stimulants, depressants, analgesics, hallucinogens.

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

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

Related NOS

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

Related legislation and guidance

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

Unit 343　　Providing support to adults living with epilepsy

Level:	3
GLH:	20
Credit:	3
Unit Summary	This unit covers the fundamental information necessary for those working in organisations/settings where they are responsible for providing assistance to individuals who may experience epilepsy. Learners will develop an understanding of what epilepsy is, actions to take, how it can be managed and the impact it can have on individuals in everyday life.

Learning outcome:

1. Epilepsy and its effects

Assessment criteria

You know:

1.1　The term 'epilepsy'
1.2　The different types of epilepsy and classifications of seizures
1.3　Causes of epilepsy
1.4　Possible seizure triggers and warnings
1.5　Actions to be taken in the event of seizures

Learning outcome:

2. The treatment of epilepsy

Assessment criteria

You know:

2.1　Different types of currently used anti-epileptic medication
2.2　Benefits and risks of anti-epileptic medication

Learning outcome:

3. Caring for individuals with epilepsy

Assessment criteria

You understand:

3.1　Ways to support an individual through the recovery process following a seizure
3.2　Potential **risks and impacts** within daily lives of individuals diagnosed with epilepsy

3.3   The importance of the recording and reporting process of seizures

3.4   Own role limitations when providing advice, guidance, information and care to an individual with epilepsy, or their advocate

Range

Risks and impacts - different life stages, personal preferences, lifestyles

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Learning outcome:

4.   Support and care for individuals with epilepsy

Assessment criteria

You are able to work in ways that:

4.1   Take measures to create safe environments for individuals with epilepsy in own organisation/setting

4.2   Provide reassurance to individuals with epilepsy and their families/carers

4.3   Work as part of a multi-disciplinary team and/or multi-agency working to support individuals with epilepsy in own organisation/setting

4.4   Support individuals or families/carers to maintain, or contribute to, a seizure diary or equivalent way of recording seizures/absence of seizures

Unit 343   Providing support to adults living with epilepsy

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Reflective account by the learner signed by an expert witness, about providing support to adults with epilepsy on at least one occasion.
- Related documentation/records must be completed clearly, accurately and legibly.

Guidance for delivery

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

Alternative treatments to anti-epileptic medications: psychological interventions, preventative measures, counselling.

Seizure diary: these would include the type and duration of seizures, as well as detailing seizure free periods.

Safe environments: positive risk assessments – enabling rather than limiting.

Enable: to provide someone with adequate power, means, opportunity, or authority (to do something.

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

Alternative treatments includes: psychological interventions (preventative measures, counselling).

Related guidance

- More Than Just Words and the Follow-on Strategic Framework for Welsh Language Services in Health and Social Care
  http://gov.wales/topics/health/publications/health/guidance/words/?lang=en

- Doing Well, Doing Better: Standards for Health Services in Wales (April 2010)
- Joint Epilepsy Guidelines - Joint Epilepsy Council, September 2011 **http://www.epilepsyscotland.org.uk/pdf/Joint_Epilepsy_Council_Prevalence_and_Incidence_September_11_(3).pdf**
- **Epilepsy Society www.epilepsysociety.org.uk**
- Epilepsy Action **www.epilepsy.org.uk**
- NICE Epilepsies www.nice.org.uk/Guidance/cg137
- **Epilepsy Wales   www.public.epilepsy-wales.org.uk**
- SUDEP Action   **www.sudep.org**

Unit 314 Undertaking capillary blood glucose monitoring

Level:	3
GLH:	15
Credit:	3
Unit Summary:	This unit covers the skills and knowledge required to enable learners to undertake capillary blood glucose monitoring. Learners will cover practical skills required to monitor blood glucose levels to maintain control over diabetes in others. In the context of this unit, the term 'individual' refers to adults, children and young people.

Learning outcome:

1. Legislation and policies relevant to supporting capillary blood glucose monitoring

Assessment criteria

You know:
1.1 Current national and local guidelines and protocols which influence capillary blood glucose monitoring
1.2 Organisational/setting processes relating to capillary blood glucose monitoring
1.3 Why it is important to take responsibility and accountability in relation to scope of practice
1.4 Potential consequences of not adhering to procedures
1.5 Why valid consent must be obtained and confirmed prior to actions being taken
1.6 What a capillary blood sample is and sites where they can be taken

Learning outcome:

2. Undertake capillary blood glucose monitoring

Assessment criteria

You know:
2.1 The importance of cleaning sites when obtaining capillary blood samples
2.2 The importance of collecting capillary blood samples of the right quality
2.3 Factors which could affect the quality of the capillary blood sample
2.4 Concerns which individuals, or their families/carers, may have in relation to capillary blood sampling
2.5 Ways to prepare individuals for obtaining sampling capillary blood
2.6 Potential causes of discomfort to individuals during and after obtaining capillary blood samples
2.7 Ways in which discomfort can be minimised

2.8   Actions to take if there are problems in obtaining capillary blood

2.9   Reporting and recording mechanisms for problems relating to capillary blood sampling

2.10 Safe disposal methods for hazardous and non-hazardous waste

2.11 The importance of maintaining sufficient supplies and safe storage of materials and equipment

You are able to work in ways that:

2.12 Ensure that individuals and others have accurate and accessible information about the procedure

2.13 Identify a suitable place for carrying out capillary blood sampling

2.14 Follow safe and hygienic procedures prior to, during and after capillary blood sampling

2.15 Ensure that correct procedures are followed during capillary blood sampling

2.16 Record and report of capillary blood sampling, acting on results in line with organisation/setting

Unit 314   Undertaking capillary blood glucose monitoring

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

* Observe the learner monitoring the capillary blood sampling of an individual/child on a minimum of **three** occasions.

Guidance for delivery

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

It is recommended that learners complete the following units prior to beginning this unit:

* Supporting children living with diabetes mellitus

or

* Supporting adults living with diabetes mellitus

Others: could include family, friends, carers and others with whom the individual/child has a supportive relationship.

Suitable place: with consideration of privacy, safety, taking account of hygiene requirements.

Correct procedures: in line with setting/organisation procedures and agreed ways of working including;

* comparing measurements correctly
* recording and reporting measurements accurately
* disposing of hazardous and non-hazardous waste materials safely and hygienically
* returning materials and equipment to safe storage after the procedure.

Related NOS

* CHS131 Obtain and test capillary blood samples
* Diab HA8 Enable children with diabetes to monitor their blood glucose levels
* DIB 201 Diabetes Awareness
* Diab HA13 Provide information and advice to enable an individual with diabetes to minimise the risks of hypoglycaemia

Related legislation and guidance

- Diabetes Delivery Plan for Wales 2016-2020: The best standard of care for everyone with diabetes   December 2016
https://gov.wales/docs/dhss/publications/161212diabetes-delivery-planen.pdf
- "Think Glucose" campaign
https://webarchive.nationalarchives.gov.uk/20100304061513/http://www.institute. nhs.uk/quality_and_value/think_glucose/welcome_to_the_website_for_thinkglucose. html
- Making Every Contact Count   Public Health Wales
http://www.wales.nhs.uk/sitesplus/888/page/65550i
- Infection Prevention and Control for Childcare Settings (2014)
http://www.wales.nhs.uk/sitesplus/documents/888/Infection%20Prevention%20and %20Control%20for%20Childcare%20Settings%20Final%202014%20%282%29.outpu t.pdf
- NICE Guidelines **https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-diagnostics-guidance**
- Introduction to Specimen Collection **https://www.labcorp.com/resource/introduction-to-specimen-collection#**
- Specimen Collection **http://www.northcumbriaccg.nhs.uk/about-us/key-policies-and-documents/policies/infection-prevention/21-specimen-collection-october-2015-version-100.pdf**
- Understanding diabetes
https://webarchive.nationalarchives.gov.uk/20100305014525/http://www.nhs.uk/P athways/diabetes/Pages/Landing.aspx
- Health and Care Standards   Welsh Government April 2015
http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards% 20Framework_2015_E1.pdf

Unit 344   Taking venous blood samples from adults

Level:	3
GLH:	20
Credit:	3
Unit Summary:	This unit covers the knowledge and skills required to take venous blood samples from adults. Learners will gain the practical skills required to complete processes safely, efficiently and in ways that reduce distress as far as possible.

Learning outcome:

1. Taking venous blood samples from adults

Assessment criteria

You know:
- 1.1 Local policy and procedures relating to the taking of venous blood samples
- 1.2 Health and safety considerations relating to taking venous blood samples
- 1.3 Potential adverse reactions and complications when taking blood samples from adults
- 1.4 Equipment and material requirements for taking blood samples from adults
- 1.5 Anatomy of a normal vein
- 1.6 Suitable sites for taking venous blood samples from adults

You are able to work in ways that:
- 1.7 Prepare appropriate equipment for obtaining venous blood and confirm samples and volumes required
- 1.8 Follow hand hygiene processes and select appropriate PPE
- 1.9 Confirm identity of the individual and gain informed consent
- 1.10 Use effective communication techniques throughout the procedure to reassure the individual
- 1.11 Gain venous access using the selected blood collection system, using techniques which will cause minimum discomfort
- 1.12 Obtain blood from the selected site with consideration of
  - container according to investigation required
  - volume
  - order when taking multiple samples
- 1.13 Mix blood and anti-coagulant thoroughly in required containers
- 1.14 Monitor for indications of adverse reactions and complications taking appropriate action where necessary
- 1.15 Remove blood collection equipment and stop blood flow with sufficient pressure
- 1.16 Apply suitable dressings to puncture sites according to setting protocols and advise individual on how to care for the site
- 1.17 Complete records in line with organisation/setting procedures

2. Prepare blood samples taken from adults for processing

Assessment criteria

You are able to work in ways that:
  2.1 Label blood samples clearly, accurately and legibly, using pre-prepared labels where appropriate
  2.2 Place samples in appropriate packaging and ensure correct request forms are attached
  2.3 Place samples in nominated place for collection and transportation, ensuring blood is kept at the required temperature
  2.4 Document evidence that appropriate checks have been made in line with organisation/setting procedures
  2.5 Ensure immediate transportation of blood to the relevant department in line with urgency of sampling investigations

Unit 344   Taking venous blood samples from adults

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner taking blood samples from an individual on a minimum of **five** occasions. This could be the same individual on separate occasions or different individuals on separate occasions.
- Observe the learner preparing blood samples for processing on a minimum of **five** occasions.

Guidance for delivery

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

Simulation should be used as part of the training process to ensure learner confidence in taking samples before practice in a clinical setting.

Identity: When confirming identity setting/organisational protocol and procedures must be followed, but this should include a minimum of three from;

- name
- date of birth
- address
- NHS number
- hospital number

Label blood samples: Labelling of samples should follow organisation/setting requirements.

Health and safety considerations: including blood spillage, needle stick, environmental considerations, PPE, sharps disposal.

Adverse reactions and complications: could include bleeding, bruising, pain, fainting, failure to bleed, needle phobia, allergies, phlebitis.

Techniques: could include application and removal of tourniquet, position and support of limb, position of self in relation to individual and equipment.

Related NOS

- CHS132 Obtain venous blood samples

Related legislation and guidance

- NICE Quality Standard for Hand hygiene
- Welsh Government: Doing Well – Doing Better - Standards for Health Services in Wales April 2010
- WHO Guidelines on obtaining blood samples
- Infection Prevention Control and Aseptic Non-Touch Technique Welsh Government Guidelines
- Marsden guidelines for venepuncture

Unit 345   Providing care for adults living with cancer

Level:	3
GLH:	20
Credit:	4
Unit Summary:	This unit covers the skills and knowledge required for providing ongoing support and care to adults living with cancer, and their wider support networks. Learners will cover knowledge of issues which impact on individuals diagnosed with and being treated for cancer and will use practical skills to support them and their families when living with and surviving cancer.

Learning outcome:

1. The development and symptoms of cancer in adults

Assessment criteria

You understand:

1.1 The term 'cancer'
1.2 The most commonly diagnosed cancers in adults
1.3 Why early detection of cancer is important
1.4 The term 'metastasis'
1.5 The impact of metastasis on individuals with cancer
1.6 The term 'palliation of symptoms'
1.7 How genetics of cancer drive the symptoms and treatment of some cancers
1.8 'Red flag/alarm' signs and symptoms that may indicate cancer
1.9 Why improving symptom awareness among the public is important
1.10 Risk factors for cancer which are common to other diseases
1.11 Potential physical and psychological side effects of main treatment options for cancer

Learning outcome:

2. Care and support available for individuals experiencing cancer

Assessment criteria

You understand:

2.1 Ways of supporting individuals through and beyond treatment
2.2 The importance of the availability of equal access to cancer care services
2.3 Signs and symptoms of possible deterioration of an individual being treated for cancer
2.4 Potential complications of cancer and impacts on individuals and their families/support networks

2.5 Potential lifestyle changes that can improve health and well-being of individuals experiencing cancer

2.6 The roles and responsibilities of different members of the multi-disciplinary team who may be involved in supporting individuals living with cancer

2.7 Where individuals can access financial advice and support following a cancer diagnosis

2.8 Positive impacts a key worker can make to an individual's experience of cancer services

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Learning outcome:

3. Care and support available for individuals recovering from cancer

Assessment criteria

You understand:

3.1 Ways of emphasising the need for individuals to develop positive approaches and take responsibility for their health and lifestyle to optimise cancer survival

3.2 Main elements of recovery packages and how these improve the experience of individuals affected by cancer

3.3 Types of interventions which can lead to improved mental, physical and social well-being for those experiencing cancer

3.4 The purpose of cancer self-management programmes

3.5 Advice that should be provided to individuals if they have any concerns about their condition or recovery following cancer treatment

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Learning outcome:

4. Provide care and support to individuals surviving cancer

Assessment criteria

You understand:

4.1 The term 'cancer survivorship'

4.2 The principles and recommendations from current cancer survivorship initiatives

4.3 The value of cancer research and clinical trials

Assessment criteria

You are able to work in ways that:

4.4 Follow personal plans when supporting individuals surviving cancer

4.5 Communicate relevant information and sources of advice to individuals and their families/support networks in an empathetic and sensitive manner

4.6 Work with empathy and sensitivity when providing care to individuals surviving cancer, their family and support network

4.7 Document and report changes in an individual's condition

Unit 345   Providing care for adults living with cancer
Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Reflective account by the learner signed by an expert witness, about providing support to individuals living with or surviving cancer on at least one occasion.
- Related documentation/records must be completed clearly, accurately and legibly.

Guidance for delivery

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

Cancers: Types include breast, prostate, lung, bowel, skin, ovarian, kidney, non-Hodgkin lymphoma, leukaemia.

Main cancer treatment options: surgery, radiotherapy, chemotherapy.

Cancer care services: including complex and very specialist care, clinical trials and other studies, opportunities to be involved in and engaged in research activities.

Impacts on individuals, families, carers and others: fatigue, developing relationships, financial hardship of family, anxiety/depression, fear of recurrence, changes in behaviour, family dynamics, physical changes, emotional changes, socialisation issues, impact on education.

Lifestyle changes: stopping smoking, reduction in alcohol intake, increased physical activity, reduction of weight/healthier diet.

Cancer delivery plan: Making Every Contact Count; standards, pathway integration, early detection and person-centred care guidelines diagnostic services to cope with the expected increased demand; fast track pathways for patients with alarm symptoms; access to multi-disciplinary diagnostic centres for potentially serious, vague symptoms; direct access to certain tests for 'low-but-not-no' risk symptoms; imaging equipment; workforce shortages in pathology, radiology and oncology; reforming the way diagnostic pathways work.

Cancer survivorship: Having no signs of cancer after finishing treatment. The term also refers to living with, through, and beyond cancer. According to this definition, cancer survivorship begins at diagnosis and includes people who continue to have treatment over the long term, to either reduce the risk of recurrence or to manage chronic disease.

Impacts: Could include fatigue, intimate relationship issues, financial hardship, anxiety/depression, fear of recurrence.

Key worker: the cancer pathway is complex and a named key worker is fundamental to help the individual navigate the pathway and ensure a smooth patient journey. The key worker is usually the clinical nurse specialist, who as part of a wider multi-disciplinary team coordinates treatment and care. The healthcare system, and patients, should also be clear who their responsible doctor is at all stages of the care pathway.

Metastasis: the medical term for cancer that spreads to a different part of the body from where it started.

Recovery packages: These elements form part of an overall support and self-management package for people affected by cancer.

Information and sources of advice: financial, well-being, follow up support, counselling, third sector services, specialist service.

Related NOS
- GEN44 Liaise between primary, secondary and community teams
- PHARM50.2011 Provide advice on anti-cancer therapy for an individual

Related legislation and guidance
- Welsh assembly Cancer delivery plan - **http://gov.wales/topics/health/nhswales/plans/cancer-plan/?lang=en**
- Cancer Delivery Plan for Wales 2016-2020 - The highest standard of care for everyone with cancer Produced by the Wales Cancer Network Nov 2016
- National cancer survivorship initiative – Macmillan Cancer Support 2007
- End of Life Care Plan and Palliative Care Implementation Board **http://wales.pallcare.info/**
- Social Services and Well-being (Wales) Act 2014 - Information and Learning Hub **http://www.ccwales.org.uk/the-act/**
- More Than Just Words and the Follow-on Strategic Framework for Welsh Language Services in Health and Social Care **http://gov.wales/topics/health/publications/health/guidance/words/?lang=en**
- Doing Well, Doing Better: Standards for Health Services in Wales (April 2010)
- Macmillan Cancer Support - **https://www.macmillan.org.uk/**
- Marie Curie Care and Support - **https://www.mariecurie.org.uk/?gclid=EAIaIQobChMI7tjhp9mj3AIV4ZztCh1AOguhE AAYASAAEgLa1vD_BwE&gclsrc=aw.ds**

Unit 346 Palliative and end of life care for adults

Level:	3
GLH:	35
Credit:	7
Unit Summary:	This unit provides learners with the knowledge and skills required to support individuals receiving palliative care and support at the end of life. It includes the principles of rights based approaches, person-centred approaches and the importance of building relationships with individuals, their key supporters/carers and other agencies and services. The learner will understand the range of specialist services available to provide support and the referral processes required.

Learning outcome:

1. Policies and processes that underpin the provision of end of life care

Assessment criteria

You understand:

1.1 **Key terms** relating to end of life care
1.2 The impact of national guidance on current approaches to end of life care
1.3 How the 'All Wales Standards for Palliative Care' underpin end of life care
1.4 What is meant by 'rights based approaches' when caring for individuals approaching end of life
1.5 The ways that power and influence may be used and/or abused when supporting individuals approaching end of life
1.6 Conflicts and legal or ethical issues that may arise in relation to death, dying or end of life care
1.7 The roles of power of attorney and next of kin in relation to end of life care
1.8 The purpose of advance care planning

Range
Key terms - palliative care, end of life care, terminal care, last days of life care

Learning outcome:

2. Person-centred approach relating to end of life care

Assessment criteria

You understand:

2.1 The meaning of informed consent and advance planning
2.2 Methods of empowering the individual to retain control

2.3 The importance of always acting in the person's best interest
2.4 The concept of holistic care at the end of life
2.5 The role of **key people** and **support services** who may be involved in end of life care
2.6 The benefit of caring networks and local schemes
2.7 Local organisations that support individuals with end of life care

Range

Key people - may include family members, friends, others who are important to the well-being of the individual, multi-disciplinary teams

Support services - Statutory bodies, voluntary bodies, health and social care

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Learning outcome:

3. The importance of effective communication and developing positive relationships during end of life care

Assessment criteria

You understand:

3.1 The importance of relationships to an individual as they near end of life
3.2 How different **customs and preferences** influence end of life care
3.3 The challenges that may occur in developing positive relationships with individuals
3.4 The importance and impact of first language on communication
3.5 The impacts of sensory impairment on end of life care
3.6 The importance of checking that communication has been **understood**
3.7 The benefits to an individual of having some control over their end of life care
3.8 Considerations in relation to young carers involved in end of life care

You are able to work in ways that:

3.9 Signpost individuals and key people to sources of information about the individual's illness and the support available
3.10 Actively listen to individuals and key people in relation to end of life care
3.11 Communicate an individual's care requirements to others
3.12 Provide information of appropriate support to carers and families

Range

Customs and preferences - beliefs, religion, culture of individuals and key people

Understood – by the individual at end of life, their carers/family and those involved in their care and support

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Learning outcome:

4. The meaning of well-being in the context of end of life care

Assessment criteria

You understand:

4.1 The challenges for individuals at the end of their lives in dealing with change and **transitions**

4.2 How to support individuals, and their families/carers, to manage change and transitions

4.3 Coping strategies adopted by individuals when facing death and dying

4.4 **Models** of loss and grief

4.5 The importance of supporting the **well-being** of individuals and their families/carers

4.6 **Ways in which an individual's well-being may be enhanced**

4.7 Ethical considerations in relation to nutrition and hydration

4.8 Possible conflicts that might arise during end of life care and what action to take

4.9 The importance of working in partnership with key people to support the individual's well-being

Range

Transitions - individuals moving into or out of the service provision, transferring between establishments, physical changes caused by their deteriorating condition, anticipating death

Models – Kübler-Ross grief cycle, Worden's theory, Stroebe & Schute

Well-being - aspects that are social, emotional, cultural, spiritual, intellectual, economic, physical and psychological

Ways in which an individual's well-being may be enhanced - environmental factors, non-medical interventions, use of equipment and aids, alternative/complementary therapies

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Learning outcome:

5. Provide end of life care and ongoing support to individuals through the process of dying

Assessment criteria

You are able to work in ways that:

5.1 Identify and report psychological effects on the individual when approaching end of life

5.2 Record and report the deteriorating condition of an individual

5.3 Support individuals' physical needs and contribute to addressing any distress experienced by the individual promptly and in agreed ways

5.4 Establish with an individual and key others any wishes they may have with regards to their death

Unit 346 Palliative and end of life care for adults
Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.
For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Reflective account by the learner signed by an expert witness, about providing palliative support and end of life care to individuals/ families / carers / others on at least one occasion.
- Related documentation/records must be completed clearly, accurately and legibly.

Guidance for delivery

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

Types of Information that should be understood: prognosis, treatment, support available.

Others with whom information may need to be shared: care workers, different agencies.

Support to carers and families may include: referral to support services, third sector services, bereavement support, emotional and practical support.

Assessment: information about a person's needs and how an illness is affecting their ability to live their normal lives.

Best interest decision: this occurs if someone does not have the mental capacity to make a legal, healthcare, welfare or financial decision for himself/herself. This is one of the principles of the Mental Capacity Act. The decision can only be made after an assessment has deemed the individual does not have capacity. Strict principles and codes of practice should be followed to carry out the assessment as set out in the Mental Capacity Act.

Core elements of palliative care: timely and open communication and information; Choices/Options in all aspects of care, including complementary therapies; Death in the place of choice; Co-ordination of services at home, where this is the chosen place of care; Expert symptom management; Access to 24-hour specialist advice and expertise; Emotional and practical support for all family members; Respite care, with medical and nursing input, when required.

End of life: the last 12 months that a person is expected to live.

Informed consent: when an individual gives permission to have an assessment, treatment or procedure with full knowledge of the risks involved, probable consequences and the alternatives.

Last offices: "Last Offices is the care given to a deceased patient which is focused on fulfilling religious and cultural beliefs as well as health and safety and legal requirements." Mallett, J & Dougherty, L (eds) (2000) (5th ed) Manual of Clinical Nursing Procedures Royal Marsden Hospital, Blackwell Science.

Physical needs: may include oral care, continence care, constipation, personal care, mobility.

Mental capacity: the cognitive ability of an individual to make decisions that may have legal consequences for themselves and/or for others affected by the decision. In particular, these decisions involve their health care, welfare and finances. An assessment must be carried out to determine mental capacity.

National end of life care programme: programme funded by the NHS which works across health and social care to improve end of life care and support people to live and die well.

Transitions: includes individuals approaching end of life moving into or out of the service provision, transferring between establishments, physical changes caused by their deteriorating condition, anticipating death.

Related NOS

- HSC0385 Support individuals at the end of life
- HSC0384 Support individuals through bereavement
- HSC0239 Contribute to the care of a deceased person
- HSC0224 Monitor the condition of individuals
- HSC0216 Help address the physical comfort needs of individuals

Related legislation and guidance

- Welsh Government Palliative and End of Life Delivery Plan 2017 link to website
- All Wales Standards for Palliative Care
- Dying Matters: **http://www.dyingmatters.org/page/legal-and-ethical-issues**
- McCulloch & Lane (2010) Supporting the Bereaved: An introductory workbook for health & social care staff involved in End of Life Care Pub NHS Gloucestershire
- The best practice guide to end-of-life care for people with a learning disability **http://www.mencap.org.uk**
- National Institute for Clinical Excellence NICE Guidelines - **https://www.nice.org.uk/guidance/service-delivery--organisation-and-staffing/end-of-life-care**
- NICE Guidance - Adults and Children and Young People **https://www.nice.org.uk/guidance/ng6**
- Faith perspective: supporting Jewish people with life limiting conditions, and at the end of life 2015
- End of Life Care Symptoms: **https://www.verywell.com/common-symptoms-at-the-end-of-life-1132515**
- CSSIW - **http://cssiw.org.uk/**

- MUST - **http://www.bapen.org.uk/pdfs/must/must_full.pdf**
- Abbey pain scale - **http://www.wales.nhs.uk/sitesplus/documents/862/FOI-286f-13.pdf**
- **http://www.dimensionsofculture.com/2010/11/cultural-aspects-of-death-and-dying/**
- **http://www.nhs.uk/conditions/Euthanasiaandassistedsuicide/Pages/Introduction.aspx**
- **http://www.endoflifecare.nhs.uk/assets/downloads/pubs_Advance_Care_Planning_guide.pdf**
- Waterlow Score - **http://www.judy-waterlow.co.uk/waterlow_score.htm**
- Hospice UK **https://www.hospiceuk.org/?gclid=EAIaIQobChMI4Kus5Oqj3AIVR_IRCh1fcQnIEAAYBCAAEgInafD_BwE**

Unit 320   Undertaking stoma care

Level:	3
GLH:	20
Credit:	3
Unit Summary:	This unit covers undertaking the care of a bowel/bladder stoma. This may be for individuals with new stomas or for individuals with established stomas who are unable to or need support to manage their own stoma care.
	In the context of this unit, the term 'individual' refers to adults, children or young people.

Learning outcome:

1. Stoma care

Assessment criteria

You understand:

1.1   Anatomy in relation to the position and function of different **types of stoma**
1.2   Sites for stomas
1.3   The differences in stool consistency for different **types of stoma**
1.4   Personal responsibilities and accountability in relation to stoma care
1.5   The importance of applying standard precautions for undertaking stoma care
1.6   The potential consequences of poor practice when providing stoma care
1.7   Why an individual may have a stoma
1.8   The effects of diet and mobility on stoma function

Range
Types of stoma - colostomy, ileostomy, ileal conduit, nephrostomy, urostomy

Learning outcome:

2. How to maintain an individual's dignity when providing stoma care

Assessment criteria

You understand:

2.1   Potential concerns and worries individuals and their families/carers may have in relation to undertaking stoma care and how to overcome them
2.2   The importance of exercising sensitivity to individuals perception of the situation and impact on their lives
2.3   Factors which may affect the level of stoma care assistance required

3. Factors impacting on stoma care provision

Assessment criteria

You understand:

3.1 Potential adverse reactions which may occur during and following stoma care activities and how they should be dealt with

3.2 The role of stoma care specialist practitioners and how they can be contacted

3.3 Potential consequences of contamination of stoma drainage systems

3.4 Equipment and materials required for undertaking stoma care

3.5 Types of stoma appliances available and their suitability for different types of stoma

3.6 Personal protective clothing and additional protective equipment which should be worn for own protection and that of the individual

3.7 Records required for stoma care activities to be undertaken

Learning outcome:

4. Provide stoma care to individuals

Assessment criteria

You are able to work in ways that:

4.1 Follow health and safety measures including precautions for infection prevention and control when providing stoma care

4.2 Confirm individual's identity and obtain valid consent before carrying out stoma care activities

4.3 Provide individuals and their families/carers with relevant information, support and reassurance in a manner which is sensitive to their needs and concerns

4.4 Confirm all equipment and materials for stoma care are fit for purpose

4.5 Carry out stoma care following appropriate techniques, in line with manufacturer's instructions

4.6 Work in a manner which optimises the individual's comfort and dignity and minimises pain and trauma

4.7 Report conditions or behaviour which may cause adverse reactions to the activity and take the appropriate action

4.8 Dispose of equipment and soiled linen safely, hygienically and in ways which minimise the risk of cross-infection

4.9 Record and report outcomes of stoma care activity accurately using methods agreed in the organisation/ setting

4.10 Report findings and/ or issues to an appropriate member of the care team

Learning outcome:

5. Use person-centred care practices to support individuals/families/carers in caring for their stomas

Assessment criteria

You are able to work in ways that:

5.1 Encourage individuals to communicate any concerns about their stoma and its function

5.2 Monitor and report on individuals' patterns of stoma function, consistency of body waste and changes that may have occurred

5.3 Encourage individuals to consume appropriate food and drink to maintain effective stoma function

5.4 Provide active support to individuals to manage their own stomas in a manner that promotes self-respect and self-esteem, maximises privacy and is consistent with care plans

5.5 Provide stoma care equipment at a time and place convenient to individuals' needs and circumstances

5.6 Take appropriate action when stoma care equipment appears to be inappropriate or unsuitable

Unit 320   Undertaking stoma care
Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Learners should be able to evidence care for individuals on at least **three** different occasions.

Guidance for delivery

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

Learners who complete this unit would benefit from having undertaken the Level 2 Continence unit prior to or alongside this unit.

Where the stoma is newly formed in the immediate post-operative period, these activities must be undertaken using aseptic techniques and following local guidelines and procedures

Active support: Active Support is a way for people to engage in meaningful everyday activities of their choice, with the amount of support they need.

Factors: age, medical condition, personal beliefs and preferences.

Impact: diet, mental health.

Related NOS

- SFHCHS10 Undertake stoma care

Related legislation and guidance

- Good Practice in Health Care, Incontinent urostomy (2009) - Publisher: European Association of Urology Nurses (EAUN) **https://nurses.uroweb.org/wp-content/uploads/EAUN_IU_Guidelines_EN_2009_LR.pdf**
- Clinical Practice Guidelines for Ostomy Surgery (2015) **https://www.fascrs.org/sites/default/files/downloads/publication/clinical_practice_guidelines_for_ostomy_surgery.pdf**
- Stoma care guidance and formulary **http://www.wales.nhs.uk/sites3/Documents/814/FORMULARYstomaAccessoriesABUHBfinal%5BFeb2016%5D.pdf**
- Living with colostomy **https://www.nhs.uk/conditions/colostomy/living-with/**

- Supporting Learners with Healthcare Needs- Guidance document no: 215/2017. March 2017 **http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en**

Unit 321   Undertaking non-complex wound care

Level:	3
GLH:	20
Credit:	4
Unit Summary:	This unit is aimed at supporting learners to provide non-complex wound care; this will cover the knowledge and skills required to carry out the treatment and dressing of lesions and wounds, and is applicable in a variety of health and care organisations/settings, including hospitals, care homes and the individuals own home. In the context of this unit, the term 'individual' refers to adults, children and young people.

Learning outcome:

1. Understand legislation and agreed ways of working when undertaking non-complex wound care

Assessment criteria

You understand:

1.1   Guidelines and agreed ways of working which inform non-complex wound care
1.2   The importance of complying with infection control and Personal Protective Equipment requirements at all times when undertaking non-complex wound care

Learning outcome:

2. Wound healing and contamination

Assessment criteria

You understand:

2.1   The stages of the wound healing process
2.2   Factors that promote or delay the wound healing process
2.3   Signs and symptoms of infection of non-complex wounds
2.4   The differences between asepsis, antisepsis and cross-infection
2.5   Potential sources of wound contamination
2.6   Actions to take if a wound becomes contaminated

Learning outcome:

3. The procedures and techniques to treat and dress lesions and non-complex wounds

Assessment criteria

You understand:

3.1 The importance of own responsibility and accountability, and when additional guidance should be sought, when applying treatments and dressings

3.2 The importance of following specified guidance documents when applying treatments and dressings

3.3 The types and functions of different treatments and dressings used in own work area

3.4 Procedures for dressing lesions and non-complex wounds

3.5 Procedures for dealing with adverse reactions that occur when applying treatments and dressings

Learning outcome:

4. Prepare to dress non-complex lesions and wounds

Assessment criteria

You are able to work in ways that:

4.1 Refer to the treatment plan and wound assessment documentation

4.2 Check for any contraindications to treatments and dressings

4.3 Check required equipment, treatments and dressings are fit for purpose

4.4 Provide information, support and reassurance respecting personal beliefs and preferences

4.5 Confirm identity and gain valid consent to carry out the activity

4.6 Apply health and safety measures relevant to the procedure and environment

4.7 Assist the individual to position themselves to enable access to the wound or lesion site

4.8 Assist the individual to adjust clothing whilst maintaining their privacy and dignity

Learning outcome:

5. Carry out dressing treatments for non-complex wounds

Assessment criteria

You are able to work in ways that:

5.1 Remove existing dressings following agreed procedures

5.2 Observe lesion or wound for any changes in appearance

5.3 Maintain the sterility of dressings prior to and during application

5.4 Apply dressings to non-complex wounds following standard procedures

5.5 Provide support throughout dressing treatments with consideration for minimising anxiety and discomfort

5.6 Manage the safety, dignity and comfort of the individual during and following the procedure

5.7 Dispose of waste safely following standard procedures

5.8 Record the outcomes and **findings** of the activity, according to agreed ways of working

5.9 Report outcomes and **findings** following agreed ways of working

Range

Findings – condition of wounds/lesions, healing progress, inflammation, pain

Unit 321 Undertaking non-complex wound care
Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Learners need to evidence practical demonstration of treating and dressing wounds on a minimum of **three** separate occasions
- Completion of documentation

Guidance for delivery

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

Aseptic Non Touch Technique (ANTT): Aseptic Non Touch Technique or ANTT® is a tool used to prevent infections in healthcare organisations/settings.

Factors that promote: wound type, hygiene, nutrition, age

Factors that delay: infection, age, obesity, medication, co-morbidity.

Stages of the wound healing process: haemostatsis, inflammation, proliferation, maturation.

Related NOS

- CHS12 Undertake treatments and dressings related to the care of lesions and wounds

Related legislation and guidance

- Guidelines for hand hygiene in Irish healthcare settings (2015) **http://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/guidelines/File,15060, en.pdf**
- WHO Guidelines on Hand Hygiene in Health Care **http://apps.who.int/iris/bitstream/handle/10665/44102/9789241597906_eng.pdf;js essionid=2369B3883857B00CDD81279426F774EE?sequence=1**
- Welsh Government: Doing Well – Doing Better - Standards for Health Services in Wales April 2010 **http://www.wales.nhs.uk/sites3/documents/919/english%20web%20version.pdf**
- NICE Guidelines **https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-diagnostics-guidance**

- Health and Care Standards   Welsh Government April 2015
  http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf
- Quality and Safety
  https://gov.wales/topics/health/nhswales/circulars/quality/?lang=en
- Infection Prevention Control and Aseptic Non Touch Technique Welsh Government Guidelines
  http://www2.nphs.wales.nhs.uk:8080/WHAIPDocs.nsf/61c1e930f9121fd080256f2a004937ed/e4528983f2eddd3a80257f10003dd2f3/$FILE/ANTT%20Framework%20v4.0.pdf
- Best practice guidelines: effective skin and wound management of non-complex burns
  https://www.bbraun.se/content/dam/b-braun/global/website/products-and-therapies/wound-management/Docs/Best%20Practice%20non-complex%20burns%20and%20wound.pdf.bb-.45729854/Best%20Practice%20non-complex%20burns%20and%20wound.pdf
- Supporting Learners with Healthcare Needs- Guidance document no: 215/2017. March 2017 **http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en**

Unit 324   Administering adrenaline auto-injections

Level:	3
GLH:	15
Credit:	3
Unit Summary:	This unit covers the principle and use of different types of auto-injection devices so they can be confident in how to manage in the case of a severe reaction. In the context of this unit, the term 'individual' refers to adults, children and young people

Learning outcome:

1. Support the safe administration of auto-injection adrenalin devices

Assessment criteria

You understand:

1.1 Reasons for the prescription of auto-injection adrenalin
1.2 The effect adrenaline has within the body and on anaphylaxis symptoms
1.3 Advantages and disadvantages of auto-injection adrenalin devices
1.4 Types of auto-injection adrenalin devices including doses available for different age groups
1.5 Reasons auto-injection adrenalin devices may not be suitable for different age groups
1.6 Policies, procedures and guidelines for the safe storage and administration of adrenalin auto-injection devices within organisations/settings
1.7 Local practices relating to the safe storage and maintenance of auto-injection adrenalin devices
1.8 Where to source advice and guidance on auto-injection adrenalin devices

You are able to work in ways that:

1.9 Demonstrate the correct administration of auto-injection adrenalin devices
1.10 Advise individuals/children and their families/carers on the actions to take following the administration of auto-injection adrenalin devices
1.11 Record and report actions taken in line with legislation and organisation/setting policy

Unit 324   Administering adrenaline auto-injections

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner assisting an individual/child with demonstration of administration of auto-injection on a minimum of three occasions - **Use of the auto-injector should be be simulated/ demonstrated.**

Guidance for delivery

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

This unit must be delivered alongside or following the level 2 'Responding to anaphylactic reactions' unit (209).

Throughout learning outcome 2 learners must consider the age and situation of the child when communicating with them, their families/carers and wider support network. Depending on the situation it may or may not be appropriate to involve them directly, but consideration must be made around the language used, setting, communication methods etc. The delivery of this outcome should link to and draw on content covered in the core qualifications on positive communication and overcoming barriers.

Auto-injection adrenalin devices: A hand held device for administering a measured dose of adrenaline by auto-injection, used for the treatment of anaphylaxis. There are different branded versions of auto-injection adrenalin device (e.g. EpiPen, Jext, Emerade etc.), each with their own procedure for administration.

Advantages and disadvantages: including doses available, safety, ease of use, expiry date range.

Demonstration: learners should communicate the use of the injectors using demonstration of dummy equipment, i.e. simulation of the use of the injectors is appropriate.

Actions to be taken: in line with setting / organisation policies and procedures and in line with role and responsibilities. Including seeking emergency medical attention, removing the allergy trigger, self- positioning to ensure safety whilst waiting for assistance, actions to take in the event of accidental injection.

Related NOS

- SFHAL13 Enable an individual to use self-injected adrenaline

Related legislation and guidance

- EpiPen **http://www.epipen.co.uk/patients/epipenr-user-guide**
- Jext **http://www.jext.co.uk/jext-video-demonstrations.aspx**
- Emerade **http://www.emerade-bausch.co.uk/patient/how-to-use-emerade**
- Supporting Learners with Healthcare Needs- Guidance document no: 215/2017. March 2017 **http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en**
- BSACI (British Society for Allergy and Clinical Immunology) is an organisation for healthcare professionals caring for patients with allergy- **http://www.bsaci.org**
- Allergy UK **https://www.allergyuk.org/**
- NHS Wales Website-Allergies **http://www.nhsdirect.wales.nhs.uk/encyclopaedia/ff/article/allergies**
- Emergency Treatment of Anaphylactic Reactions **https://www.resus.org.uk/anaphylaxis/**
- NHS Wales **http://www.nhsdirect.wales.nhs.uk/Encyclopaedia/a/article/anaphylaxis/**
- Resuscitation Council UK **https://www.resus.org.uk/anaphylaxis/**
- Anaphylaxis UK **https://www.anaphylaxis.org.uk**
- Welsh Government: Doing Well – Doing Better - Standards for Health Services in Wales April 2010 **http://www.wales.nhs.uk/sites3/documents/919/english%20web%20version.pdf**
- NICE Guidelines **https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-diagnostics-guidance**
- Health and Care Standards   Welsh Government April 2015 **http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf**
- Quality and Safety **https://gov.wales/topics/health/nhswales/circulars/quality/?lang=en**

Unit 328   Facilitate group learning

Level:	3
GLH:	20
Credit:	4
Unit Summary:	The unit aims to support learners with the knowledge, understanding and skills needed to plan, prepare, deliver and evaluate group learning.

Learning outcome:

1. Plan and prepare training sessions

Assessment criteria

You know:
1.1   The **stages** of the training cycle
1.2   The importance of identifying the target audience prior to developing training sessions
1.3   The difference between teaching and facilitating
1.4   The learning cycle
1.5   Types of learning styles that are adopted by different learners
1.6   Learning methods and resources that can be used to support training
1.7   Potential barriers to learning, and approaches to overcome barriers

You are able to work in ways that:
1.8   Identify the aims of the session
1.9   Set **SMART** objectives
1.10 Establish the background and experience of the participants
1.11 Prepare session plans in line with identified aims and objectives
1.12 Prepare and access the range of resources required for delivery of the session to include:
- environment
- technology
- accessibility requirements
- housekeeping requirements
- stationery and handouts

Range
Stages- identify training need, design training, deliver training, evaluate outcomes
SMART - Specific, Measurable, Achievable, Relevant, Time bound

Learning outcome:

2. Facilitate training sessions

Assessment criteria

You know:

2.1 Delivery techniques to meet a range of learning styles

2.2 The importance of setting ground rules with participants that includes an understanding of confidentiality and any information that may need to be shared

2.3 How to ensure that all participants have an opportunity to contribute and participate in sessions

2.4 Methods used to deal with difficulties that may arise within training sessions

2.5 Potential impacts of own opinions on the participants and the delivery of training sessions

2.6 How to signpost participants to further information that will support their ongoing learning

You are able to work in ways that:

2.7 Develop a shared understanding of expectations of the training session

2.8 Promote active participation of all participants

2.9 Facilitate discussions, using individual and group work as appropriate

2.10 Support a range of different learning styles ensuring inclusion of participants in group and/or individual work

2.11 Take account of equality, diversity and bilingualism when facilitating training sessions

2.12 Use a range of different forms of **communication**, that promote interaction within the session

Range

Communication- verbal, non-verbal, active listening, questioning techniques, open body language, tone of voice

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Learning outcome:

3. Review and evaluate training sessions

Assessment criteria

You understand:

3.1 The value of participant feedback and evaluation

3.2 Methods of feedback collection and evaluation

3.3 How to support participants to reflect on their own learning

You are able to work in ways that:

3.4 Review feedback against the objectives of the training session

3.5 Evaluate and use feedback to improve future training sessions

3.6 Maintain records of training sessions undertaken

Unit 328   Facilitate group learning
Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.
For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:
- Evidence of session plans
- Observe the delivery of part of a training session ensuring that this covers all of the practice elements of this unit
- Evidence of how feedback has been used to evaluate and improve training sessions.

Guidance for delivery

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

Learning styles: refer to a range of theories that aim to account for differences in individuals learning. These theories propose that all people can be classified according to their style of learning. A common concept is that individuals differ in how they learn.

The Learning Cycle: a concept of how people learn from experience. It will have several steps or phases, the last of which can be followed by the first. Examples could be:
- Kolb Learning Cycle
- Honey and Mumford Learning Cycle.

Related NOS

- LSILADD01. Identify collective learning and development needs.
- LSILADD03. Plan and prepare learning and development programmes.
- LSILADD05. Develop and prepare resources for learning and development.
- LSICLD1.2.1V2. Plan, prepare and facilitate community learning and developmental group work.
- LSILADD06. Manage learning and development in groups.
- LSILADD07. Facilitate individual learning and development.
- LSIAG27. Facilitate learning in groups.
- LSICLD4.4.1V2. Monitor and evaluate the quality of learning and development activities.
- LSILADD13. Evaluate and improve learning and development provision.
- SFTDW9 Identify the learning and development needs of the groups you work with.

- SCDCCLD0415. Lead in advising and supporting practitioners in early years settings working with children who have additional support needs.
- LSILADD04. Plan and prepare specific learning and development opportunities.
- LSIFL308 v 2. Develop training sessions
- Facilitate the development of effective group practice in health and social care or children and young people's settings (O20c) 683
- Manage induction in health and social care or children and young people's settings (O35) 684

Related legislation and guidance

- List of required Qualifications to work within early years and childcare in Wales 2017. **https://socialcare.wales/resources/list-of-required-qualifications-to-work-within-early-years-and-childcare-sector-in-wales**
- National Occupational Standards guide for Social care early years and childcare. **https://socialcare.wales/learning-and-development/national-occupational-standards-nos**
- Legislative framework for childcare in Wales. **http://www.childreninwales.org.uk/resource/legislative-framework-childcare-wales/**
- Welsh Government. Regulation and inspection of childcare. **https://gov.wales/topics/people-and-communities/people/children-and-young-people/childcare/regulation/?lang=en**
- Welsh Government Early Years. **https://gov.wales/topics/people-and-communities/people/children-and-young-people/early-years/?lang=en**
- National Minimum Standards for regulated childcare for children up to the age of twelve (2016) **http://careinspectorate.wales/docs/cssiw/publications/160303regchildcareen.pdf**
- Early Years and Childcare qualifications, Social Care Wales. **https://socialcare.wales/learning-and-development/early-years-and-childcare-qualifications**
- Welsh Medium childcare and early years education provision (2017) **http://www.comisiynyddygymraeg.cymru/English/Publications%20List/Welsh%20Medium%20Childcare%20and%20Early%20Years%20Provision%20Briefing%20Note.pdf**
- Health and Safety legislation relevant to early years. **http://resources.hwb.wales.gov.uk/VTC/ngfl/nln_materials/nln_health_and_social_care/Health%20and%20safety%20legislation%20relevant%20to%20an%20early%20years%20setting/access/reference.html**
- Childcare, Play and Early years Workforce Plan December 2017. **https://gov.wales/topics/people-and-communities/people/children-and-young-people/early-years/childcare-play-early-years-workforce-plan/?lang=en**
- National Occupational Standards guide for Social care early years and childcare. **https://socialcare.wales/learning-and-development/national-occupational-standards-nos**
- Welsh Government Flying Start. **https://gov.wales/topics/people-and-communities/people/children-and-young-people/parenting-support-guidance/help/flyingstart/?lang=en**
- Reflective practice – what is it and why is it so important? (2018) **https://issuu.com/playwales/docs/reflective_practice?e=5305098/62475902**

- Inspiring learners – how to be a more effective trainer (2018)
  https://issuu.com/playwales/docs/inspiring_learners_2018?e=5305098/62476148

Unit 329   Supporting individuals with enteral feeding

Level:	3
GLH:	15
Credit:	3
Unit Summary:	This unit covers methods for feeding individuals using techniques other than oral feeding namely gastrostomy tube feeding. Learners will develop an awareness of policies and protocols and person-centred approach. They will understand the process and techniques relating to enteral tube feeding. They will also develop skills to carry out enteral tube feeding with individuals and the ability to manage stocks of products.
	In the context of this unit, the term 'individual' refers to adults, children and young people

Learning outcome:

1. Current guidelines, policies and protocols related to enteral feeding

Assessment criteria

You understand:

1.1 Current organisational policies, protocols, national and local guidelines related to enteral feeding
1.2 The potential consequences of not adhering to procedures when caring for **individuals** requiring enteral tube feeding
1.3 The local guidelines in relation to:
   - administering enteral tube feed to individuals and their personal plan
   - infection control procedures associated with enteral tube feeding
   - the importance of clearing away and safe disposal of used equipment
   - The roles of others in caring for individuals with enteral feeding tubes
1.4 The importance of knowing where and when to seek clinical support

Range

Individuals - refers to adults or children in a care setting or living in the community in receipt of home enteral tube feeding

Roles - community nurse, nutrition nurse specialist, dietitian, support roles including speech and language therapist, pharmacist, the broader/virtual team e.g. dental referral/oral health issues as appropriate, roles of third parties e.g. home enteral feeding company

2. Undertake enteral tube feeding techniques

Assessment criteria

You understand:

2.1 The different enteral tubes available and appropriate care for the tube the patient has in situ

2.2 The range of enteral tube feeds available and that the feed prescribed will be dependent upon the individual's nutritional needs

2.3 The importance of maintaining adequate nutrition and hydration to individuals

2.4 The importance of monitoring and recording fluid and feed intake according to an individual's personal plan

2.5 The importance of accurately checking feed, expiry date and volume to be administered according to the individual's personal plan

2.6 The different techniques of enteral tube feed administration e.g. bolus/pump

2.7 The importance of stock rotation and storage conditions

2.8 The adverse reactions or **problems** which may occur prior to, during or post feeding and how to escalate these

2.9 How to minimise the adverse effects of enteral tube feeds e.g. Gastrointestinal symptoms

2.10 The reasons why a feed may need to be delayed or stopped and help to be sought

2.11 The factors which will affect the level of care and support required by individuals, families/carers/others

2.12 The potential psychological, emotional and physical impact enteral tube feeding may have on individuals, families/carers/others

You are able to work in ways
that:

2.13 Carry out daily care of the tube in accordance with the individual's personal plan

2.14 Confirm equipment and feed is:
- appropriate to the procedure
- fit for purpose
- in the personal plan

2.15 Check whether the individual has taken any fluids/nutritional products recently and the completion time of last feed

2.16 Select, check and prepare the feed according to the individual's personal plan

2.17 Position the individual to ensure their safety and comfort during feeding

2.18 Ensure enteral tube feeding is set up:
- Using the most appropriately dated feed
- according to the timing in the individual's personal plan
- using appropriate techniques
- in line with manufacturer's instructions
- to optimise comfort and dignity

2.19 Check that sufficient fluids, feeds and equipment are available for future needs

2.20 Record and report in line with organisational policy and protocol

Problems - include tube blocking/tube leakage/tube displacement (falling out)/buried bumper/infections around the stoma site/reflux/aspiration/nausea and vomiting/constipation/diarrhoea

Unit 329   Supporting individuals with enteral feeding
Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.
For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:
- Reflective account by the learner signed by an expert witness, on supporting an individual (or individuals) who has an enteral feeding tube in situ on a minimum of 3 occasions.
- Documentation/records must be completed clearly, accurately and legibly.

Guidance for delivery

It is recommended that this unit is to be assessed by a registered nurse or nutrition nurse with current enteral feeding experience.

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

IDDSI (the International Diet Dysphagia Standardisation Initiative) has developed a global framework to standardise the way food and fluids for people of all ages with feeding, chewing or swallowing problems are described. The current levels and associated descriptors can be found here: **https://iddsi.org/framework/**

Gastrostomy - a tube inserted directly into the stomach, via a stoma. This tube provides a safe and effective method of ensuring adequate nutritional and fluid intake when oral nutrition and hydration are compromised or where additional intake is necessary (Löser, 2005). This includes **Percutaneous Endoscopic Gastrostomy (PEG)** and **Radiologically Inserted Gastrostomy (RIG)**

Appropriately dated feed – this would be in accordance with stock rotation principles

Related NOS
- CHS17.2012 Carry out Enteral tube feeding techniques to ensure individuals nutritional and fluid intake
- A/601/8980 Prepare for and carry out Enteral tube feeding techniques

Related legislation
- Social Services and Well-being (Wales) Act 2014 - Information and Learning Hub **http://www.ccwales.org.uk/the-act/**
- More Than Just Words and the Follow-on Strategic Framework for Welsh Language Services in Health and Social Care **http://gov.wales/topics/health/publications/health/guidance/words/?lang=en**
- Doing Well, Doing Better: Standards for Health Services in Wales (April 2010)

- Wales Competency Framework to Support Adults who Require Home Enteral Tube Feeding via a Gastrostomy Feeding Tube (April 2016) **www.**wales**.nhs.uk/governance-emanual/opendoc/290078**
- NICE Quality Standard 61 (2014) Infection Prevention and Control **https://www.nice.org.uk/guidance/qs61**
- NICE Clinical Guideline 32. (2017) Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition **https://www.nice.org.uk/Guidance/CG32**
- BAPEN **http://www.bapen.org.uk/**
- PINNT **http://pinnt.com/Home.aspx**

Unit 347   Health promotion

Level:	3
GLH:	20
Credit:	3
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to promote health and support individuals and/or families/carers to make changes to their lifestyle that support healthy living.
	In the context of this unit, 'individuals' refers to adults or children and young people.

Learning outcome:

1. Public health priorities and health promotion in Wales

Assessment criteria

You know:

1.1 Public health priorities in Wales

1.2 The relationship between public health priorities in Wales and:
- personal responsibility
- accountability
- availability and provision of information

1.3 How health promotion campaigns and programmes are targeted to change behaviour

1.4   Where current health promotion information, advice and support can be accessed

Learning outcome:

2. Support individuals and/or their families/carers to make lifestyle changes that promote their health

Assessment criteria

You understand:

2.1   What is meant by the term 'health harming behaviours'

2.2   Methods that can be used to support individuals and/or their families/carers to understand the implications of health harming behaviours and the benefits of making lifestyle changes

2.3   What is meant by realistic changes to lifestyle and why these are dependent on the personal circumstances of individuals and/or their families/carers

2.4   How to support individuals and/or their families/carers to understand their personal responsibility for making changes to support their health

2.5   Methods that can be used to motivate behaviour change

2.6 The importance of role modelling best practice in relation to health promotion

2.7 How to access additional advice, information and support for health promotion

You are able to work in ways that:

2.8 Support individuals and/or their families/carers to understand the implications of health harming behaviours and the benefits of making lifestyle changes

2.9 Promote the benefits of healthy living

2.10 Assist individuals and/or their families/carers to identify realistic opportunities to change their lifestyle

2.11 Support individuals and/or their families/carers to develop a plan to improve health outcomes

2.12 Acknowledge and positively reinforce the efforts of individuals and/or their families/carers to change

2.13 Support individuals and/or their families/carers to review and evaluate their lifestyle changes

Unit 347   Health promotion

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Reflective account by the learner signed by an expert witness, by the learner on engaging individuals (or individuals/families/carers) in the delivery of health promotion sessions. This should include an evaluation of the effectiveness of the activity.
- Documentation/records must be completed clearly, accurately and legibly.

Guidance for delivery

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

Related NOS

- SCDHSC3112 Support individuals to manage their own health and social well-being
- HT3 Enable individuals to change their behaviour to improve their own health and well-being
- PHP41 Enable people to address issues related to health and well-being
- PHS10 Advise others on health and well-being, related issues and their impact

Related legislation and guidance

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

Unit 348 Working as a personal assistant with individuals

Level:	3
GLH:	20
Credit:	3
Unit Summary:	This unit aims to support the learner to develop knowledge, understanding and skills needed to work as a personal assistant.

Learning outcome:

1. The role of direct payments

Assessment criteria

You understand:

1.1 The philosophy of personalised care and direct payments
1.2 What is meant by 'citizen directed approaches'
1.3 How direct payments can be used for care and support
1.4 Legislation and policies relating to direct payments for providing care and support
1.5 Ways in which individuals and families/carers can use direct payments to arrange support to achieve the outcomes that they want
1.6 The concept of 'the individual as the employer'

Learning outcome:

2. The role of personal assistants

Assessment criteria

You understand:

2.1 Your role as a personal assistant
2.2 The types of tasks and activities that you may be required to undertake
2.3 The difference between the role of a personal assistant and a care and support worker employed in formal service provision
2.4 How to clarify the expectations of your employer
2.5 Methods that can be used to develop the knowledge and skills needed to meet the requirements of your employer
2.6 Actions to take if you do not feel that you are competent to undertake any aspects of your role
2.7 How to develop a positive, professional relationship with your employer

You are able to work in ways that:

2.8 Clarify ongoing expectations of your role and responsibilities with your employer

2.9 Establish and undertake learning to develop the knowledge and skills needed to meet the requirements of your employer

2.10 Follow the agreed process if you or your employer have concerns about any aspects of your work

Unit 348   Working as a personal assistant with individuals

Supporting Information

Evidence Requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Expert witness/employer signed reflective account about working as a personal assistant with individuals and/or witness testimony from employer

Guidance for delivery

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

Citizen-directed approaches: social support must address "who the people are" and should fit in with usual habits and choices based on their lifestyle, faith, culture, beliefs etc. E.g. I would prefer to wash my body myself so just need help getting in and out of the bath, even though assistance with bathing may be on the support plan. Personal assistants are on the 'front line' of social support, so need to have knowledge of multi-cultural issues not just welsh language awareness. The 2014 Act asks individuals to take control, insofar as they are capable, of choosing the nature of the support they require as well as when, where and from whom they receive that support. The Act requires workers to hand over power to direct payment recipients (also called individuals) and encourage them to take control.

Employer: Individuals who are assessed as requiring care and support can receive direct payments from local authorities to arrange their own care. This can include employing their own workers to support them. They are known as individual or direct payment employers. Being an employer allows greater choice and control over the care and support they require for daily living. An employer may also be a parent of a disabled child or carer for a family member who manages the direct payments and personal Assistants for the person requiring support.

Personal Assistant: The person employed by the individual employer is called a personal Assistant (PA). As paid staff the Personal Assistant supports his/her employer with a wide range of tasks and activities, helping to support their independence, choice and control and make a real difference to their quality of life.

The difference between the role of a personal assistant and a care and support worker employed in formal service provision: Working as a Personal Assistant is different to working as a care or support worker within a formal organisation. Some of the differences include:

- Their place of work will be their employer's home and local community;
- They undertake a wide range of care and support tasks and activities for one person rather than for a number of people such as in a residential care setting;

- Generally they will work for one employer but some may be employed by more than one individual, performing different care and support for each employer;
- They work within a flexible structure to suit the needs of the individual(s) they are supporting;
- There isn't a standard job description as the duties that a Personal Assistant will be asked to carry out will be dependent on the needs of the individual they are supporting to meet their personal objectives;
- The relationship between a Personal Assistant and their employer can be different to that of a support worker and service user in a residential setting. For example the Personal Assistant may be a family member which creates a different dynamic;
- They are not guided by the policies and procedures of a formal organisation, they would instead work to 'agreed ways of working';
- They will have a broader understanding of all aspects of their employer's life;
- The level of autonomy will vary for most Personal Assistants depending on their employer's desired outcomes; and
- There is a focus on broad outcomes enabling them to live a full life.

Related NOS
- SCDHSC 3123 Manage your relationship as an employee of the individual you support

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

Unit 349   Supporting individuals to access advocacy

Level:	3
GLH:	25
Credit:	4
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to support individuals to access advocacy.

Learning outcome:

1. Legislative frameworks and key principles relating to advocacy

Assessment criteria

You understand:

1.1 The history of advocacy and how it has evolved to current day provision

1.2 Legislation relating to advocacy

1.3 The purpose of advocacy

1.4 Principles of advocacy and why these are important

1.5 **Models** of advocacy and how these can be used to support individuals

1.6 Characteristics of a positive advocacy relationship

Range

Models: instructed advocacy, non-instructed advocacy, self-advocacy, informal advocacy, collective advocacy, peer advocacy, citizen advocacy, independent volunteer advocacy, formal advocacy, independent professional advocacy

Learning outcome:

2. The role of independent advocates

Assessment criteria

You understand:

2.1 The role and responsibilities of independent advocates

2.2 Circumstances where referral to independent advocacy may be required

2.3 Referral procedures within own organisation/setting

Learning outcome:

3. How advocacy can support individuals

Assessment criteria

You understand:

3.1 Why some individuals may require advocacy support

3.2 Potential issues that may lead to individuals accessing advocacy support or independent advocacy

3.3 Potential barriers to individuals accessing advocacy support, and how they can be overcome

3.4 Potential benefits individuals can gain from accessing advocacy support

3.5 How to support individuals to identify the best model of advocacy support to meet their needs

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Learning outcome:

4.   Support individuals to access advocacy support

Assessment criteria

You understand:

4.1 Why it is important to gain consent for referrals to advocacy support

4.2 Protocols for sharing information with advocacy support

4.3 Actions to take where individuals are not able to provide consent

You are able to work in ways that:

4.4 Provide individuals with information about advocacy support

4.5 Work within agreed information sharing protocols

4.6 Support individuals to identify issues and any advocacy support needed

4.7 Gain consent from the individual to make contact, make a referral or share information with advocacy support groups/services

4.8 Follow organisation/setting procedures for making referrals

4.9 Support individuals to engage with advocacy support/services according to role and responsibilities and the nature of the referral for advocacy

4.10 Report and record involvement of advocacy services in line with organisation/setting procedures

Unit 349 Supporting individuals to access advocacy
Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

* Learners will need to evidence supporting an individual to access advocacy support/services.

* Observation or expert witness testimony is acceptable if the nature of the work or sensitivity of the situation will not allow direct observation.

Guidance for delivery

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

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
* Collective advocacy
* Peer advocacy
* Citizen advocacy
* Independent volunteer advocacy
* Formal advocacy
* Independent professional advocacy.

Gain **consent** from the individual to make a referral and share information with independent advocacy services: where the individual has capacity to provide consent. Where this is not possible, agreed protocols should be followed.

Individuals who may require advocacy support: may include individuals with mental ill-health, individuals with a physical impairment, individuals with a learning disability, individuals with autism, individuals with dementia, individuals who are frail, individuals with sensory loss, individuals who require care and support, carers.

Independent advocacy: relates to independent professional advocacy and / or independent volunteer advocacy.

Potential barriers: not having this actively offered, lack of understanding of individual/workers/families/carers of role of advocacy, not knowing what their rights are, not having the right information, lack of confidence, fear, anxiety, lack of capacity, language barriers, communication difficulties, coercive control by another person/people, stereotypical assumptions, judgement and expectations of others because of the life journey or circumstances of the individual.

Potential benefits: having a voice and control, being listened to, gaining confidence, understanding rights, exercising rights, having the support of someone who is not judging or assessing them or has no conflict of interest, achieving positive outcomes.

Potential issues that may lead to individuals accessing advocacy support: harm, abuse or neglect, oppression, discrimination, participation in meetings/decision making processes, dissatisfaction with service provision, access to services, financial support, living arrangements, health or housing issues.

Principles: As outlined within the Advocacy Charter and Code of Practice.

Related NOS
- SCDHSC0367 Support individuals to access independent representation and advocacy
- SFJCJGB7 Advocate on behalf of individuals

Related legislation and guidance

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

Unit 350 Supporting the use of medication in social care settings

Level:	3
GLH:	35
Credit:	5
Unit Summary:	This unit aims to develop the knowledge, understanding and skills of learners to support the use of medication in social care settings.
	This unit is specifically aimed at those in a social care role where individuals are supported in a range of ways (including administration) with their oral and topical medication, in accordance with their care and support plan and in line with national guidance.
	In the context of this unit 'individuals' refers to adults and children and young people.

Learning outcome:

1. Common types of medication and their use

Assessment criteria

You know:

1.1 Common types of medication and their general uses
1.2 Legal classification of different types of medication and implications for their use in social care settings
1.3 Different preparations of medication
1.4 **Different routes** used for medication
1.5 Materials, equipment and aids that are used to support individuals with their medication
1.6 Changes in the individual that may indicate an adverse reaction to their medication
1.7 Actions that should be taken where there are signs or indicators of an adverse reaction to medication

Range

Different routes - oral, enteral (via percutaneous endoscopic gastrostomy - PEG) sublingual, transdermal, parenteral, topical, inhaled, nasal, rectal and vaginal

Learning outcome:

2. Receive, store and dispose of medication supplies safely

You know:

2.1   Actions to take when receiving medication
2.2   How to safely store medication
2.3   How to safely dispose of unused or spoilt medication

You are able to work in ways that:

2.4   Follow organisational policies and procedures to receive, store and dispose of medication

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Learning outcome:

3.   Support the use of medication

Assessment criteria

You understand:

3.1 The importance of supporting the active participation of individuals when assisting use of medication
3.2 The importance of checking information for the **correct use of medication**
3.3 Actions to be taken if there are any:
  - discrepancies
  - conflicting instructions
  - missing or spoilt medications
  - issues with the individual refusing to take prescribed medication

You are able to work in ways that:

3.4   Check information to support the individual with correct use of medication
3.5   Confirm with the individual the level and type of support they need when using medication
3.6   Prepare equipment and the environment for use of medication
3.7   Support the individual with correct use of medication ensuring:
  - the promotion of active participation
  - dignity and respect
  - infection prevention and control measures are followed
3.8   Observe the use of medication to identify any practical difficulties that may occur
3.9   Take actions to address any practical difficulties
3.10 Record use of medication according to own role and responsibilities

Range

Correct use of medication - following information in personal plan, level of support needed, checking label to ensure that medication is in date, correct medication for the individual, the correct dose, the correct route, the correct time to take, checking records for last dose taken

Unit 350   Supporting the use of medication in social care settings

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner supporting individual's within their care in taking medication on a minimum of **three** occasions.
- Observe the learner safely receiving, storing and disposing of medication within their role and responsibility.
- Evidence of documentation/records that are completed clearly, accurately, legibly

Guidance for delivery

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

Changes in an individual's physical, behavioural or interactive capacity could include: confusion, agitation, hyperactivity, drowsiness, unresponsiveness, fine motor tremor, fast heart rate, elevated temperature, rash, vomiting, diarrhoea, swollen tongue, swollen ankles, poor circulation, unusual discharge, unexplained bruising/ bleeding, thrush.

Practical difficulties include: those that relate to lost medication; missed medication, spilt or dropped medication, difficulty taking medication in its prescribed form, the individual refusing to take medication, wrong medication used, adverse reactions to medication or discrepancies in records or directions are noted.

Related NOS

- SCDHSC3122 Support individuals to use medication in social care settings
- SFHRenTP7 Help the patient develop competence in self-administering medication

Related legislation and guidance

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

Unit 351   Supporting adults to manage their diabetes mellitus

Level:	3
GLH:	20
Credit:	3
Unit Summary:	This unit will enable learners to explore the importance of well-being in the context of care and support for individuals with diabetes. They will develop a thorough understanding of factors that affect the health and well-being of individuals and their treatment and management of diabetes. Learners will implement a person-centred approach to support adults to manage their diabetes mellitus.

Learning outcome:

1. Diabetes mellitus and its management

Assessment criteria:

You understand:

1.1   Different **types of diabetes**
1.2   The normal blood glucose range
1.3   Signs and symptoms of **unstable** diabetes
1.4   Why ketonuria is detrimental to health
1.5   Action to take if an individual with diabetes is unresponsive
1.6   Risk factors that may lead to development of Type 2 diabetes
1.7   The importance of preventing/delaying the development of Type 2 diabetes in individuals at risk
1.8   Potential long term complications of unstable diabetes
1.9   List reviews and checks to screen for long term complications
1.10 Links between diabetes and other conditions
1.11 The impact of other illnesses and their management on glycaemic control
1.12 **Ways in which diabetes can be managed**
1.13 The effect of insulin on blood glucose levels
1.14 The effect and side effects of common oral anti-hyperglycaemic agents

Range
Types of diabetes - type 1, type 2
Unstable – hypoglycaemia, hyperglycaemia, ketosis, ketoacidosis, ketonuria
Ways in which diabetes can be managed - non-pharmacological (lifestyle advice) and pharmacological (oral and injectable)

2. Understand well-being in the context of care and support for individuals with diabetes

Assessment criteria:

You understand:

2.1   The challenges faced by individuals diagnosed with diabetes
2.2   The impact of different types of transitions on individuals with diabetes
2.3   Positive risk taking approaches that may be adopted to reduce restrictive practices within diabetes care
2.4   The effects of glycaemic control in relation to
  - lifestyle choices
  - eating patterns
  - attitudes to food
  - physical activity
2.5   The importance of set targets and plans to achieve a balance between
  - achieving lower HbA1c
  - minimising and managing the risk of hypoglycaemia/hyperglycaemia
  - the individual's lifestyle choices
2.6   The importance of recording and reporting the care and support provided for individuals with diabetes

Learning outcome:

3. The importance of communication with individuals and other agencies

Assessment criteria

You understand:

3.1   How to clearly communicate information to individuals with diabetes relating to
  - their condition and treatment
  - their lifestyle
  - their personal care
3.2   The importance of supporting communication between agencies
3.3   The roles of
  - Multi-disciplinary teams
  - Diabetic specialist nurses

Learning outcome:

4. Implement person-centred approaches when supporting individuals with diabetes

Assessment criteria

You are able to work in ways that:

4.1   Encourage individuals to develop their own personal plan
4.2   Support individuals to develop **self-care skills**
4.3   Encourage individuals to use their agreed personal plans

4.4   Record and report concerns that might affect the ability of an individual with diabetes to self-care

Range

Self-care skills - take their own glucose measurements, follow a well-balanced diet

Learning outcome:

5.   Understand factors that impact on the health and well-being of individuals with diabetes

Assessment criteria

You understand:

5.1   The nutritional needs and importance of a balanced diet for individuals with diabetes
5.2   The effects of different carbohydrates and refined sugars on blood glucose level
5.3   The factors that can affect nutrition and hydration
5.4   The importance of maintaining good personal hygiene procedures
5.5   How diabetes can affect foot health

Unit 351 Supporting adults to manage their diabetes mellitus

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Produce a signed reflective account when communicating/supporting an individual to manage their diabetes
- Evidence of documentation that is completed clearly, accurately, legibly

Guidance for delivery

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

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

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

Agencies: care workers, colleagues, managers, diabetic specialist nurse, multi-disciplinary teams and other agencies

Communicate: sensitivity to age, level of understanding, individual's preferences.

HbA1C Glucose sticks to the haemoglobin to make a 'glycosylated haemoglobin' molecule, called haemoglobin A1C or HbA1C. The more glucose in the blood, the more haemoglobin A1C or HbA1C will be present in the blood. The HbA1C test is currently one of the best ways to check diabetes is under control but HbA1C is not the same as the glucose level.

Person-centred: is a way of working which aims to put the person at the centre of the care situation taking into account their individuality, wishes and preferences.

Other conditions: dementia, depression, pregnancy, retinopathy, kidney disease (nephropathy), peripheral neuropathy, vascular and neurological problems in feet and lower legs, cardiovascular risk, cystic fibrosis, depression.

Transitions: moving between settings and treatments, developing diabetes and living with the risk of other associated conditions.

Factors: culture and religion, individual preferences and habits, physical factors – positioning, oral hygiene, psychological factors – depression, eating disorders, income, lifestyle and social convention, exercise and physical activity, advertising and fads, family and peer group influences, ethics, morals and political beliefs, neglect.

Related NOS

- Diab HA9 Help an individual with diabetes to improve blood glucose control
- Diab HA5 Help an individual understand the effects of food, drink and exercise on their diabetes
- Diab HD2 Assist an individual to sustain oral medication to improve their condition
- Diab HA13 Provide information and advice to enable an individual with diabetes to minimise the risks of hypoglycaemia
- Diab HA12 Enable an individual with Type 2 diabetes to start insulin therapy

Related legislation and guidance

- Diabetes UK website – https://www.diabetes.org.uk/home
- www.nice.org.uk/guidance
- Diabetes Delivery Plan for Wales 2016-2020 The best standard of care for everyone with diabetes (December 2016)

Unit 352   Undertaking physiological measurements in adults

Level:	3
GLH:	20
Credit:	3
Unit Summary:	This unit will enable learners to develop the knowledge and skills required to undertake physiological measurements in a range of health and care organisations/settings. Physiological measurement is a major area of the diagnostic service portfolio. It provides a wide range of investigations and elements in the care pathway that are essential in diagnosis recognise changes in conditions and identify the need for appropriate therapeutic interventions.

Learning outcome:

1. Agreed ways for undertaking physiological measurements

Assessment criteria

You know:

1.1 **Agreed ways of working** that affect own work practice when undertaking **physiological measurements**

1.2 Own role and responsibilities for obtaining valid consent and the importance of doing this

1.3 Standard checks that should be made on the equipment used to take physiological measurements

Range

Agreed ways of working - national guidelines, policies, protocols and good practice
Physiological measurements - blood pressure, pulse, temperature, Oxygen saturation, respiration, body mass index (BMI)

Learning outcome:

2. Undertake physiological measurements

Assessment criteria

You know:

2.1 The importance of baseline measurements

2.2 The anatomy and physiology of the
   - circulatory system
   - respiratory system

2.3 What blood pressure is and its normal systolic and diastolic ranges

2.4 The terms 'hypertension' and 'hypotension'

2.5 How and why to select the correct cuff size for blood pressure monitoring

2.6   The main pulse points in the body

2.7   **Key features of a pulse** and its normal ranges

2.8   Pulse oximetry and what might affect accuracy of reading

2.9   Normal body temperature ranges and explain how the body maintains them

2.10 How and why respirations are measured, and the normal respiration ranges

2.11 **Features of breathing** that would be observed in addition to rate

2.12 Principles of body mass index (BMI) in relation to weight/dietary control

2.13 Actions to be taken if complications occur during the measurement

2.14 Responsibilities for action if physiological measurements fall outside normal ranges

2.15 Factors that affect physiological measurements

You are able to work in ways that:

2.16 Explain to the individual, and their family/carer what physiological measurements will be undertaken and gain valid consent

2.17 Check equipment is fit for purpose when preparing to take physiological measurements

2.18 Check the documentation for which physiological measurements need to be taken and prescribed frequency

2.19 Take physiological measurements accurately adapting procedures according to condition of the individual

2.20 Monitor the condition of the individual when taking physiological measurements

2.21 Record and report physiological measurements in line with agreed ways of working

2.22 Clean and decontaminate equipment used and dispose of waste

2.23 Restock and store equipment securely following the procedure

Range

Key features of a pulse – rate, rhythm, quality

Features of breathing – depth of breath, quality of breath, chest symmetry, noises, use of accessory muscles

Unit 352   Undertaking physiological measurements in adults

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner carrying out a minimum of five sets full sets of physiological measurements, these should be taken in practice or under simulation where measurements not naturally occurring within organisation/setting role
- Learners must be able to identify a minimum of five factors affecting physiological measurements pulse.

Guidance for delivery

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

The content of this unit requires learners to develop an understanding of nine key physiological measurements. It is anticipated that learners completing this unit will be undertaking the majority of these measurements within their work environment or placement environment. If any of the measurements are not applicable to the learner's environment, then coverage of these measurements via simulation is acceptable.

Oximetry: A pulse oximeter is a medical device that indirectly monitors the oxygen saturation of a patient's blood.

Sphygmomanometer: An instrument for measuring blood pressure, typically consisting of an inflatable rubber cuff which is applied to the arm and connected to a graduated scale, enabling the determination of systolic and diastolic blood pressure by increasing and gradually releasing the pressure in the cuff.

Consent: informed, assumed, implied, verbal.

Equipment: sphygmomanometer, oxygen saturation machine, stethoscope, thermometer, weighing scales, height measure.

Condition: level of conciousness and response, confusion, skin state.

Related NOS

- CHS19 Undertake routine clinical measurements
- CHS224 Set up equipment to monitor physiological function

Related legislation and guidance

- CIW https://careinspectorate.wales/?lang=en
- GMC Website www.gmc-uk.org

Unit 353 Providing care to adults with indwelling urinary catheters

Level:	3
GLH:	20
Credit:	3
Unit Summary:	This unit will enable learners to develop the skills and knowledge to support individuals to safely maintain indwelling urinary catheters. Learners will consider guidelines on current best practice, personal responsibilities and accountability, anatomy and physiology as well as considerations of comfort, dignity, privacy and respect.

Learning outcome:

1. Current national and local guidelines in relation to caring for adults with indwelling urinary catheters

Assessment criteria

You understand:

1.1 Current legislation, local and national guidance and protocols which relate to urinary catheter care
1.2 Boundaries of own role in relation to caring for adults with urinary catheters
1.3 Why the use of indwelling urinary catheters should be avoided if at all possible

Learning outcome

2. Urinary catheter care

Assessment criteria

You know:

2.1 The anatomy and physiology of male and female urinary tracts
2.2 Differences between urethral and suprapubic catheterisation
2.3 Different types of urinary catheters
2.4 Reasons for urethral and suprapubic catheterisation for males and females
2.5 Equipment and materials used in urinary catheter care
2.6 Potential complications associated with urethral and suprapubic indwelling catheters
2.7 Signs and symptoms associated with complications
2.8 Actions that should be taken when complications associated with urethral and suprapubic indwelling catheters are identified
2.9 The information that should be given to an individual about care of urinary catheters
2.10 Health and safety and infection control measures required when supporting an individual to care for and manage their urinary catheter

3. Support individuals with urinary catheter care

You are able to work in ways
that:

3.1 Confirm individual's identity and gain informed consent

3.2 Apply standard precautions for infection prevention and control, and health and safety
measures

3.3 Prepare required equipment prior to caring for the urinary catheter

3.4 Maintain the individual's comfort, dignity and privacy throughout

3.5 Clean meatus appropriately

3.6 Encourage individuals to participate in urinary catheter care activity taking into account
their abilities, personal beliefs and preferences

3.7 Support individuals to use catheter care equipment and/or materials in line with
manufacturer's guidelines and agreed ways of working

3.8 Observe the condition of the individual throughout the process, reporting concerns in line
with organisation/setting procedures

3.9 Dispose of waste materials safely and hygienically

3.10 Encourage individuals to undertake hand hygiene practices

3.11 Record and report support provided in line with organisation/setting procedures

Unit 353   Providing care to adults with indwelling urinary catheters

Supporting Information

Evidence Requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.
For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

* Reflective account by the learner signed by an expert witness, about providing support to an adult with an indwelling urinary catheter on at least one occasion.
* Evidence of documentation completed must be recorded clearly, accurately and legibly in line with organisation/setting policies.

Guidance for delivery

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

Meatus: passage/opening leading to the inside of the body e.g. Urethral meatus, abdominal wound.

Different types of urinary catheters: materials (e.g. rubber, plastic, silicone), frequency of change, colour.

Related NOS

* SCDHSC0219 Support individuals to manage continence

Related legislation and guidance

* NHS website - **https://www.nhs.uk/conditions/urinary-catheters/**
* NHS direct Wales **http://www.nhsdirect.wales.nhs.uk/encyclopaedia/u/article/urinarycatheterization/**
* Royal Marsden guidance **https://www.rmmonline.co.uk/**

Unit 354 Providing care and support for adults with Coronary Heart Disease (CHD)

Level:	3
GLH:	20
Credit:	3
Unit Summary:	This unit provides learners with the knowledge and practical skills required to support individuals experiencing Coronary Heart Disease (CHD) (also known as ischaemic heart disease). Learners will develop the practical skills required to provide immediate and long-term support to individuals to manage their condition.

Learning outcome:

1. National guidelines and public health messages relating to the care of adults with coronary heart disease

Assessment criteria

You know:

1.1 Local and national legislation relating to coronary heart disease
1.2 Public health messages relating to coronary heart disease

Learning outcome:

2. Coronary heart disease

Assessment criteria

You know:

2.1 The anatomy and physiology of the heart and its **associated structures**
2.2 The term 'coronary heart disease'
2.3 **Common coronary heart conditions** and their potential causes
2.4 The differences between **common coronary heart conditions**
2.5 **Signs and symptoms** of individuals experiencing common coronary heart conditions
2.6 Potential **treatment options** for common coronary heart conditions
2.7 The long-term impacts of common coronary heart conditions
2.8 Potential risk factors relating to coronary heart disease
2.9 The impact of different factors on coronary heart disease

Range
Associated structures – veins, arteries, aorta, capillaries
Common coronary heart conditions – angina, myocardial infarction (MI)/acute coronary syndrome (ACS), heart failure

Signs and symptoms – typical, atypical

Treatment options – surgery, medication, cardiac rehab, lifestyle modification, CPR

Learning outcome:

3. Cardio-Pulmonary Resuscitation (CPR)

Assessment criteria

You know:

3.1   National guidelines relating to the provision of CPR
3.2   Organisation/setting procedures for performing CPR
3.3   The 'cardiac chain of survival'
3.4   Organisation/setting procedures for alerting emergency medical help
3.5   The significance of Do Not Attempt Resuscitation (DNAR) in relation to the provision of CPR

Learning outcome:

4. Support individuals experiencing coronary heart conditions

Assessment criteria

You are able to work in ways
that:

4.1   Explain to the individual, their family/carer, the nature of support to be provided and gain informed consent
4.2   Monitor the condition and well-being of individuals in line with organisation/setting procedures
4.3   Provide support to individuals on managing their heart condition and its symptoms
4.4   Signpost individuals, their family/carers, to information on how to manage their heart condition and its symptoms
4.5   Provide evidence of organisation/setting CPR training compliance
4.6   Record and report concerns in line with organisation/setting procedures

Unit 354   Providing care and support for adults with Coronary Heart Disease (CHD)

Supporting Information

Evidence Requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Reflective account by the learner signed by an expert witness, on supporting an individual (or individuals) experiencing Coronary Heart Disease.
- Documentation/records must be completed clearly, accurately and legibly.

Guidance for delivery

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

Angina: the most common form of coronary heart disease. It is characterised by a heaviness or tightness in the centre of the chest which may spread to the arms, neck, jaw, face, back and/or stomach. Angina occurs when the arteries of the heart become narrow and not enough oxygen-rich blood can reach the heart muscle, especially when its demands are high, such as during exercise

Coronary Heart Disease (CHD): happens when the heart's blood supply is blocked or interrupted by a build-up of fatty substances in the coronary arteries. The two main forms of CHD are heart attack (also known as myocardial infarction) and angina. This is also referred to as ischaemic heart disease.

Heart failure: when the heart muscle is unable to pump blood as efficiently around the body. It occurs because the heart is damaged or overworked. Some people with minor heart failure may have few or no symptoms. People with moderate or severe heart failure often suffer from a number of problems, including shortness of breath, general tiredness and swelling of the feet and ankles.

Do Not Attempt Resuscitation (DNAR): A Do Not Attempt Resuscitation form is a document issued and signed by a doctor, which tells the medical team not to attempt CPR. It is not a legally binding document. Instead, it helps to communicate to healthcare professionals involved in care that CPR shouldn't be attempted.

Long term impacts of coronary heart disease: lifestyle, medication, deterioration/premature death, psychological, confidence, family/relationships.

Risk factors relating to coronary heart disease: diet, exercise, smoking, environment, genetics, financial ability.

Impact of factors on coronary heart disease: environmental, social, lifestyle/behavioural, psychological, biological.

Related NOS

- CHD HB1 Recognise indications of heart conditions and take appropriate action
- CHD ED3 Encourage behaviour and activities that reduce the risk of Coronary Heart Disease (CHD)

Related legislation and guidance

- Together for Health: Heart Disease Annual report 2016 **http://www.wcn.wales.nhs.uk/sitesplus/documents/1193/Heart%20Disease%20Annual%20Report%202016%20**
- NICE guidelines – Acute coronary syndrome, cardiovascular conditions
- Welsh government – Out of hospital cardiac arrest plan
- Welsh government – Heart conditions delivery plan
- Cardiac delivery plan 2015
- British Heart Foundation - **https://www.bhf.org.uk/**
- Welsh Hearts - **http://welshhearts.org/**

Unit 355   Providing recognition, escalation and response to acute physical deterioration

Level:	3
GLH:	20
Credit:	3
Unit Summary:	The purpose of this unit is to be able to work competently to contribute to the recognition, escalation and treatment of the individual with acutely deteriorating physical condition.

Learning outcome:

1. Acute deterioration, sepsis and acute kidney injury including the importance of early recognition, escalation, and treatment

Assessment criteria

You understand:

1.1   The impact of sepsis, Acute Kidney Injury (AKI) and other causes of deterioration upon the individual

1.2   The importance of swift and efficient escalation of care

1.3   The importance of quick and appropriate response to the acutely deteriorating patient

1.4   That acute deterioration may be a natural part of the end of a person's life.

1.5   Elements of and rationale for using the 'Sepsis 6' and 'All Wales AKI' care bundles and for implementation of **advanced care plans.**

Range

Advanced care plans - the use of End of Life pathways, DNACPR orders and 'Goals of Care' depending upon local policy

Learning outcome:

2. Use assessment skills, physical observations and basic tools to identify acute deterioration

Assessment criteria

You are able to work in ways that:

2.1   Demonstrate the ability to perform the sets of **observations** to calculate a National Early Warning Score **(NEWS)**

2.2   Calculate a National Early Warning score (NEWS) from the observations

2.3   Recognise normal and abnormal observation parameters

2.4   Calculate **normal urine output** and optimum level of hydration

2.5   Recognise abnormal urine output rate

2.6   Recognise cardiorespiratory arrest

Range

Observations - include respiratory rate (RR), Oxygen saturations, Blood Pressure (BP), Heart Rate (HR), Level of consciousness and temperature.

NEWS - is calculated from these observation parameters in a way that is standard in Wales and in much of the UK. Calculation is supported by tools such as the NEWS Card and App

Normal urine output rate - is calculated as approximately > 0.5 ml/kg. Calculation is supported by tools such as the Wee Wheel

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Learning outcome:

3. Use basic work stratification methods and communication tools in order to begin the escalation of care process

Assessment criteria

You are able to work in ways that:

3.1   Use standard **methods/approaches/tools** to recognise abnormal physical signs and understand when specific escalation is appropriate

3.2   Demonstrate documentation of increased NEWS and associated level of risk

3.3   Use communication tools (i.e SBAR) to **escalate** the appropriate level of care

3.4   Show ability to use tools to increase frequency and level of observations

3.5   Use a sepsis screening tool to identify level of risk

Range

Methods/approaches/tools to include:
- Calculation of NEWS and risk level
- Individual/carer/relative reported abnormality including 'New confusion'
- Reduced urine output or change in urine colour.
- Sepsis screening tools and NEWS Wales App

Escalate - include observation chart, standard operating procedure (SOP) and Situation, Background, Assessment, Recommendation (SBAR) forms

Increasing level and frequency of observation includes using fluid input/output charts

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Learning outcome:

4. Know how to respond or support the first responder in immediate treatment of the acutely deteriorating individual

Assessment criteria

You are able to work in ways that:

4.1   Quickly access the correct equipment for responding to sepsis and AKI

4.2   Perform basic life support

Unit 355   Providing recognition, escalation and response to acute physical deterioration

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe demonstration of the skills detailed above in either simulation or organisation/setting environment

- Evidence of documentation that is completed clearly, accurately, legibly

- Expert witness testimonies to be used as supporting evidence

Guidance for delivery

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

Learning Outcome 2 would benefit from learners being exposed to a range of different situations where different NEW Scores will be calculated; this may include:

* 0 – minor illness

* a medium score – suspected SEPSIS

* a high score – on an end of life pathway

* a medical emergency with a score of 10 or 11

A range of different situations may need to be simulated to ensure that learners have full access to the range of scenarios they may experience in a real working environment.

AKI: Acute Kidney Injury

Correct equipment: oxygen cylinder and mask, a sepsis response box, blood bottles, IV or SC fluids and appropriate paperwork depending upon local policies

NEWS: National Early Warning Score

RRAILS: Rapid Response to Acute Illness Learning Set

Related NOS

- SCDHSC0224 Monitor the condition of individuals
- SCDHSC0216 Help address the physical comfort needs of individuals

Related legislation and guidance

- Singer M. et al (Feb 2016) The Third International Consensus Definitions for Sepsis and Septic Shock (Sepsis-3). JAMA. 315(8):801-10.

- National Institute for Health and Care Excellence. (July 2016) Sepsis: recognition, diagnosis and early management, Clinical Guidelines 51. NICE.

- Adding Insult to Injury. A review of the care of patients who died in hospital with a primary diagnosis of acute kidney injury (acute renal failure). NCEPOD (2009).

- **http://gov.wales/about/cabinet/cabinetstatements/previous-administration/2016/mortalitydata/?lang=en**

- Royal College of Physicians. *National Early Warning Score (NEWS) 2: Standardising the assessment of acute-illness severity in the NHS*. Updated report of a working party. London: RCP, 2017.

- National Confidential Enquiry into Patient Outcome and Death (2012) Time to intervene? A review of patients who underwent cardiopulmonary resuscitation as a result of an in-hospital cardiorespiratory arrest. London: NCEPOD.

- National Confidential Enquiry into Patient Outcome and Death (2015) Just say sepsis! A review of the process of care received by patients with sepsis. London: NCEPOD.

- Robinson G (2013) Providing assurance, driving improvement. Cardiff: 1000 Lives Plus.

- National Institute for Health and Care Excellence. Acutely Ill patients in hospital: recognition of and response to acute illness in adults in hospital. NICE Clinical Guidelines 50; 2007.

- Patient Safety Notice PSN 029 / March 2016 Standardising the early identification of acute kidney care. Welsh Government

- Patient Safety Alert PSA 002 / 12 September 2014 The prompt recognition and initiation of treatment for sepsis for all patients. Welsh Government.

- Public Service Ombudsman for Wales. 2016. Out of Hours: Time to Care

- Daniels R. Surviving the first hours in sepsis: getting the basics right (an intensivist's perspective). J Antimicrob Chemother2011; 66(Suppl. 2), ii11—ii23.

- Daniels R, Nutbeam T, McNamara G, Galvin C. The sepsis six and the severe sepsis resuscitation bundle: a prospective observational cohort study. Emerg Med J 2011;28(June (6)):507—12.

- Dellinger RP, Levy MM, Rhodes A, Annane D, Gerlach H, Opal SM,et al. Surviving Sepsis Campaign: international guidelines for management of severe sepsis and septic shock. Crit Care Med2013; 41(2):580—637.

- Hancock C. The Good NEWS for Wales: implementation by NHS Wales of the National Early Warning Score (NEWS) Cardiff: 1000Lives Plus/Welsh Government; 2013 **http://www.1000livesplus.wales.nhs.uk/sitesplus/documents/1011/Good%20NEWS%20for%20Wales%20%28web%29.pd**

- Hancock, C. 2015 A national quality improvement initiative for reducing harm and death from sepsis in Wales. Intensive and Critical Care Nursing (2015) 31, 100—105

- SOFA, SIRS, and Early Warning Scores for Detecting Clinical Deterioration in Infected Patients Outside the ICU. (20 Sept 2016) Churpek et al Am J Respir Crit Care Med.

- Levy MM, Dellinger RP, Townsend SR, Linde-Zwirble WT, Mar-shall JC, Bion J, et al. The Surviving Sepsis Campaign: results of an international guideline-based performance improvement programme targeting severe sepsis. Crit Care Med 2010;38:1e8.

- Churpek MM, Snyder A, Han X et al. (2017) Quick sepsis-related organ failure assessment, systemic inflammatory response syndrome, and early warning scores for detecting clinical deterioration in infected patients outside the intensive care unit. Am J Respir Crit Care Med, 195(7): 906-11.

- Fleischmann C, Scherag A, Adhikari NK et al. (2016) Assessment of global incidence and mortality of hospital-treated sepsis. current estimates and limitations. Am J Respir Crit Care Med, 193(3): 259-72.

- Holmes J, Rainer T, Geen J et al. (2016) Acute kidney injury in the era of the AKI e-alert. Clin J Am Soc Nephrol, 11(12): 2123-31.

- Szakmany T, Lundin RM, Sharif B et al. (2016) Sepsis prevalence and outcome on the general wards and emergency departments in Wales: results of a multicentre, observational, point prevalence study. PLoS ONE 11(12): e0167230.

- Dougherty, L. and Lister, S. eds., 2015. The Royal Marsden manual of clinical nursing procedures. John Wiley & Sons.NPSA. Safer Care for Acutely Ill Patients: Learning from Serious Incidents. 2007 National Patient Safety Agency

- Parliamentary and Health Service Ombudsman. Time to act — severe sepsis: rapid diagnosis and treatment saves lives. London: PHSO;2013, **http://www.ombudsman.org.uk/time-to-act**

Unit 356   Supporting nutrition and hydration for individuals with special dietary requirements

Level:	3
GLH:	20
Credit:	2
Unit Summary:	This unit aims to support learners to develop the knowledge and skills needed to support individuals with special dietary requirements.

Learning outcome:

1. Promote balanced nutrition and hydration

Assessment criteria

You know:
1.1   The role of essential nutrients for health
1.2   Factors that may affect nutritional intake
1.3   **Special dietary requirements** individuals may have
1.4   The importance of supporting individuals with special dietary requirements to follow their diets
1.5   Signs of potential malnutrition
1.6   The purpose of monitoring an individual's nutrition and hydration
1.7   Ways in which nutrition and hydration can be monitored
1.8   Referral processes when there are concerns about the nutrition and hydration of individuals
1.9   How to access additional support and information relating to nutrition and hydration

You are able to work in ways that:
1.10 Support individuals with special dietary requirements
1.11 Monitor the nutrition and hydration of individuals
1.12 Implement, record and report actions identified by nutritional monitoring

Range
Special dietary requirements – those requiring a special diet, for cultural, moral or religious reasons (e.g. vegetarian, vegan), special diets for medical reasons (e.g. modified texture, gluten-free, modified diet for diabetes, food allergies, coeliac disease, increased energy density through food fortification, oral nutritional supplements,) allergy free (e.g. nut-free, milk-free)

Unit 356   Supporting nutrition and hydration for individuals with special dietary requirements

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Reflective account by the learner signed by an expert witness, on supporting an individual with special dietary needs.

- Documentation/records must be completed clearly, accurately and legibly.

Guidance for delivery

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

IDDSI (the International Diet Dysphagia Standardisation Initiative) has developed a global framework to standardise the way food and fluids for people of all ages with feeding, chewing or swallowing problems are described. The current levels and associated descriptors can be found here: **https://iddsi.org/framework/**

Factors may include: social, financial, physical, lack of knowledge, neglect, mobility and accessibility/ lack of transport, behavioural, poor appetite, low mood, confusion, poor memory. Certain disabilities or sensory issues, physical problems that make swallowing or eating difficult, health problems that reduce appetite, affect digestion, cause pain on eating or cause the body to need more energy than usual e.g. heart problems, effects of medication

Monitored: BMI, weight charts, food and fluid charts.

Related NOS
- SKAB116 Deliver services to help people achieve and maintain a healthy weight

Related legislation and guidance

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

Unit 357   Supporting individuals to manage dysphagia

Level:	3
GLH:	20
Credit:	3
Unit Summary:	This unit will enable learners to support individuals with dysphagia, following an assessment by a speech and language therapist. Learners will consider the national guidelines that relate to dysphagia and ways of supporting individuals to maintain health and well-being.

Learning outcome:

1.   Dysphagia and its impact on individuals

Assessment criteria

You understand:

1.1   The term 'dysphagia'
1.2   The anatomy and physiology related to swallowing
1.3   Underlying causes and contributory factors of abnormal swallowing
1.4   Signs and symptoms of dysphagia
1.5   The importance of maintaining good oral health in individuals with dysphagia
1.6   Factors that impact on the ability to swallow
1.7   Issues and risks that can arise with dysphagia
1.8   The implications of dysphagia on individuals' well-being
1.9   Psychological and emotional impacts of swallowing difficulties on individuals and their families/carers
1.10   Potential barriers to successful management of dysphagia

Learning outcome:

2.   Guidelines relating to the care of individuals experiencing dysphagia

Assessment criteria

You understand:

2.1   Local and national guidelines related to supporting individuals with dysphagia
2.2   Roles of professionals in contributing to assessment, treatment and care of individuals with dysphagia
2.3   Personal role within scope of practice, in relation to the care of individuals with dysphagia
2.4   Tools used in the assessment of dysphagia
2.5   Own organisation/setting position on supporting individuals with dysphagia at mealtimes

3. How to support individuals to manage dysphagia

Assessment criteria

You understand:

3.1 Management options for individuals with dysphagia
3.2 Support needed to maintain good nutritional health of individuals with dysphagia
3.3 Support needed to promote well-being for individuals with dysphagia
3.4 Specific interventions required for individuals who require artificial nutritional support
3.5 The process for responding to difficulties relating to dysphagia
3.6 The potential risks of families/carers or others of non-compliance with management plans
3.7 Activities that can be carried out with individuals in order to help them develop and maintain swallowing skills
3.8 Triggers for re-assessment of swallow function

Learning outcome:

4. Support individuals to manage dysphagia

Assessment criteria

You are able to work in ways
that:

4.1 Check individuals care plan for details of support required to manage their dysphagia
4.2 Confirm individuals identity and gain valid consent prior to providing support
4.3 Support individuals with dysphagia to maintain good nutrition and hydration
4.4 Encourage and support individuals to maintain good oral heath
4.5 Provide the individual, their family/carer with information and advice, in line with their care plan
4.6 Record and report care provided in line with organisation/setting procedures, escalating concerns as necessary

Unit 357 Supporting individuals to manage dysphagia
Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Reflective account by the learner signed by an expert witness, supporting an individual (or individuals) with dysphagia.
- Documentation/records must be completed clearly, accurately and legibly.

Guidance for delivery

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

This unit is intended to be taken by individuals who have a role that supports individuals who take medication, but not in a role where they are responsible for the administration of medication. The learner should be instructed of the importance of working within their role and responsibilities at all time when working with and around medication.

IDDSI (the International Diet Dysphagia Standardisation Initiative) has developed a global framework to standardise the way food and fluids for people of all ages with feeding, chewing or swallowing problems are described. The current levels and associated descriptors can be found here: **https://iddsi.org/framework/**

Dysphagia: the medical term for swallowing difficulties. Some individuals with dysphagia have problems swallowing certain foods or liquids, while others can't swallow at all. Over time, dysphagia can also cause symptoms such as weight loss and repeated chest infections.

Factors that impact on the ability to swallow: individual's medical and physical state (including sensory impairment, loss of bodily function, loss of cognition), presentation, pacing, consistency and taste of food and drink

Support Methods: use of eating and drinking aids (including utensils, cutlery), verbal and physical prompts, rate of presentation of oral intake, verbal and non-verbal cues from the individual, ease of access, modified diet and fluids, positioning

Artificial nutritional support: enteral routes, parenteral routes

Difficulties relating to dysphagia: aspiration, coughing, choking, malnutrition, dehydration, respiratory compromise

Related NOS

- SCDHSC0214 Support Individuals to eat and drink
- CHS159 Provide support to individuals to develop their skills in managing dysphagia

Related legislation and guidance

- Guideline for the identification and management of swallowing difficulties in adults with learning difficulties

Unit 358   Undertaking electrocardiography (ECG)

Level:	3
GLH:	20
Credit:	4
Unit Summary:	This unit provides learners with the knowledge and practical skills required to take electrocardiogram recordings safely efficiently and effectively. Learners will develop the practical skills required to perform recordings to gain accurate results with minimum discomfort and anxiety to the individual being tested.

Learning outcome:

1. Current guidelines relating to electrocardiography (ECG)

Assessment criteria

You understand:

1.1 Current legislation, local and national guidance and protocols which relate to ECGs
1.2 Standard precautions taken before ECGs and the potential consequences of poor practice
1.3 Additional considerations individuals may have which may affect the performance or quality of ECG recordings
1.4 Results disclosure considerations in respect of the procedure and own scope of practice

Learning outcome:

2. Undertake ECG procedures on individuals

Assessment criteria

You understand:

2.1 The structure and function of the heart
2.2 The conduction system of the heart
2.3 The purpose of ECG procedures
2.4 Clinical conditions and reasons for referral for ECG examinations
2.5 Normal ECG results
2.6 Recording devices used in ECG procedures
2.7 The correct **positioning** for ECG procedures
2.8 Sources of potential electrical interference and how to recognise them

You are able to work in ways that:

2.9 Check equipment is fit for purpose when preparing to take ECG recordings
2.10 Explain to the individual, their family or carer the nature of the procedure and gain valid consent

2.11 Work with consideration of the privacy and dignity of the individual throughout the procedure

2.12 Prepare sites and position electrodes to optimise results, taking account of additional considerations identified

2.13 Encourage the individual to relax and remain immobile during the procedure

2.14 Use recording equipment following standard operating procedures, checking quality of output

2.15 Label recordings in line with organisation/setting procedures and protocols

2.16 Monitor the condition of individuals whilst ECG is in progress, responding to, reporting and recording adverse signs/symptoms as necessary

2.17 Report results in line with agreed ways of working

2.18 Inform individuals, their family or carer on procedures for obtaining results and further referral

Range
Positioning – of patient, of electrode

Unit 358   Undertaking electrocardiography (ECG)
Supporting Information

Evidence Requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

* Observe the learner carrying out ECG recording procedures on a minimum of **three** occasions.

Guidance for delivery

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

Electrocardiogram - An electrocardiogram (ECG) is a test used to check the rhythm of the heart and its electrical activity. Sensors are attached to the skin to detect the electrical signals produced by the heart each time it beats.

* Electrocardiography – the procedure of taking ECGs
* Electrocardiograph – the printed result of the procedure

NB – these terms can be used interchangeably when referring to the procedure and the outcome of the procedure

Additional considerations: could include age, mobility, medical conditions (e.g. Parkinson's disease)

Sources of potential electrical interference: could include moving, tremor, coughing, equipment (e.g. electric bed), vibration, pre-existing conditions, pacemaker

Label: with relevant information including individual's details, date of procedure, person performing the procedure

Related NOS

* CHS130 Perform routine Electrocardiograph (ECG) procedures

Related legislation and guidance

* NICE guidelines – Recording a standard twelve lead ECG and approved methodology
* British Cardiovascular Society Guidelines -
  http://www.bcs.com/pages/page_box_contents.asp?pageID=704

Unit 359 Providing care and support for adults with chronic respiratory conditions

Level:	3
GLH:	20
Credit:	3
Unit Summary:	This unit provides learners with the knowledge and practical skills required to support individuals with chronic respiratory conditions. Learners will develop the practical skills required to provide immediate and long term support to individuals to manage their condition.

Learning outcome:

1. National guidelines and public health messages relating to the care of adults with chronic respiratory conditions

Assessment criteria

You know:

1.1 Local and national legislation relating to chronic respiratory conditions
1.2 Public health messages relating to chronic respiratory conditions
1.3 The impact of different factors on chronic respiratory conditions

Learning outcome:

2. Chronic respiratory conditions

Assessment criteria

You know:

2.1 The anatomy and physiology of healthy lungs and **associated structures**
2.2 **Common chronic respiratory conditions** and their potential causes
2.3 **Signs and symptoms** of individuals experiencing chronic respiratory conditions
2.4 Potential treatment options for chronic respiratory conditions
2.5 The long-term impacts of chronic respiratory conditions
2.6 Potential risk factors relating to chronic respiratory conditions

Range
Associated structures – mouth, nose, pharynx, larynx, trachea, bronchus, diaphragm, intercostal muscles, ribs,
Common chronic respiratory conditions – Chronic Obstructive Pulmonary Disease (COPD), fibrosis, emphysema, asthma, industrial disease
Signs and symptoms – typical, atypical

3. Cardio-Pulmonary Resuscitation (CPR)

Assessment criteria

You understand:

3.1 National guidelines relating to the provision of CPR
3.2 Organisation/setting procedures for performing CPR
3.3 The differences between respiratory arrest and cardiac arrest
3.4 The 'chain of survival'
3.5 Organisation/setting procedures for alerting emergency medical help
3.6 The significance of Do Not Attempt Resuscitation (DNAR) in relation to the provision of CPR
3.7 The requirements for CPR training compliance within own organisation/setting

Learning outcome:

4. Support individuals experiencing chronic respiratory conditions

Assessment criteria

You are able to work in ways
that:

4.1 Explain to the individual, their family or carer, the nature of support to be provided and gain informed consent
4.2 Maintain the health and safety of the environment when providing support for individuals experiencing chronic respiratory conditions
4.3 Identify the normal functional ability of individuals experiencing chronic respiratory conditions
4.4 Monitor the condition and well-being of individuals in line with organisation/setting procedures
4.5 Provide support to individuals on managing their respiratory condition and its symptoms
4.6 Source and provide information to individuals, their family or carer, to manage the individuals respiratory condition and its symptoms
4.7 Answer questions and concerns raised by the individual during procedures in line with role responsibility
4.8 Record and report concerns in line with organisation/setting procedures

Unit 359　　Providing care and support for adults with chronic respiratory conditions
Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner supporting an individual (or individuals) experiencing chronic respiratory conditions on a minimum of three occasions.
- Documentation/records must be completed clearly, accurately and legibly.

Guidance for delivery

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

Do Not Attempt Resuscitation (DNAR): A Do Not Attempt Resuscitation form is a document issued and signed by a doctor, which tells the medical team not to attempt CPR. It is not a legally binding document. Instead, it helps to communicate to healthcare professionals involved in care that CPR shouldn't be attempted.

Chronic Obstructive Pulmonary Disease (COPD): a lung disease characterized by chronic obstruction of lung airflow that interferes with normal breathing and is not fully reversible.

Factors that impact on chronic respiratory conditions: environmental, social, lifestyle/behavioural, psychological, biological.

Potential treatment options for chronic respiratory conditions: medication, oxygen, pulmonary rehab, lifestyle modification, surgery, CPR, C-PAP, Bi-PAP.

Long term impacts of chronic respiratory conditions: lifestyle, medication, deterioration/premature death, psychological, confidence, family/relationships.

Risk factors for chronic respiratory conditions: smoking, environment, genetics, financial ability, social influences, diet, exercise.

Normal functional ability of those with chronic respiratory conditions: respiratory rate, respiratory rhythm, respiratory depth, level of independence, oxygen saturation, anxiety level.

Related NOS

- CHS67 Support individuals with long term conditions to manange their respiratory function

Related legislation and guidance

- British Thoracic Society Guidance - **https://www.brit-thoracic.org.uk/standards-of-care/guidelines/**

Unit 360   Providing support to individuals following a stroke

Level:	3
GLH:	25
Credit:	3
Unit Summary:	This unit provides learners with the knowledge to understand the possible causes, and different types of stroke. The practical skills required to support individuals following a stroke implementing a person-centred approach to care.

Learning outcome:

1. Stroke and transient ischaemic attacks (TIAs) and their impacts on individuals

Assessment criteria

You know:

1.1 The incidence rates of stroke and TIAs
1.2 What is the difference between a stroke and a 'TIA'
1.3 The common causes of strokes and TIAs'
1.4 The signs and symptoms of a stroke and TIA
1.5 The potential long-term effects of a stroke
1.6 The reasons for variations in the effects of a stroke on an individual
1.7 Why stroke is a medical emergency

Learning outcome:

2. Provide support and assistance to an individual, families/carers following a stroke

Assessment criteria

You know:

2.1 The principles and practice of rehabilitation, and factors which limit this
2.2 The members of the multi-disciplinary team involved in an individual's personal plan as it relates to the individual, families/carers/others

You are able to work in ways that:

2.3 Support an individual to build on their individual strengths and maximise their independence
2.4 Promote an individual's comfort, mobility and safety:
   - Utilise mobility aids
   - Positioning (limb positioning, position of aids, drinks, tables)

- Prevention of pressure damage
- Safe eating and drinking
- Promotion of continence
- Use effective communication methods suited to the individual

2.5 Contribute to implementing care plans in accordance with organisation/setting requirements

2.6 Provide feedback to the individual, families/carers/others in line with organisation/ setting requirements

2.7 Record and report concerns in line with organisation/setting procedures

Unit 360 Provide support to individuals following a stroke

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Reflective account by the learner signed by an expert witness, on supporting an individual (or individuals) following a stroke.
- Documentation/records must be completed clearly, accurately and legibly.

Guidance for delivery

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

IDDSI (the International Diet Dysphagia Standardisation Initiative) has developed a global framework to standardise the way food and fluids for people of all ages with feeding, chewing or swallowing problems are described. The current levels and associated descriptors can be found here: **https://iddsi.org/framework/**

Comfort, mobility and safety for an individual with a Stroke: Positioning of affected limbs, the risk of dislocation / injury. The use of suitable aids that encourage use of affected side. This requires that items can be seen by an individual whose vision may be impaired (usually on the opposite side to the hemiplegia), and that prevent pressure damage.

Long-term effects of Stoke: to include psychological, cognitive and physical impacts.

Safe eating and drinking: a common effect of Stroke includes swallowing difficulties which may require the use of alternative feeding methods, such as the thickeners, textured diets and gastrostomy feeds.

Signs and Symptoms of a Stroke/TIA: Limb weakness (hemiplegia), facial weakness, impact on mental capacity, ability to self-care, potential loss of mobility, difficulty with swallowing (dysphagia) and nutrition, sensory loss, impact on communication skills e.g. - aphasia, dysphasia.

Related NOS

- SFHS1 Respond to the needs of individuals with stroke or Transient Ischaemic Attack (TIA)
- SFHS5 Implement interventions for individual who have had a stroke or Transient Ischaemic Attack (TIA)

- SKAD516 Design, agree and adapt a physical activity programme with adults after stroke

Related legislation and guidance

- Welsh Government (2016) Well-being statement for people who need care and support and carers who need support
  http://gov.wales/docs/dhss/publications/150629wellbeingen.pdf
- **Stroke Association: https://www.stroke.org.uk/finding-support/wales-caring-and-you-service**
- **STARS (Stroke Training and Awareness Resources:**
  http://www.strokecorecompetencies.org/node.asp?id=home

Unit 209   Responding to anaphylactic reactions

Level:	2
GLH:	10
Credit:	2
Unit Summary:	This unit provides learners with a full understanding of the causes and treatment of anaphylaxis, how it affects the body and how it can be diagnosed and treated. Learners will look in detail at how anaphylaxis impacts on the lives of individuals / children and their families/carers and will learn the skills required to support them in the event of an anaphylactic reaction.
	In the context of this unit, the term 'individual' refers to adults, children and young people.

Learning outcome:

1. Respond safely to an anaphylactic reaction

Assessment criteria

You know:

1.1 How anaphylaxis differs from other allergic reactions
1.2 Signs and symptoms of anaphylaxis
1.3 The associated body systems responsible for anaphylactic reaction
1.4 The different **types of anaphylaxis**
1.5 Potential triggers to anaphylaxis
1.6 Methods of treating anaphylactic reaction, including equipment and drugs
1.7 Factors that determine the appropriate treatment for anaphylactic reactions
1.8 Where to source advice, support and guidance on anaphylaxis and allergic reactions
1.9 Guidelines and protocols that relate to supporting children and their families/carers with anaphylaxis and allergic reactions
1.10 Procedures that can minimise the likelihood of allergic reaction and anaphylaxis occurring

You are able to work in ways that:

1.11 Provide support to individuals/children who are exhibiting the signs and symptoms of an anaphylactic reaction
1.12 Follow the ABCDE approach to treating an anaphylactic reaction
1.13 Follow organisation/setting procedures for the safe storage of adrenalin for treating anaphylactic reactions
1.14 Report and record the instance of anaphylactic reaction and actions taken in line with organisation/setting policy and procedures, and any agreements with individual's/child's family/carer

Types of anaphylaxis - uniphasic, biphasic, protracted

Unit 209   Responding to anaphylactic reactions
Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.
For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner carrying out a simulated response to an anaphylactic reaction. **Simulation of anaphylactic reaction and required response is allowed.**

Guidance for delivery

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

Anaphylaxis: Anaphylaxis is an extreme and severe, life-threatening, generalised or systemic hypersensitivity reaction. It is characterised by rapidly developing life-threatening airway and/or breathing and/or circulation problems usually associated with skin and mucosal changes

Signs and symptoms: could include flushing of the skin, hives/rash on the skin, panic/anxiety, swelling of mucus membranes (e.g. tongue, throat, lips and mouth), difficulty in swallowing or speaking, elevated heart rate, severe asthma/breathing difficulties, abdominal pain, nausea/vomiting, drop in blood pressure, dizziness, feeling faint/fainting, collapse and unconsciousness

Potential triggers: could include food (e.g. peanuts, almonds, walnuts, cashews, Brazil nuts, sesame, fish, shellfish, dairy products, eggs), medicine (e.g. penicillin, aspirin), chemicals, materials (e.g. latex), bee/wasp/insect stings, environment (e.g. hay fever)

Support: Support should be provided in line with setting/organisation policies and procedures and in line with role and responsibilities. Support could include calling for help, making them comfortable and safe, administering injectable adrenalin where appropriate and in line with role and responsibility, removing the trigger

ABCDE approach: This approach can be used to assess and treat patients suffering an anaphylactic shock. ABCDE stands for - Airway, Breathing, Circulation, Disability, Exposure

Related NOS

- SFHAL1 Link an individual to follow up care after an acute, severe allergic reaction
- SFHAL 2 Recognise when to consider allergy in an individual
- SFHAL10 Enable staff in educational environments to support the management of an individual's allergy

Related legislation and guidance

- NICE Guidelines **https://www.nice.org.uk/Search?q=Anaphylaxis**
- NICE Guidance QS119 on Anaphylaxis **https://www.nice.org.uk/guidance/qs119**
- BSACI (British Society for Allergy and Clinical Immunology) is an organisation for healthcare professionals caring for patients with allergy- **http://www.bsaci.org**
- Allergy UK **https://www.allergyuk.org/**
- NHS Wales Website-Allergies **http://www.nhsdirect.wales.nhs.uk/encyclopaedia/ff/article/allergies**
- Royal College of Paediatrics and Child Health-Allergy Care Pathways **http://www.rcpch.ac.uk/improving-child-health/clinical-guidelines-and-standards/search-paediatric-clinical-guidelines/publi#allergy**
- NHS Wales **http://www.nhsdirect.wales.nhs.uk/Encyclopaedia/a/article/anaphylaxis/**
- Resuscitation Council UK **https://www.resus.org.uk/anaphylaxis/**
- Anaphylaxis UK **https://www.anaphylaxis.org.uk**
- Health and Care Standards   Welsh Government April 2015 **http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf**

Unit 239   Supporting individuals with management of continence

Level:	2
GLH:	15
Credit:	4
Unit Summary:	This unit aims to support learners to develop the knowledge and skills needed to assist individuals to manage their continence in ways that promote their dignity and self-esteem.

Learning outcome:

1. Support individuals to manage their continence

Assessment criteria

You know:

1.1 What is meant by 'continence' and 'incontinence'

1.2 The anatomy and physiology of the urinary system

1.3 The anatomy and physiology of the alimentary canal

1.4 Factors that impact on continence

1.5 The importance of maintaining cleanliness and hygiene, of self and others, when supporting individuals with their continence management

You are able to work in ways that:

1.6 Support individuals to communicate their preferences about managing their continence

1.7 Support individuals to make regular use of toilet facilities to enable them to achieve a pattern of elimination in line with their personal plan

1.8 Maintain accurate records and report changes in individuals' patterns of elimination

1.9 Support individuals to select food and drink that will support continence

1.10 Support individuals to use continence aids in line with their needs and preferences

1.11 Encourage individuals to use recommended clothing, continence aids and management techniques to support continence

1.12 Support individuals to use continence aids and management techniques in ways that maximise their independence, self-respect, dignity and privacy

1.13 Record and report when continence aids and management techniques being used appear to be unsuitable

Learning outcome:

2. Support individuals with urinary incontinence

You know:

2.1 Types of urinary incontinence

2.2 Symptoms of urinary incontinence

2.3 Causes of and conditions associated with urinary incontinence

2.4 Treatments and interventions for urinary incontinence

2.5 Aids that may be used to support urinary incontinence

You are able to work in ways that:

2.6 Support individuals with agreed treatments and interventions for urinary incontinence

2.7 Maintain environment, equipment and materials correctly in accordance with guidelines and protocols

2.8 Support individuals to maintain their personal hygiene whilst managing urinary continence

2.9 Apply infection control principles when supporting individuals with urinary incontinence

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Learning outcome:

3. Support individuals with faecal incontinence

Assessment criteria

You know:

3.1 Causes of faecal incontinence

3.2 Symptoms of faecal incontinence and associated conditions

3.3 Tests that are used to identify causes of faecal incontinence

3.4 Treatments and interventions for faecal incontinence

You are able to work in ways that:

3.5 Support individuals with agreed treatments and interventions for faecal incontinence

3.6 Maintain environment, equipment and materials correctly in accordance with guidelines and protocols

3.7 Support individuals to maintain their personal hygiene whilst managing faecal incontinence

3.8 Apply infection control principles when supporting individuals with faecal incontinence

Unit 239 Supporting individuals with management of continence

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Reflective account by the learner signed by an expert witness, detailing providing support to individual on at least one occasion
- Supporting individuals to manage incontinence can be assessed via discussion of what the learner has done, and why, as opposed to actual observation (for the benefit of respecting the dignity of the individual).

Guidance for delivery

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

Aids: incontinence pads, slip pads, incontinence pants, sheath, self-intermittent catheters, catheters (urinary drainage bags, link systems, catheter valves, support garments, straps and stands).

Causes of and conditions associated with urinary incontinence: to include nonorganic factors (e.g. developmental issues, overproduction of urine); voluntary holding of urine, constipation, urinary tract infections, other underlying medical problems, stress incontinence.

Causes of faecal incontinence: to include constipation with overflow soiling; neurological damage. Learners should be aware that faecal incontinence is a symptom, often with multiple contributory factors and should therefore avoid making simplistic assumptions that causation is related to a single primary diagnosis.

Providing individuals with support charts would form part of the support of individuals to maintain their continence.

Symptoms of incontinence: leakage of urine, frequency of urination, reluctance to drink fluids.

Treatments and interventions: to include lifestyle, physical and behavioural therapies (e.g. bladder retraining, pelvic floor exercises), review of eating habits and fluid intake, medication (e.g. anticholinergics), surgical approaches, neuro-stimulation, invasive procedures, conservative management options.

Anticholinergics: can control overactive bladder (OAB) by relaxing bladder muscles. OAB drugs, which are most common in tablet form, also help prevent urine leaks by controlling bladder spasms.

Related NOS

- SCDHSC0219 Support individuals to manage continence
- CC01 Assess bladder and bowel dysfunction
- CC11 Implement toileting programmes for individuals
- CC09 Enable individuals to effectively evacuate their bowels
- CC08 Care for individuals using containment products

Related legislation and guidance

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

Unit 212   Supporting individuals with moving and positioning

Level:	2
GLH:	20
Credit:	3
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to assist individuals with moving and positioning. The unit covers the principles of moving and positioning, ergonomics and posture as well as techniques for safe moving and positioning.
	In the context of this unit, the term 'individual' refers to adults, children and young people.

Learning outcome:

1. Anatomy and physiology related to manual handling and moving and positioning

Assessment criteria

You know:

1.1 The anatomy and physiology of the human body in relation to manual handling and moving and positioning

1.2 The importance of good posture

1.3 What is meant by the term 'musculoskeletal disorders' (MSD's) and the potential short term and long term implications of these

1.4 The importance of an **ergonomic approach** to manual handling and moving and positioning for musculoskeletal health

1.5 Potential risks to individuals and those assisting if moving and positioning is not carried out correctly

Range

Ergonomic approach - takes into account the nature of the task, the individual, the load, the environment and worker participation

Learning outcome:

2. Preparation for assisting individuals with moving and positioning

Assessment criteria

You understand:

2.1 **Actions** that need to be undertaken before assisting an individual with moving and positioning

You are able to work in ways that:

2.2   Follow required actions before assisting an individual with moving and positioning

Range
Actions - check risk assessments and plans (personal plans, manual handling plans, risk assessments for pressure area care), agree any support required from other workers, ensure footwear and clothing are safe for moving and positioning, prepare the environment removing any hazards and ensuring adequate space for the move, check and prepare moving and positioning equipment that is to be used ensuring that it is safe, clean, charged and in date, apply infection prevention and control measures, establish with the individual the level of support they need for the move, where possible ensure the individual understands the reason for being moved or positioned in a particular way, where possible obtain consent from the individual for the move

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Learning outcome:

3.   Assist individuals with moving and positioning

Assessment criteria

You know:

3.1   **Moving and positioning activities** that may be used to assist individuals
3.2   Why individuals should not be dragged
3.3   Moving and positioning equipment that is used to assist individuals
3.4   The importance of clear communication and co-ordination of actions for moving and positioning
3.5   Actions to take where there are concerns about:
   • an individual
   • moving and positioning equipment
   • unsafe practice

You are able to work in ways that:

3.6   Follow the agreed plans for safely assisting individuals with moving and positioning
3.7   Encourage active participation in moving and positioning activities
3.8   Communicate with, observe the individual and adjust their position to:
   • minimise pain, discomfort and friction
   • ensure dignity, privacy and respect
   • maximise independence
   • ensure safety
3.9   Co-ordinate actions with others when assisting individuals with moving and positioning
3.10 Return the environment to its normal arrangement
3.11 Ensure that moving and positioning equipment is clean, safe, returned to its agreed location and is ready for future use
3.12 Apply infection and prevention control standards
3.13 Complete records according to workplace procedures

Range
Moving and positioning activities - individuals moving independently, walking independently from one surface to another, moving independently with instruction, being assisted by one

care and support worker, being assisted by two care and support workers, being assisted using agreed moving and positioning equipment

Unit 212   Supporting individuals with moving and positioning

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner supporting individuals with moving and positioning on a minimum of **three** occasions.
- Documentation and records must be completed clearly, accurately and legibly.

Guidance for delivery

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

Moving and positioning equipment: could include fixed hoists, mobile hoists, glide sheets, tubular sheet, handling slings, moving and handling belt, electric profiling bed, turntable, bed ladder, hand blocks, leg raiser, full-length lateral transfer board, straight and curved transfer board, stand aid, stand and turn disc, sleep systems.

Moving and positioning activities: making safety checks on equipment, pushing, pulling and turning loads, lifting and lowering loads from the floor / low level, adjusting posture whilst sitting, carrying a load across a short distance, cylinder handling, pushing loads up and down a ramp.

Musculoskeletal disorders: covers any injury, damage or disorder of the joints or other tissues in the upper/lower limbs or back.

Related NOS

- SCDHSC0360 Move and position individuals
- HSC 2028 Move and position individuals in accordance with their plan of care
- HSC223 Contribute to moving and handling individuals
- PCS23 Assist in the transfer and positioning of patients within the perioperative environment

Related legislation and guidance

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

- Lifting Operations and Lifting Equipment Regulations (1998)
  http://www.hse.gov.uk/work-equipment-machinery/loler.htm
- Reporting of Injuries, Diseases & Dangerous Occurrences Regulations (2013)
  http://www.hse.gov.uk/riddor/index.htm
- All Wales NHS Manual Handling Training Passport and Information Scheme (2010)
  http://www.nationalbackexchange.org/files/training_guidelines/all_wales_nhs_manual_handling_passport_scheme.pdf
- WLGA Manual Handling Passport Scheme, Manual Handling of People Guidance for Social Care
- Health and Care Standards Welsh Government April 2015
  http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf
- HSE – What you need to do – Moving and handling
  http://www.hse.gov.uk/healthservices/moving-handling-do.htm

Unit 240 Supporting individuals to maintain mobility and minimise the risk of falls

Level:	2
GLH:	20
Credit:	2
Unit Summary:	This unit aims to support the learner to develop the knowledge and skills to support and monitor an individuals' mobility. It covers principles of fall prevention and the importance of risk assessment to minimise risk of falls to maintain mobility. In the context of this unit, the term 'individuals' refers to adults and children and young people.

Learning outcome:

1. The importance of an individual maintaining their mobility

Assessment criteria

You understand:

1.1   The term 'mobility'
1.2   Factors that can affect an individual's mobility
1.3   Benefits of an individual maintaining mobility
1.4   The impact of reduced mobility on an individual's health and well-being
1.5   Professionals who can provide advice and support for mobility
1.6   The importance of following individuals' personal plans for **mobility activities**

Range
Mobility activities: daily living, social, exercise, physiotherapy, occupational therapy

Learning outcome:

2.   Reducing the risk of falls

Assessment criteria

You understand:

2.1   The importance of using risk assessments to identify and manage factors which might contribute to a person falling
2.2   The importance of exercise to improve strength and balance to minimise the risk of falls
2.3   The use of **mobility equipment and appliances** and their role in falls prevention
2.4   The process to follow if an individual has fallen

You are able to work in ways that:
2.5   Use risk assessments to identify and manage factors and hazards that can lead to falls

2.6   Promote the use of suitable footwear, clothing and mobility equipment and appliances to reduce the risk of falls

2.7   Record and report concerns about factors that may lead to falls and any actions taken to reduce risks

Range

Mobility equipment and appliances: walking frames, wheel chairs, sticks, custom made appliances

Learning outcome:

3.   Support individuals with mobility activities in line with their personal plan

Assessment criteria

You are able to work in ways that:

3.1   Communicate with individuals about support for mobility activities

3.2   Ensure safe practice by:

- removing or minimising hazards before beginning mobility activities
- checking the suitability of individuals' clothing and footwear for safety and mobility
- checking the safety and cleanliness of mobility equipment and appliances

3.3   Promote the active participation of individuals during mobility activities

3.4   Assist individuals to use appropriate equipment safely and correctly

3.5   Provide feedback and encouragement to individuals during mobility activities

3.6   Support individuals to review and continually develop skills for managing their mobility

3.7   Report on progress or problems relating to mobility activities

Unit 240   Supporting individuals to maintain mobility and minimise the risk of falls

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner on a minimum of **two** occasions supporting individuals with mobility activities in line with their personal plan
- Related documentation/records must be completed clearly, accurately and legibly.

Guidance for delivery

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

Active participation: a way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible; the individual is regarded as an active partner in their own care or support, rather than a passive recipient.

Related NOS

- SCDHSC0215. Help individuals maintain mobility
- SCDHSC0235. Enable individuals to make their way around specific places.

Related legislation and guidance

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

Unit 242   Supporting individuals with sensory loss

Level:	2
GLH:	20
Credit:	3
Unit Summary:	This unit aims to support learners to develop the knowledge and skills needed to support individuals with sensory loss.

Learning outcome:

1. Different types of sensory loss and potential impacts on individuals

Assessment criteria

You know:

1.1 The difference between congenital and acquired **sensory loss** and how these may have different impacts on individuals and the support that they need
1.2 Links between **other conditions/impairments** and sensory loss
1.3 The importance of early intervention and support for individuals with sensory loss

Range

Sensory loss - hearing loss, sight loss, dual sensory loss, taste, smell and touch, multi-sensory impairments

Other conditions/impairments - learning disability, autism, physical impairment, dementia, frailty, diabetes

Learning outcome:

2. Support individuals with sight loss, hearing loss or dual sensory loss

Assessment criteria

You know:

2.1 The range of methods that can be used to support communication with individuals who have:
- Sight loss
- Hearing loss
- Dual sensory loss
2.2 Actions to take where there are signs that indicate changes in sensory loss
2.3 **Aids and adaptations** that individuals can use to support independence and engagement in a valued range of meaningful activities
2.4 Ways of supporting individuals to navigate their environment independently
2.5 Actions to take to minimise environmental barriers and their impact on individuals
2.6 Professionals and agencies who provide advice, information and support for sensory loss

You are able to work in ways that:

2.7 Use effective methods of communication with individuals with sensory loss

2.8 Use agreed aids and adaptations to support independence and engagement in a valued range of meaningful activities

2.9 Support individuals with sensory loss to navigate their environment safely

Range

Aids and adaptations - adaptations to the environment, methods of communication, visual aids, hearing aids, speech and language aids, guide dogs, hearing dogs, enabling dogs, walking aids, personalised communication aids, electronic assistive technology

Unit 242 Supporting individuals with sensory loss
Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner on a minimum of **two** occasions supporting the use of aids and adaptions to support effective communication and engagement activities

Guidance for delivery

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

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

Sensory loss:
- People who are deaf
- People who are hard of hearing
- People who are culturally Deaf (British Sign language Users)
- People who are culturally Deaf and losing their sight
- People with hearing loss
- People with hearing loss who are losing their sight
- People who are deafened
- People with tinnitus
- People who are blind since birth
- People with sight loss at later stages
- People with sight loss who are losing their hearing
- People who are blind and partially sighted
- People who are congenitally deafblind
- People with acquired dual sensory loss
- People with loss of taste, smell and touch
- People with multi-sensory impairments.

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

Related NOS

- SCDSS11 Support the independent living skills of Deafblind people
- SCDSS1 Develop your own professional practice and promote awareness of vision impairment issues
- SCDSS2 Develop your own professional practice and promote awareness of hearing impairment, Deaf issues and cultural communication needs
- SCDSS3 Develop your own professional practice and promote awareness of Deafblind issues

Related legislation and guidance

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

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

Level:	2
GLH:	10
Credit:	2
Unit Summary:	This unit aims to support learners to develop the knowledge and skills needed to support food safety practice in health and social care settings.
	The unit is not an accredited food safety qualification, it does however, reflect current best practice.
	In the context of this unit, the term 'individual' refers to adults, children and young people.

Learning outcome:

1. Maintain food safety requirements when handling food and drink

Assessment criteria

You know:
1.1 Legislation related to food safety
1.2 Potential **food safety hazards** when handling food and drink
1.3 Causes of food poisoning and illness related to the handling of food and drink
1.4 The importance of maintaining **food safety measures** when handling food and drink for individuals
1.5 The importance of promoting food safety measures with individuals
1.6 Where to access information about food safety when handling food and drink

You are able to work in ways that:
1.7 Promote the importance of effective hand washing
1.8 Follow **food safety measures** when handling food and drink for individuals
1.9 Promote the safe handling of food and drink with individuals

Range
Food safety hazards - microbiological, chemical and physical, allergenic
Food safety measures - effective controls, minimise risks, hand washing, use of appropriate personal protective equipment, ensuring clean surfaces, equipment and utensils before and after handling food, clearing away promptly and safely, safe disposal of food and drink, safe food temperatures, effective controls for storing food and drink, utensils and equipment

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

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.
For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner on a minimum of **two** occasions following food safety measurements when handling food and drink with individuals

Guidance for delivery

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

Causes of food poisoning and illness: cross contamination, microscopic bacteria on hands, food, surfaces and equipment, preparation of food too far in advance of eating, food within the temperature 'danger zone' range of 5 – 63°

Effective controls: ambient/dry food stores, correct dates on packaging /use by date, labels on opened packaging or cooked foods, refrigerated cold storage (5^0c), hot holding food (63^0), frozen storage (-18^0), ingredients / foods that can cause food allergy, prevention of pests in the kitchen.

Hand washing: six steps of washing hands, use of hot soapy water.

Information about food safety: websites, local EHO, local government publications, food standards agencies.

Legislation: the Food Safety Act 1990, the Food Hygiene Regulations [Wales] 2006.

Personal protective equipment: including hairnets, disposable aprons, gloves, no perfume or jewellery.

Related NOS
- PPL2GEN309 Maintain food safety when storing, preparing and cooking food
- SCDHSC0213 Provide food and drink to promote individuals' health and well-being

Related legislation and guidance

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

Unit 244 Supporting individuals to manage pain and discomfort

Level:	2
GLH:	15
Credit:	2
Unit Summary:	This unit aims to provide learners with the knowledge and skills needed to support individuals to manage pain and discomfort. It covers approaches to pain management, assistance in minimising pain and discomfort and monitoring, recording and reporting on the management of pain and discomfort. In the context of this unit, individuals can refer to adults and children and young people.

Learning outcome:

1. Assisting in minimising pain and discomfort

Assessment criteria

You know:

1.1 What is meant by the terms 'pain' and 'discomfort'
1.2 Potential non-verbal indications that an individual may be in pain or discomfort
1.3 How pain and discomfort may affect an individual's well-being and communication
1.4 How to support the use of **measures to alleviate pain and minimise discomfort**
1.5 Agreed ways of working that relate to managing pain and discomfort
1.6 The importance of a holistic approach to managing pain and discomfort

You are able to work in ways that:

1.7 Encourage an individual to express if they feel pain and discomfort
1.8 Encourage an individual to use self-help methods of pain control
1.9 Carry out agreed measures to alleviate pain and minimise discomfort
1.10 Offer support to others who may be distressed by the individual's pain and discomfort
1.11 Carry out required monitoring and recording for the management of an individual's pain or discomfort
1.12 Follow organisational/setting procedures for escalation and referral where:
   - there are concerns about an individual's pain and discomfort
   - pharmacological interventions may be required

Range
Measures to alleviate pain and minimise discomfort - medication, repositioning, hot and cold packs, adjustment to bedding, heating, lighting or noise, use of specialised mattresses, pressure reducing aids, different approaches (meditation and relaxation, massage, aromatherapy, acupuncture, acupressure, TENS machines, distraction techniques)

Unit 244   Supporting individuals to manage pain and discomfort

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.
For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Reflective account by the learner signed by an expert witness, about supporting individuals to manage pain and discomfort on at least one occasion
- Related documentation/records must be completed clearly, accurately and legibly.

Guidance for delivery

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

Agreed measures: in accordance with personal plan and accountability of own role.

Others could include: families/carers, workers, other individuals or children and young people.

Related NOS

- SFHCHS164 Manage pain relief for an individual
- SCDHSC0216 Help address the physical comfort needs of individuals

Related legislation and guidance

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

Unit 245   Undertaking peak expiratory flow rate (PEFR) readings

Level:	2
GLH:	15
Credit:	2
Unit Summary:	This unit will enable learners to develop the basic knowledge and skills required to undertake peak expiratory flow rate readings. Learners will develop the practical skills required to perform recordings to gain accurate results with minimum discomfort and anxiety to the individual being tested.
	In the context of this unit, the term 'individual' refers to adults, children and young people.

Learning outcome:

1. Current guidelines for undertaking Peak Expiratory Flow Rate (PEFR) procedures

Assessment criteria

You know:

1.1 Current legislation, local and national guidance and protocols which relate to PEFR procedures
1.2 Standard checks that should be undertaken on equipment used to obtain PEFR readings
1.3 National 'age wise' distribution of height and PEFR ranges

Learning outcome:

2. Undertake PEFR procedures

Assessment criteria

You know:

2.1 The normal resting **breathing** rate

2.2 Factors that affect respiratory rates in individuals

2.3 Conditions that can be detected and monitored by PEFR procedures

2.4 Equipment used to take PEFR measurements

2.5 Care and hygiene considerations for PEFR measurement equipment

2.6 Potential concerns individuals may have in relation to PEFR procedures

2.7 Risk factors to undertaking PEFR readings

You are able to work in ways that:

2.8 Explain to the individual, their family or carer, the nature of the procedure and gain valid consent

2.9 Check equipment is fit for purpose when preparing to take PEFR readings

2.10   Ensure the privacy and dignity of the individual throughout the procedure

2.11   Provide instructions to the individual on how to perform PEFR

2.12   Instruct individual to stand or support them to sit upright

2.13   Use equipment to obtain measurements accurately

2.14   Record the highest reading taken from three attempts in line with national guidelines

2.15   Monitor the condition of individuals when taking measurements

2.16   Answer questions and concerns raised by the individual in line with role responsibility

2.17   Clean and decontaminate equipment used and dispose of waste

Range

Breathing - rate, rhythm, depth

Unit 245 Undertaking peak expiratory flow rate (PEFR) readings

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner carrying out a minimum of **three** PEFR procedures.

Guidance for delivery

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

Organisation/setting Standard Operating Procedure (SOP) - must be followed when completing this unit.

Peak Expiratory Flow Rate: a simple measurement of the maximum speed of expiration in one second. It is often used to help diagnose and monitor asthma. A peak flow test involves blowing as hard as possible into a small, hand-held device called a peak flow meter following full inspiration. The recording taken is the best of three attempts.

Risk factors: could include medication, existing conditions, exacerbating condition, bronchospasm, excessive wheeze, recent surgery.

Related NOS

- CHS217 Perform point of care testing

Related legislation and guidance

- British Thoracic Society Guidance – Management of asthma
- NICE guidelines **https://www.nice.org.uk/guidance/ng80**

Appendix 1   Relationships to other qualifications

Links to other qualifications

This qualification has connections to the following qualifications:

- Level 2 Health and Social Care: Core
- Level 2 Health and Social Care: Principles and Contexts
- Level 3 Health and Social Care: Practice (Adults)
- Level 3 Health and Social Care: Practice (Children and Young People)