

# Level 4 Adult Placement/ Shared Lives

July 2021 Version 1.1

## Qualification Handbook

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Version and date	Change detail	Section
1.1 July 2021	<b>Registration and Certification</b> section updated	Centre Requirements

## Qualification at a glance

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

<b>Title and level</b>	<b>Reference number</b>	<b>Accreditation number</b>
Level 4 Adult Placement/ Shared Lives	8040-11	C00/4016/6

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# 1 Introduction

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

Area	Description
Who is the qualification for?	<p>This qualification aims to develop the knowledge, understanding, behaviours and skills of workers who are responsible for supporting shared lives placements/arrangements and Adult Placement/Shared Lives Carers.</p> <p>This qualification has been developed in close collaboration with key sector stakeholders, including Social Care Wales and Health Education and Improvement Wales (HEIW).</p> <p>This qualification is practice-based and assesses learners' knowledge and practice. It is designed for learners in work-based learning, further education and higher education.</p>
What does the qualification cover?	<p>This qualification will allow learners to develop the knowledge and skills required to undertake a role that supports shared lives placements/arrangements and Adult Placement/Shared Lives Carers.</p>
What opportunities for progression are there?	<p>The qualification allows learners to progress within employment or further study at a higher level.</p> <p>For more information on requirements to work within the Health and Social Care sector, including specific job roles, refer to the 'Qualification framework for social care and regulated childcare in Wales' which can be accessed on the Social Care Wales' website. <b><a href="https://socialcare.wales/resources/qualification-framework-for-the-social-care-sector-in-wales">https://socialcare.wales/resources/qualification-framework-for-the-social-care-sector-in-wales</a></b></p>
Who did we develop the qualification with?	<p>The unit content of this qualification has been developed and is owned by Social Care Wales and Health, Education and Improvement Wales.</p> <p>The content has been developed in conjunction with the consortium, as well as stakeholders, tutors and workplace assessors from across the shared lives/adult placement sector.</p>

## Subject aims and objectives

The Level 4 Adult Placement/ Shared Lives qualification will enable learners to develop and demonstrate their knowledge, understanding, behaviours, skills and practice within the context of their chosen pathway. In particular, learners will be able to demonstrate that they:

- develop and apply knowledge, understanding and skills as an Adult Placement/Shared Lives worker
- develop and apply knowledge and understanding of legislative, regulatory and organisational requirements applicable to the role of an Adult Placement/Shared Lives worker;
- develop and apply knowledge and understanding of how to work with carers to maintain and achieve outcomes for individuals within the role of an Adult Placement/Shared Lives worker;
- develop as effective and independent learners, and as critical and reflective thinkers with enquiring minds in the context of their role as an Adult Placement/Shared Lives worker;
- use an enquiring, critical approach to distinguish facts and opinions; to build arguments and make informed judgements in the context of their role as an Adult Placement/Shared Lives worker;
- develop self-awareness in order to improve practice in their role as an Adult Placement/Shared Lives worker;
- develop knowledge and understanding of person-centred approaches within their role as an Adult Placement/Shared Lives worker;
- use literacy, numeracy and digital competency skills as appropriate within their role.

## Structure

To achieve the **Level 4 Adult Placement/ Shared Lives** qualification, learners must achieve a minimum of 45 credits in total.

The minimum guided learning hour requirement for this qualification is 169.

To achieve the **Level 4 Adult Placement/ Shared Lives** qualification, learners must achieve:

- A minimum of 27 credits from the Mandatory group.
- A minimum of 18 credits from the Optional group.

Mandatory group			
Unit Number	Unit title	GLH	Credit
434	Provide support for Adult Placement/ Shared Lives carers	115	27

  

Optional group			
435	Develop understanding of dementia	55	18
436	Develop understanding of learning disability and autism	54	18
437	Develop understanding of mental ill-health	55	18

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

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

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

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

The minimum required TQT for this qualification is specified below.

Qualification	TQT
Level 4 Adult Placement/ Shared Lives	450

## 2 Centre requirements

### Qualification approval

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

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

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

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

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

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

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

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

### Registration and certification

Learners for this qualification are registered on the Pro Platform to support the external assessment element. The Pro Platform allows centres to submit registrations on a 'roll-on/roll-off' basis i.e. registrations can be submitted at any time and in any number throughout the calendar year.

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

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

Learners will be certificated through the Walled Garden. 436

## Centre staffing

### Assessor requirements

The internal assessor will be responsible for assessing the internally assessed tasks (Tasks A-C) within the qualification.

The Assessors of this qualification must:

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

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

City & Guilds also accepts additional nationally accredited assessor qualifications. A full list of these are available on the qualification webpage.

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

### Internal quality assurers

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

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

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

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

## **Welsh context**

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

## **Continuing professional development**

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

## **Candidate entry requirements**

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

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

## **Age restrictions**

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

### 3 Delivering the qualification

#### Initial assessment and induction

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

- if the learner has any specific training needs,
- support and guidance they may need when working towards their qualification,
- the appropriate type and level of qualification.

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

#### Support materials

The following resources are available for this qualification:

Description	How to access
Assessment pack	Consortium website

#### External associates/appointees

Associates/Appointees are the terms adopted by the Consortium to refer to individuals appointed by City & Guilds or WJEC to undertake specific roles on their behalf, for example, external verifiers or external assessors.

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

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

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

## External assessors

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

- be occupationally competent within the specific pathway of the qualification that they are assessing - this means that each assessor must be able to carry out the full requirements within the competency units of the pathway that they are assessing. Occupational competence means that they are also occupationally knowledgeable
- maintain their occupational competence through clearly demonstrable continuing learning and professional development.
- hold D32/D33 or A1 OR be working towards the A1 replacement qualifications eg the City & Guilds 6317 such as:
  - the 6317-31 Level 3 Award in Assessing Competence in the Work Environment or
  - the 6317-33 Level 3 Certificate in Assessing Vocational Achievement or
  - another suitable qualification equivalent/alternative in the assessment of work basedto ensure they possess the correct skills and occupational competence to be able to provide valid assessment judgements, appropriate to the level of this qualification.

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

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

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

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

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

## External quality assurers

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

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

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

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

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

## Moderation of internal assessment arrangements

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

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

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

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

## Internal appeal

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

## Factors affecting individual candidates

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

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

## Malpractice

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

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

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

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

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

## Access arrangements and special consideration

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

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

Please refer to the *JCQ access arrangements and reasonable adjustments and Access arrangements - when and how applications need to be made to City & Guilds* for more information. Both are available on the City & Guilds website:

**<http://www.cityandguilds.com/delivering-ourqualifications/centre-development/centre-document-library/policies-andprocedures/access-arrangements-reasonable-adjustments>**

## Special consideration

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

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

## 4 Assessment

### Summary of assessment methods

Candidates must successfully complete:

- a portfolio of evidence
- a reflective log
- direct observation of practice
- a professional discussion

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

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

### Simulation

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

### Time constraints

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

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

### Recognition of prior learning (RPL)

Recognition of prior learning means using a person's previous experience or qualifications which have already been achieved to contribute to a new qualification. RPL is not permitted for this qualification.

### Awarding of the qualification

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

### Re-sit opportunities

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

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

## Roles

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

**Internal assessor**<sup>1</sup> – a qualified assessor, provides support for the assessment delivery. The internal assessor will be responsible for making assessment judgements for the internally assessed tasks.

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

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

**Employer/Manager** – understands the normal internal processes of the workplace/setting, documentation, communication systems etc and can assess whether the candidate is using them appropriately. Where appropriate can provide expert witness testimony for the portfolio in relation to day to day workplace practice.

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

**City & Guilds External assessor**<sup>2</sup> – a qualified assessor, appointed by City & Guilds, and responsible for making the final assessment judgement of the candidate for the externally-assessed tasks.

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

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

### Note

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

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

<sup>2</sup> For confirmation of the external assessment requirements for this qualification, please see the 'Delivering this qualification' section of this Qualification Handbook

## 5 Units

### Availability of units

All units are contained within this qualification handbook;

Unit Number	Unit title
434	Provide support for Adult Placement/ Shared Lives carers
435	Develop understanding of dementia
436	Develop understanding of learning disability and autism
437	Develop understanding of mental ill-health

## Guidance for the delivery of unit content

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

### Guided learning hour (GLH) value

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

### Credit value

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

### Unit summary

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

### Learning outcomes

Learning outcomes group together chunks of related knowledge and are presented as the result of the learning process i.e. what learners must understand or be able to do following teaching and learning. All learning outcomes are supported by a number of assessment criteria.

### Assessment criteria

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

### Range

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

**Guidance for delivery**

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

**Related NOS**

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

**Related legislation and guidance**

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

## Unit 434

## Provide support for adult placement/ shared lives carers

<b>Level:</b>	4
<b>GLH:</b>	115
<b>Credit:</b>	27
<b>Unit Summary:</b>	<p>This unit aims to support learners to develop the knowledge, understanding and skills of those workers who are responsible for supporting shared lives placements/arrangements and Adult Placement/Shared Lives Carers.</p> <p>In the context of this unit, the term 'carers' refers to Adult Placement/Shared Lives carers.</p>

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### Learning outcome:

1. Understand the role of Adult Placement/Shared Lives services

### Assessment criteria

You understand:

- 1.1 The ethos of Shared Lives
- 1.2 **Legislative and regulatory requirements** for Adult Placement/Shared Lives services
- 1.3 How a **values-based approach** has been embedded in legislation, policy and practice for supporting individuals in an Adult Placement/Shared Lives arrangement
- 1.4 The role, responsibilities and accountabilities of **those involved in Adult Placement/Shared Lives services**
- 1.5 **Types of Adult Placement/Shared Lives services** and implications for delivery

### Range:

**Legislative and regulatory requirements:** The Adult Placement Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019 and Statutory Guidance for Adult Placement Services April 2019

**Values-based approach:** principles and values of Social Services and Well-Being (Wales) Act 2014 (voice and control, prevention and early intervention, well-being, co-production, partnership/multi agency working), community inclusion and support for participation in a valued range of meaningful activities

**Those involved in Adult Placement/Shared Lives services:** adult placement/shared lives carer, worker, registered manager, responsible individual and other professionals

**Types of Adult Placement/Shared Lives services:** Long term accommodation support, short breaks, daytime support, kinship support

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**Learning outcome:**

2. Support the recruitment, assessment and approval of Adult Placement/Shared Lives carers

**Assessment criteria**

You understand:

- 2.1 **Legislative, regulatory and organisational requirements** for the **recruitment, assessment and approval of carers**
- 2.2 Methods of assessing the suitability of applicants
- 2.3 The role of self and others in the recruitment, assessment and approval of carers
- 2.4 Legislative, regulatory and organisational requirements for **the induction of carers**

You are able to work in ways that:

- 2.5 Undertake own role and responsibilities for the recruitment, assessment, approval and induction of carers according to legislative, regulatory and organisational requirements
- 2.6 Act as an ambassador for Adult Placement/Shared Lives services promoting the benefits for individuals, carers and commissioners

**Range:**

**Legislative, regulatory and organisational requirements:** The Adult Placement Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019 and Statutory Guidance for Adult Placement Services April 2019 plus any additional organisational requirements

**Recruitment, assessment and approval of carers:** suitability of applicant and others sharing the premises, suitability of premises, facilities and location, support applicant to understand all aspects of the carer agreement

**The induction of carers:** legislative, regulatory and organisational requirements, the carer agreement, the roles and responsibilities of those involved in the Adult Placement/Shared Lives service, the placement/arrangement process, premises, facilities and equipment, safeguarding, general and specific training, best practice for induction set by Social Care Wales

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**Learning outcome:**

3. Support the placement arrangement between individuals and carers

**Assessment criteria**

You understand:

- 3.1 The **assessment process** for individuals seeking a Shared Lives arrangement

- 3.2 How to establish compatibility between the individual and the carer and the suitability of the proposed placement/arrangement
- 3.3 Legislative, regulatory and organisational requirements for introductory/trial visits to a carers home
- 3.4 **Approaches** to take where the proposed placement/arrangement is not suitable
- 3.5 Potential impacts of change and transition on individuals, carers and other household members
- 3.6 Legislative, regulatory and organisational requirements for the development, monitoring and review of a personal plan for the individual

You are able to work in ways that:

- 3.7 Undertake agreed role and responsibilities that **support placements/arrangements between individuals and carers** according to legislative, regulatory and organisational requirements
- 3.8 Support individuals and their carers to understand the impact of change and transitions on well-being
- 3.9 Support individuals and carers to identify for themselves and other household members:
  - potential impacts of change and transitions
  - barriers to successful change and transitions
  - positive outcomes for change and transitions
  - their own strengths and abilities that will contribute to successful change and transitions
- 3.10 Enable carers to work with individuals to identify any additional support needed to assist through change and transition
- 3.11 Use care and support plans and personal plans to identify:
  - any additional training needed by carers
  - adaptations to the environment
  - provision of facilities or equipment

that may be needed to support the individual

### Range:

**Assessment process:** responsibilities for the development of a care and support plan as part of a planned placement/arrangement or emergency admission, self-assessment where independently funded, circumstances where a service will not be provided

**Approaches:** communication, support for the individual and carer, using experiences of introduction to inform a more suitable arrangement

**Support placements/arrangements between individuals and carers:** development of a personal plan with individuals and carers, introductory/trial visits proportionate to proposed placement/arrangement, compatibility and suitability of placement/arrangement, identification of potential risks for the individual, carer and other household members and how these will be mitigated, provision of individual placement/arrangement agreement, working in partnership with other professionals

## Learning outcome:

### 4. Support carers to provide Adult Placement/Shared Lives placements/arrangements

#### Assessment criteria

You understand:

4.1 Legislative, regulatory and organisational requirements for the **monitoring and review** of Shared Lives placements/arrangements

4.2 The role, responsibilities and accountabilities of those involved in the monitoring and review of Shared Lives placements/arrangements

4.3 How to ensure that carers support individuals to:

- have voice and control over decisions about their care and support and the Shared Lives placement/arrangement
- identify the outcomes that they want to achieve and how they can best be helped to do this
- identify and recognise their strengths and skills
- develop and maintain skills which support their active participation in activities, experiences and daily tasks that promote independence
- balance their rights, responsibilities and risks
- maintain existing and develop new relationships
- evaluate achievement of their identified outcomes

4.4 Potential challenges and how to support carers develop strategies to address these

4.5 When and how additional support should be accessed where there are challenges to the placement/arrangement

4.6 How to support individuals and carers when the placement/arrangement is no longer suitable

You are able to work in ways that:

4.7 Undertake own role and responsibilities for the **monitoring and review** of the Shared Lives placement/arrangement according to legislative, regulatory and organisational requirements

4.8 Support carers to:

- work with individuals to establish the history, culture, preferences, wishes and needs of individuals and reflect this in their practice
- use a co-productive approach that supports individuals to have voice and control over decisions about their care and support and the Shared Lives arrangement
- consider all aspects of the well-being of individuals in their day to day practice
- promote the active participation of individuals in activities, experiences and daily tasks that promote independence
- use risk management plans to support individuals to achieve positive outcomes
- use person-centred approaches to communication
- promote the self-esteem, sense of security and belonging of individuals
- promote respect, equality, diversity and inclusion of individuals in their practice
- embed a rights-based approach in their practice

- assist individuals to develop positive, secure and healthy attachments and relationships
  - work in ways that safeguard individuals from harm or abuse
  - promote healthy options and access support for healthcare
- 4.9 Ensure that carers have access to development opportunities that support them to develop the knowledge, skills and understanding needed to work with individuals to identify and achieve positive outcomes
- 4.10 Provide constructive feedback to carers on the Shared Lives placement/arrangement and their practice in a timely manner
- 4.11 Use solution focused approaches to support carers to address challenges
- 4.12 Refer to other professionals/services where additional support is required
- 4.13 Ensure that individuals:
- have access to records and reports on themselves in accessible formats
  - have opportunities to comment upon, express concerns, challenge or complain about the content of records, reports or information related to them

### Range:

**Monitoring and review:** against the carer agreement and delivery of the personal plan of the individual

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### Learning outcome:

5. Develop positive working relationships

### Assessment criteria

You understand:

5.1 What is meant by 'relationship-centred working'

5.2 The importance of developing positive working relationships with:

- Carers
- Individuals
- Other professionals

5.3 What is meant by 'professional boundaries' and how these can be balanced with relationship-centred working

5.4 Potential challenges in maintaining professional boundaries and how these can be addressed

You are able to work in ways that:

5.5 Develop positive working relationships with carers, individuals and other professionals whilst maintaining professional boundaries

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### Learning outcome:

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

### Assessment criteria

You are able to work in ways that:

- 6.1 **Implement systems, procedures and practice** that support carers to comply with requirements for safeguarding
- 6.2 Monitor compliance with requirements for safeguarding and take action where these are not being adhered to
- 6.3 Manage the performance of carers to meet legislative, regulatory and organisational requirements for safeguarding

### Range:

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

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### Learning outcome:

7. Develop and maintain the carer's knowledge and understanding of the safeguarding of individuals

### Assessment criteria

You are able to work in ways that:

- 7.1 Ensure that carers understand information about signs and symptoms that may indicate that an individual has been, or is in danger of being harmed or abused
  - 7.2 Ensure that carers understand information about requirements where there are concerns that an individual has been, or is in danger of being harmed or abused
  - 7.3 Ensure that carers understand the role of different agencies, including advocacy, for the safeguarding of individuals
  - 7.4 Ensure that carers understand how to avoid actions and statements that could adversely affect the use of evidence in future investigations or court whilst giving priority to the protection of individuals
  - 7.5 Support carers to reflect on their behaviour to ensure that it does not contribute to situations, actions or behaviour that may be harmful or abusive
  - 7.6 Continually reflect on own behaviour to ensure that it does not contribute to situations, actions or behaviour that may be harmful or abusive
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### Learning outcome:

8. Lead practice that supports carers to safeguard individuals from harm and abuse

### Assessment criteria

You are able to work in ways that:

- 8.1 Ensure that carers understand their responsibility to explain to individuals and their families/carers their accountability to disclose any information about potential or actual harm or abuse
- 8.2 Ensure that carers are supported to work with individuals and others to agree procedures to follow if situations, events or behaviour occur that could lead to harm or abuse
- 8.3 Ensure that carers are supported to take immediate action where they observe signs or symptoms of harm or abuse or where this has been disclosed
- 8.4 Ensure that records and reports meet **legislative and organisational requirements**
- 8.5 Follow agreed procedures to pass on reports and information about suspected or disclosed harm or abuse within confidentiality agreements
- 8.6 Use supervision and support to consider the impact on carers, self and others of suspected or disclosed harm or abuse
- 8.7 Access additional support for situations that are outside of own expertise, role and responsibility

### Range:

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

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### Learning outcome:

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

### Assessment criteria

You are able to work in ways that:

- 9.1 Support carers to understand the links between person centred practice and the safeguarding of individuals
- 9.2 Support the development of a culture and environment that:
  - promotes person centred practice in the safeguarding of individuals
  - supports positive relationships between carers and individuals
  - enables individuals and their families/carers to express their fears, anxieties, feelings and concerns without worry of ridicule, rejection or retribution
- 9.3 Ensure that communication in the setting is conducted in a way that recognises confidentiality within the boundaries of safeguarding

### Range:

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

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### Learning outcome:

10. Lead and support practice that enables individuals to keep themselves safe

### Assessment criteria

You are able to work in ways that:

- 10.1 Lead practice that challenges behaviour or actions that may lead to harm or abuse
  - 10.2 Support carers to work with individuals to identify factors, situations and actions that may cause, or lead to harm and abuse
  - 10.3 Support carers to work with individuals to identify what needs to be in place to avoid situations that may lead to harm or abuse
  - 10.4 Work with others to support carers to agree fair, safe, consistent and understandable boundaries with individuals to keep them safe
  - 10.5 Lead and support practice that enables individuals to recognise when the behaviour towards them or others is inappropriate or unacceptable
- 

### Learning outcome:

11. Maintain and update own continuing professional development to reflect best practice

### Assessment criteria

You understand:

- 11.1 Legislative, regulatory and organisational requirements for own continuing professional development
- 11.2 How to establish own learning and development needs and development opportunities that can be used to meet these

You are able to work in ways that:

- 11.3 Use supervision and appraisal to reflect on practice and learning and development needs
  - 11.4 Use research, reports and reviews to routinely update knowledge, understanding and skills
-

## Unit 434

## Provide support for adult placement/ shared lives carers

### Supporting Information

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

**Adult Placement:** This is generally known as Shared Lives and includes the provision of accommodation, care and support under an Adult Placement agreement

**Adult Placement Service:** This is generally known as a 'Shared Lives Service' and can be provided by local authorities, the third sector or private providers. The regulations describe it as: 'a service carried out (whether or not for profit) by a local authority or other person for purposes of placing adults with an individual under a carer agreement (and includes any arrangements for the recruitment, training and supervision of such individuals)'. Shared Lives services would refer to matching adults with individuals rather than 'placing' with

**Carer agreement** an agreement between the service provider and the Adult Placement carer, it includes, but is not limited to:

- the respective roles and responsibilities of the service provider and adult placement carers;
- the policies and procedures an adult placement carer must act in accordance with
- the arrangements that the service provider will put in place to assess and review the premises, facilities and equipment to be used by the adult placement carer in providing care and support in a possible adult placement
- any requirements to support an individual to access treatment, advice or any other services from a health care professional
- the arrangements for the safe storage and administration of medicines (where applicable)
- the arrangements to support individuals to manage their money
- information about the costs payable by the service provider to Adult Placement Carers; and
- information relating to the termination of the carer agreement

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

**Individual Placement Agreement:** an agreement between a service provider, an Adult Placement Carer and an individual for an Adult Placement Carer to provide accommodation and care and support to that individual. The agreement would also include the commissioners of the service

**Legislative and regulatory requirements for Adult Placement/Shared Lives services;** would include the Regulation and Inspection of Social Care (Wales) Act 2016; The Adult

Placement Services (Service Providers and Responsible Individuals (Wales) Regulations 2019; Statutory Guidance for Adult Placement Services April 2019

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

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

**Personal plan:** based on the care and support plan and includes: the actions required to meet the individual's wellbeing, care and support needs on a day to day basis, their personal preferences and routines for how this will be provided, how the individual will be supported to achieve their personal outcomes, how the individual's wishes, aspirations and religious beliefs will be supported, steps to identify risks to the individual's well-being and how this will be managed, steps to support positive risk taking, steps to maintain, re-able and/or achieve independence

**Potential challenges:** could include:

- Dynamics within the home
- Behavioural
- Issues related to compatibility
- Changing needs of individuals
- Changing circumstances of carers
- Safeguarding issues

**Provide constructive feedback to carers** would include:

- Routine support and monitoring
- Annual carer reviews
- Feedback following placement/arrangement reviews

**Responsibilities for the development of a care and support plan** would include commissioners of the service e.g. social care, NHS. Probation service

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

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

- Social Services and Well-Being (Wales) Act 2014
- Regulation and Inspection of Social Care (Wales) Act 2016; The Adult Placement Services (Service Providers and Responsible Individuals (Wales) Regulations 2019; Statutory Guidance for Adult Placement Services April 2019

- Wales Safeguarding Procedures 2019  
[http://www.myguideapps.com/projects/wales\\_safeguarding\\_procedures/default/index.html](http://www.myguideapps.com/projects/wales_safeguarding_procedures/default/index.html)

### ***Related NOS***

- SCDLMC B1 Lead and manage practice that supports the safeguarding of individuals
- SCDHSC 0431 Support individuals who have experienced harm and abuse

## Unit 435

## Develop understanding of dementia

<b>Level:</b>	4
<b>GLH:</b>	55
<b>Credit:</b>	18
<b>Unit Summary:</b>	<p>This unit aims to support learners to develop the knowledge, understanding and skills needed to support carers who are providing shared lives placements/arrangements to individuals living with dementia</p> <p>In the context of this unit, the term 'individuals' refers to individuals living with dementia from different age groups and individuals with a learning disability who are also living with dementia</p> <p>The term 'carers' refers to Adult Placement/Shared Lives carers</p>

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### Learning outcome:

1. Develop understanding of perspectives and perceptions of dementia

### Assessment criteria

You understand:

- 1.1 Types of dementia and their potential causes
- 1.2 Differences and **commonalities** between the major types of dementia
- 1.3 Differences between dementia and other physical and mental health conditions
- 1.4 How dementia is not a natural part of aging and can affect younger as well as older people
- 1.5 The importance of seeing the person first and not the dementia
- 1.6 How dementia can affect individuals in different ways
- 1.7 How the type of dementia can have an impact on physical abilities, mental health and well-being
- 1.8 Common psychotic symptoms that may sometimes manifest as a result of types of dementia
- 1.9 How lifestyle factors can impact on:
  - the risk of developing dementia
  - delaying the onset of dementia
- 1.10 How dementia can mask underlying physical health issues
- 1.11 How physical illness can temporarily increase the symptoms of dementia
- 1.12 Increasing risk factors associated with maintaining physical well-being for **areas of physical care**

- 1.13 The increased risk of individuals with a learning disability developing dementia, and the additional difficulties this will pose in assessment, management and support
- 1.14 How health promotion activity and support can impact positively on the lived experience of dementia
- 1.15 The concept of cognitive and functional ability and how this informs practice
- 1.16 **Memory impairment** and its impact in dementia
- 1.17 Parts of the brain associated with creativity and emotions that are often least affected by dementia
- 1.18 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
- 1.19 How carers can contribute to changing attitudes towards individuals living with dementia
- 1.20 How gender and ethnicity, and social, cultural and religious environments may impact on individuals their families/ carers and the support that they access
- 1.21 The importance of the **physical environment**

You are able to work in ways that:

- 1.22 Support carers to:
- promote positive perceptions of, and attitudes to, individuals living with dementia
  - use methods that respond effectively and sensitively to symptoms and presentation of dementia
  - take account of an individual's experience of dementia whilst recognising their strengths and abilities
  - assist individuals to maintain agreed areas of physical care
  - promote healthy choices for individuals
- 1.23 Promote the use of methods that recognise individual strengths and personal characteristics
- 1.24 Actively challenge negative language, prejudice and discrimination towards individuals living with dementia

### 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.)

**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

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### Learning Outcome:

2. How to support carers understanding of rights-based approaches, positive relationships and community participation

### Assessment criteria:

You are able to work in ways that:

#### 2.1 Support carers understanding of:

- the principles of the Mental Capacity Act and their implications for supporting individuals
- the legal directives that individuals can make to help plan for the future
- the implications of best interest decisions for individuals with dementia
- the role of advocacy in supporting the rights of individuals
- why individuals may be discouraged or prevented from taking risks
- the importance of being able to continue taking risks in everyday life
- links between positive risk taking and responsibilities, voice and control, and social inclusion
- what the 'right to walk' means and how to support individuals to do this safely
- the concept of the least restrictive option in relation to using electronic monitoring and tracking devices
- the importance of life story work and effective communication for understanding behaviours that may appear challenging
- 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
- what the right to a full and valued life means for individuals
- the importance of outcomes focused approaches and assisting individuals to maximise their independence
- the concept of 'silent harms', 'learned helplessness' and implications for the well-being of individuals and their families/ carers
- what is meant by the term 'valued role'
- the importance of recognising and promoting the valued roles that individuals hold and have held
- 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
- 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
- the importance on supporting individuals to achieve the 'little things that matter' as well as the big outcomes
- the importance of community participation and positive reciprocal relationships for well-being
- how individuals can contribute to their community and enrich the lives of others as well as receive care and support

## Unit 435                      Develop understanding of dementia

### Supporting Information

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

**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.

**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.

**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.

**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***

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

## Unit 436

## Develop understanding of learning disability and autism

<b>Level:</b>	4
<b>GLH:</b>	54
<b>Credit:</b>	18
<b>Unit Summary:</b>	This unit aims to support learners to develop the knowledge, understanding and skills needed to support carers who are providing Adult Placement/Shared Lives to individuals with a learning disability/autism

In the context of this unit, the term 'individual' refers to autistic individuals and/or individuals with learning disabilities

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### Learning outcome:

1. Develop understanding of 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 'triad of impairments'
- 1.5 Why it is important that each individual with a learning disability or who is on the autistic spectrum is recognised for their own individual abilities, needs, strengths, gifts and talents
- 1.6 Impacts (positive and negative) of being labelled as having a learning disability/autism
- 1.7 Why autism can sometimes be a hidden disability and how this can impact on individuals
- 1.8 Medical and social models of disability
- 1.9 Social and medical perspectives of learning disability and autism, and how these have evolved and changed over time
- 1.10 **Potential impacts** of societal attitudes and values on individuals
- 1.11 How attitudes and services have changed over time as a result of social policy and legislation
- 1.12 How carers can contribute to changing attitudes towards individuals with a learning disability and/or autism
- 1.13 Why the life choices of individuals with a learning disability/autism may be more limited than those of the general population and how adult placement/shared lives service provision aims to address this imbalance

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

You are able to work in ways that:

1.15 Support carers to:

- use methods to support individuals that take account of:
  - the characteristics of the disability
  - any barriers they are experiencing
  - their individuality and personal preferences
- promote positive perceptions of, and attitudes to individuals with a learning disability/autism

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

### Range:

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

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

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### Learning outcome:

2. How to support carers understanding of rights-based approaches, positive relationships and community participation

### Assessment criteria

You are able to work in ways that:

2.1 Support carers understanding of:

- how the UN Convention of Rights of Persons with Disabilities supports a rights-based approach
- what the right to a full and valued life means for individuals
- what is meant by the term 'valued role'
- the importance of having a valued role and sense of purpose for an individual's well-being
- the importance of community participation and positive reciprocal relationships for well-being
- how individuals can contribute to their community and enrich the lives of others
- how to support individuals to understand the concept of friendship
- what is meant by 'circle of support' and how this can be used to support the well-being of individuals
- how to address potential barriers that hinder:
  - community participation

- positive reciprocal relationships
  - links between positive risk taking and responsibilities, voice and control, and social inclusion
  - the importance of risk taking in everyday life for individuals
  - why individuals may have been, or may be discouraged or prevented from taking risks
  - psychological consequences for individuals if they are left for long periods without stimulation or engagement
  - how to support autistic individuals to balance the need for routines with opportunities to experience different activities and build relationships
  - the importance of using a strengths-based approach to build skills, confidence, self-esteem and develop relationships
  - 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
  - different types of advocacy and how these can be used to support the rights of individuals
- 

#### Learning outcome:

### 3. Support effective communication

#### Assessment criteria

You are able to work in ways that:

#### 3.1 Support carers understanding of:

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

#### 3.2 Support carers to:

- use and adapt a range of communication methods and approaches to support individuals
- 

#### Learning outcome:

### 4. Support carers understanding of sexuality and sexual health

#### Assessment criteria:

You are able to work in ways that:

#### 4.1 Support carers understanding of:

- the importance of sexuality, sexual identity and sexual health for individuals
-

- factors that can impact on the sexual development and expression of sexuality of individuals
  - how individuals can be supported to:
    - understand and express their sexual identity
    - understand the importance of meaningful relationships in relation to their sexuality
    - stay safe sexually
- 

#### Learning outcome:

5. Support carers understanding of health conditions and the importance of health checks

#### Assessment criteria:

You are able to work in ways that:

5.1 Support carers understanding of:

- **health conditions** commonly associated with learning disability
- the rights of individuals to have equal access to healthcare and end of life care
- the challenges in accessing appropriate end of life care for individuals
- the importance of health promotion and early intervention to reduce the risk of ill health
- what should be included in an annual health check and why these are important
- responsibilities for arranging and carrying out annual health checks
- how individuals can be supported to understand the importance of an annual health check
- 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

#### Range

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

## Unit 436

## Develop understanding of learning disability and autism

### Supporting Information

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

**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
- ability
- lack of understanding of the concept of friendship

**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

**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

**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.

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

**Triad of impairments:** persistent difficulties with social communication and social interaction, restricted and repetitive patterns of behaviours, activities or interests that limit and impair everyday functioning and sensory sensitivity

**Types of advocacy** to include:

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

**Valued roles** e.g.

- Carer
- Employee
- Householder

- Parent
- Student
- Volunteer

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

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

- Social Services and Well-Being (Wales) Act 2014
- Equality Act 2010;
- Human Rights Act 1998 and associated Conventions and Protocols such as, UN Convention on the Rights of Persons with Disabilities and UN Principles for Older Persons 1991, Declaration of rights of older people in Wales (2014);
- Liberty Protection Safeguards

## Unit 437

## Develop understanding of mental ill-health

<b>Level:</b>	4
<b>GLH:</b>	55
<b>Credit:</b>	18
<b>Unit Summary:</b>	This unit aims to support learners to develop the knowledge, understanding and skills needed to support carers who are providing shared lives placements/arrangements to individuals with mental ill-health

Throughout this unit references to 'individual' mean individuals living with mental ill-health.

The term 'carer' refers to Adult Placement/Shared Lives carers

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### Learning outcome:

1. Develop understanding of perceptions and perspectives of mental ill-health

### 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
- 1.6 Stigma associated with mental ill-health
- 1.7 **Potential impacts of societal attitudes and values** on individuals
- 1.8 **Social barriers** that individuals may experience
- 1.9 How carers can contribute to changing attitudes towards individuals with mental ill-health
- 1.10 Why the life choices of individuals with mental ill-health may be more limited than those of the general population and how adult placement/shared lives service provision aims to address this imbalance
- 1.11 How gender and ethnicity, and social, cultural and religious environments may impact on individuals and the support they access

You are able to work in ways that:

- 1.12 Support carers to:

- use methods to support individuals that take account of:
  - the type of mental health problems the individual is experiencing or has experienced
  - any barriers they are experiencing
  - their individuality and personal preferences
- promote positive perceptions of, and attitudes to individuals living with mental ill-health

1.13 Actively challenge prejudice, stereotypical images, discrimination and negative attitudes towards individuals living with mental ill-health

### Range:

**Potential impacts:** positive and negative

**Potential impacts of societal attitudes and values:** 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)

**Social barriers:** stereotypical attitudes and assumptions, negative/offensive language, organisational barriers

### Learning outcome:

2. Develop understanding of rights-based approaches, positive relationships and community participation

### Assessment criteria

You are able to work in ways that:

2.1 Support carers understanding of:

- key legislation, national policies, guidance and standards that underpin the provision of mental health care and support
- how the UN Convention of Rights of Persons with Disabilities supports a rights-based approach
- how to use a rights-based approach to support individuals
- the role of advocacy in supporting the rights of individuals
- what the right to a full and valued life means for individuals and how this can be supported
- what is meant by the term 'valued role'
- 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
- the importance of community participation and reciprocal relationships on well-being
- how individual can contribute to their community and enrich the lives of others
- how to address potential barriers that hinder:
  - community participation
  - positive reciprocal relationships
- links between positive risk taking and responsibilities, choice, voice and control, and social inclusion

- the importance of positive risk taking in everyday life for individuals
  - why individuals living with mental ill-health may have been, or may be discouraged or prevented from taking risks
  - the importance of using a strengths based approach to build skills, confidence, self-esteem and develop relationships
- 

#### Learning outcome:

3. Develop understanding of 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 Support carers to:

- embed the Recovery Model in their work
  - support individuals to develop resilience
  - 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. Co-occurring mental health and substance misuse issues

#### Assessment criteria

You are able to work in ways that:

4.1 Support carers understanding of:

- what is meant by the term 'co-occurring mental health and substance misuse'
  - mental health problems associated with substance misuse
  - issues faced by individuals with both mental ill-health and substance misuse
  - how to support individuals who are experiencing co-occurring mental health and substance misuse issues
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#### Learning outcome:

5. Support carers to understand how to manage crisis situations

## Assessment criteria

You understand:

5.1 How to support carers to:

- explore types of **crisis situations** that may occur and actions that should be taken
- understand when and how restrictive interventions can be used
- understand the importance of prevention and early intervention in preventing crisis situations
- know how to respond if a crisis situation occurs
- know how to de-escalate a situation if someone is becoming agitated or aggressive
- know how to support individuals experiencing suicidal ideation and/or engaging in self-harm

### Range:

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

## Unit 437

## Develop understanding of mental ill-health

### Supporting Information

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

##### **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***

- <https://www.mind.org.uk/information-support/>
- Mental Health Act 1983 (amended 2007)  
<https://www.legislation.gov.uk/ukpga/1983/20/contents>
- Mental Health (Wales) Measure 2010 <http://www.mentalhealthwales.net/mental-health-measure/>
- Mental Capacity Act 2005 <https://www.legislation.gov.uk/ukpga/2005/9/contents>
- Safeguarding Vulnerable Groups Act 2006  
<https://www.legislation.gov.uk/ukpga/2006/47/contents>
- The Human Rights Act 1998  
<https://www.legislation.gov.uk/ukpga/1998/42/contents>
- Social Services and Well-being (Wales) Act 2014  
[http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw\\_20140004\\_en.pdf](http://www.legislation.gov.uk/anaw/2014/4/pdfs/anaw_20140004_en.pdf)
- Well-being of Future Generations (Wales) Act 2015 <http://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en>
- 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>
- 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>
- <https://www.mentalhealth.org.uk/sites/default/files/FF16%20Wales.pdf>

## Appendix 1 Relationships to other qualifications

### Links to other qualifications

This qualification has connections to the following qualifications:

- Level 1/2 Introduction to Health and Social Care and Childcare
- Level 2 Health and Social Care: Core
- Level 2 Health and Social Care: Practice (Adults)
- Level 3 Health and Social Care: Practice (Children and Young People)
- Level 4 Professional Practice in Health and Social Care
- Level 4 Preparing for Leadership and Management in Health and Social Care
- Level 5 Leadership and Management in Health and Social Care