



Higher National Unit specification

General information for centres

Unit title: Occupational Therapy: Needs and Rights of Individuals

Unit code: F3NJ 34

Unit purpose: This Unit will enable candidates to examine the needs and rights of individuals in the context of occupational therapy, including the impact of loss and changing roles. Candidates will further consider influences on occupational therapy, with respect to trends within health and social care, which need to be responsive to the needs and rights of individuals.

On completion of the Unit the candidate should be able to:

- 1 Describe the influence of health and social care trends on the provision of occupational therapy.
- 2 Identify and describe the needs and rights of individuals within the provision of occupational therapy.
- 3 Describe the impact of loss and changing life roles on the individual.
- 4 Demonstrate interpersonal skills required to promote effective practice.

Credit points and level: 1 HN credit at SCQF level 7: (8 SCQF credit points at SCQF level 7*)

**SCQF credit points are used to allocate credit to qualifications in the Scottish Credit and Qualifications Framework (SCQF). Each qualification in the Framework is allocated a number of SCQF credit points at an SCQF level. There are 12 SCQF levels, ranging from Access 1 to Doctorates.*

Recommended prior knowledge and skills: While entry to this Unit is at the discretion of the centre, it is recommended that candidates have good communication skills. These could be evidenced by the achievement of a nationally recognised qualification, for example English at SCQF level 6, or by pre-course interview and assignment. In order to undertake this Unit, candidates should have experience of working in a care environment, and should typically be carrying out the role of a support worker within an occupational therapy setting, under supervision by an occupational therapist.

Core Skills: There are opportunities to develop the Core Skills of *Information Technology* at SCQF level 4; the Core Skills of *Communication and Working with Others* at SCQF level 5; and the component Critical Thinking of the Core Skill of *Problem Solving* at SCQF level 5, although there is no automatic certification of Core Skills or Core Skills components in this Unit.

Context for delivery: If this Unit is delivered as part of a Group Award, it is recommended that it should be taught and assessed within the subject area of the Group Award to which it contributes. This Unit was developed as part of the HNC Occupational Therapy Support. Candidates are expected to build on knowledge and skills developed in the HN Unit *Occupational Therapy: Context and Development*.

General information for centres (cont)

Assessment: This Unit may be assessed by assessment instruments including extended response questions (Outcomes 1 and 2) and use of a case study (Outcome 3 and 4). A supervisor marked assessment checklist may also be used in Outcome 4.

Higher National Unit specification: statement of standards

Unit title: Occupational Therapy: Needs and Rights of Individuals

Unit code: F3NJ 34

The sections of the Unit stating the Outcomes, Knowledge and/or Skills, and Evidence Requirements are mandatory.

Where evidence for Outcomes is assessed on a sample basis, the whole of the content listed in the Knowledge and/or Skills section must be taught and available for assessment. Candidates should not know in advance the items on which they will be assessed and different items should be sampled on each assessment occasion.

Outcome 1

Describe the influence of health and social care trends on the provision of occupational therapy

Knowledge and/or Skills

- ◆ Components of health classifications
- ◆ Current models of care used within 'health and social care' practice
- ◆ Current influences on the provision of occupational therapy

Evidence Requirements

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by showing that they can:

- ◆ describe two current classifications of health, one of which must be the current World Health Organisation (WHO) definition, and explain their key components
- ◆ describe at least two current models of care used within 'health and social care,' and the impact these have on the individual
- ◆ identify a minimum of four influences on current occupational therapy service provision and describe how two of these influence provision

Assessment Guidelines

This Outcome may be assessed using extended response questions which cover the Evidence Requirements. One extended response question could be used to cover all Evidence Requirements.

Higher National Unit specification: statement of standards (cont)

Unit title: Occupational Therapy: Needs and Rights of Individuals

Outcome 2

Identify and describe the needs and rights of individuals within the provision of occupational therapy

Knowledge and/or Skills

- ◆ Basic human needs
- ◆ Needs based models
- ◆ Statutory rights of individuals
- ◆ Prejudice, stereotype and discrimination
- ◆ Impact of discrimination
- ◆ Anti-discriminatory practice

Evidence Requirements

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by showing that they can:

- ◆ identify and describe at least four of the basic human needs of an individual, in relation to a needs based model
- ◆ identify and describe at least four statutory rights of the individual and their related legislation
- ◆ explain the relationship between prejudice, stereotype and discrimination
- ◆ define at least two types of discrimination
- ◆ describe the impact of discrimination on the individual
- ◆ explain the importance of anti-discriminatory practice in occupational therapy

Assessment Guidelines

This Outcome may be assessed by extended response questions which cover the Evidence Requirements. One extended response question could be used to cover all Evidence Requirements.

The first and second Evidence Requirements may be assessed by a case study, which could be integrated with Outcomes 3 and 4. If a case study format is used, Outcomes 2, 3 and 4 could be integrated.

Higher National Unit specification: statement of standards (cont)

Unit title: Occupational Therapy: Needs and Rights of Individuals

Outcome 3

Describe the impact of loss and changing life roles on the individual

Knowledge and/or Skills

- ◆ Traumatic loss
- ◆ Developmental loss
- ◆ Responses to loss
- ◆ Loss theory
- ◆ The concept of life roles
- ◆ Impact of life role changes

Evidence Requirements

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by showing that they can:

- ◆ identify a minimum of three traumatic losses an individual may experience
- ◆ identify a minimum of three developmental losses an individual may experience
- ◆ describe responses to loss, including emotional, physical, social and cultural and the impact these may have on an individual, and their needs
- ◆ explain at least one theory of loss and relate this to an individual
- ◆ explain the concept of life roles
- ◆ identify at least two causes of life role changes and describe the impact these may have on an individual and their role set

Assessment Guidelines

This Outcome may be assessed by extended response questions which cover the Evidence Requirements, or a case study. If a case study format is used, Outcomes 2, 3 and 4 could be integrated.

Higher National Unit specification: statement of standards (cont)

Unit title: Occupational Therapy: Needs and Rights of Individuals

Outcome 4

Demonstrate interpersonal skills required to promote effective practice

Knowledge and/or Skills

- ◆ Methods of communication
- ◆ Barriers to communication
- ◆ Communication skills
- ◆ Interpersonal skills
- ◆ Challenging behaviour
- ◆ Counselling skills
- ◆ Group work

Evidence Requirements

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by showing that they can:

- ◆ identify a minimum of ten verbal and nonverbal methods of communication
- ◆ describe a minimum of three barriers to communication in relation to **each** of the following: the environment, the individual, and the self
- ◆ demonstrate the use of communication skills in the occupational therapy setting
- ◆ describe the interpersonal skills required in occupational therapy in relation to one of the following: challenging behaviour, counselling skills or group work
- ◆ describe the relationship between the required interpersonal skills and the needs of the individual
- ◆ demonstrate the use of interpersonal skills in the occupational therapy setting

Assessment Guidelines

The first and second Evidence Requirements may be assessed by a case study, which could be integrated with Outcomes 2 and 3. The remaining Evidence Requirements could be assessed by a supervisor marked assessment checklist and a reflective log.

Administrative Information

Unit code:	F3NJ 34
Unit title:	Occupational Therapy: Needs and Rights of Individuals
Superclass category:	PJ
Original date of publication:	June 2008
Version:	01

History of changes:

Version	Description of change	Date

Source: SQA

© Scottish Qualifications Authority 2008

This publication may be reproduced in whole or in part for educational purposes provided that no profit is derived from reproduction and that, if reproduced in part, the source is acknowledged.

SQA acknowledges the valuable contribution that Scotland's colleges have made to the development of Higher National qualifications.

Additional copies of this Unit specification can be purchased from the Scottish Qualifications Authority. Please contact the Customer Contact Centre for further details, telephone 0845 279 1000.

Higher National Unit specification: support notes

Unit title: Occupational Therapy: Needs and Rights of Individuals

This part of the Unit specification is offered as guidance. The support notes are not mandatory.

While the exact time allocated to this Unit is at the discretion of the centre, the notional design length is 40 hours.

Guidance on the content and context for this Unit

This Unit was developed as part of the framework of the HNC Occupational Therapy Support. Due to the developmental nature of the HNC Occupational Therapy Support, reflection on previously studied Units should be encouraged and integral, and the importance of CPD should be maintained as a thread running throughout all Units.

Due to the continuously developing nature of occupational therapy and the influences affecting change, the delivering centre should ensure that up-to-date policy is included.

Outcome 1

The extensive nature of the following support notes reflects the wide range of influencing trends on occupational therapy. As these notes are provided as a guide only, candidates need not investigate all of the concepts included, in depth.

The demographic factors considered in the HN Unit *Occupational Therapy: Context and Development* in relation to the development of occupational therapy can be revisited and discussed in relation to factors influencing health and its current and past definitions and classifications. World Health Organisation (WHO) International Classification of Function (ICF2) could be compared to previous definitions of health, disability, impairment and illness and the WHO classification International Classification of Disability (ICD10). The components of personal factors, environment, participation and the integrative view of ICF2 could be linked to definitions of occupational therapy identified in the HN Unit *Occupational Therapy: Context and Development*. The positive nature of ICF2 in relation to function should be seen as an important focus. A range of possible factors influencing health should be alluded to at this stage, and will be built upon in the HN Unit *Occupational Therapy Support: Aspects of Sociology*.

The concept of models of care could be introduced through the explanation of the medical and social models of care. The historical background to these models would be useful in assisting understanding of how models are developed and their influence in care in general. Models of service delivery have to be responsive to the needs of individuals. Factors which affect change in the use and selection of models eg current definitions of health, legislation, demographic shifts and government policy ought to be considered. The Rehabilitation Framework (Scotland) with its focus on the rights based approach to care and service provision could be viewed as a current model. Other currently used models of care may include person-centred and integrated models. Joint Future developments and their role in the move towards integrated service provision could also be identified. The main focus in relation to models could be the Outcome for the individual eg empowerment and enablement or disempowerment and disablement, with respect to the particular model. It is important that occupational therapy specific practice models are not introduced at this point in the course. These are investigated fully in the HN Unit *Occupational Therapy: Philosophy Theory and Practice*.

Higher National Unit specification: support notes (cont)

Unit title: Occupational Therapy: Needs and Rights of Individuals

The current influences on occupational therapy practice are vast and varied depending on the practice setting eg health, social care, and independent sectors, England, Scotland, Ireland or Wales. When investigating these influences and factors, publications specific and current to the candidate's country of practice should therefore be used. These may include Scottish Executive publications eg *The Kerr Report, Delivering for Health, Delivering Care — Enabling Health* and *The Rehabilitation Framework, Co-ordinated, Integrated and Fit for Health* (2007), and *Changing Lives: the 21st Century Social Work Review* (2006). Department of Health publications may include, for example, *New Ways of Working* (2006) and *Our Health, Our Care, Our Say* (2006) in relation to integrated care.

The development in the community care agenda since the National Health Service and Community Care Act 1990 with more continuous care in the community would be a useful starting point. The continual shift towards health promotion and the prevention of disease should be noted, with an investigation of the ongoing development of the occupational therapy role within the health improvement agenda. Demographic factors affecting service development should be considered and can be related to the HN Unit *Occupational Therapy: Context and Development*. Homelessness, refugee populations, asylum seeker populations, Joint Future agenda/integration agenda including joint equipment provision, single shared assessment, and early supported discharge are relevant. Community Learning Disability Teams have developed and are responding to, for example, 'The Same as You' (Scottish Executive 2000) which could be another focus.

Inclusion Scotland's 'Manifesto for Inclusion' could be a useful document to examine in relation to the perspectives of disabled people on independent living and factors affecting care provision.

Attitudes and values should be investigated from both a personal, and a broader societal aspect. The factors which influence the development of values eg family, education, media etc. could be discussed. The development of values as the basis of an individual's thoughts, feelings, beliefs and attitudes could be discussed. How attitudes can affect the relationship between worker and individual should be considered and case study examples could be used to demonstrate and explore this. Attitudes and values in care, which are introduced in the HN Unit *Occupational Therapy: Context and Development*, can be considered. The influence these have on current health and social care provision should be acknowledged through factors such as person-centred care, empowerment and partnership working. National Care Standards would be a useful reference, as would the current College of Occupational Therapist Code of Ethics and Professional Practice.

Outcome 2

This Outcome could be introduced via definitions of needs, wants and rights. Basic human needs of individuals can be identified using Maslow's Hierarchy of Needs or the physical, intellectual, cultural, emotional and social (PICES) model. It should be made clear to candidates that everyone has individual needs, but some may also have additional rather than 'special' needs. It is important that the opportunity is taken to look at specific needs in relation to an individual's ethnicity. Various cultures and religions could be identified in terms of possible needs relevant to occupational therapy eg dress, cooking, dietary, personal hygiene, and sex of carer. The importance of person-centred practice must be emphasised and stereotyping and assumptions avoided.

Higher National Unit specification: support notes (cont)

Unit title: Occupational Therapy: Needs and Rights of Individuals

Statutory rights of individuals should be identified and linked to relevant legislation. It is not necessary at this stage to investigate legislation in detail, but more to raise an awareness of the range of legislation which affects individual occupational therapy service users. Rights of the individual may be considered under headings such as housing, education, health care, employment and human rights. Specific rights may include access to free health care, access to education, access to assessment of need for carers, equipment provision and environmental adaptations. The concept of social inclusion could be discussed here along with citizenship and responsibility.

The concept of equal opportunities and anti-discriminatory practice should be introduced by defining terms eg labelling, stereotyping, prejudice and discrimination. Concepts of direct, indirect, institutional and individual discrimination could be addressed. Types of discrimination should be discussed and could be related to current affairs and policy eg agenda on age, homelessness, refugee/asylum seekers. The effects on the individual who is discriminated against must be discussed fully. Effects may include, for example, fear, loss of opportunity, educational failure, physical injury, and isolation from/reluctance to participate in, wider society. It is essential that candidates continually reflect on their own value base to ensure their service users receive occupational therapy services which meet current care values and principles. How to ensure anti-discriminatory practice through current knowledge, use of College of Occupational Therapists Code of Ethics and Professional Conduct, awareness of legislation eg the Disability Discrimination Act 1995, equal opportunities policies and self awareness, should be discussed. These may be further developed in the HN Unit *Occupational Therapy Support: Aspects of Sociology*.

Outcome 3

Loss should be introduced as a natural and normal part of the life course. All individuals will have experienced a form of loss prior to their referral to occupational therapy services. It is essential that candidates can identify the impact that loss has on the individual's life and their roles within this. This will assist candidates to further explore the needs of the individual and to use the appropriate interpersonal skills with individuals in occupational therapy.

Emphasis should be placed on the types of loss and the scope of loss that individuals experience throughout the life course. Loss should not be viewed solely in relation to death. The range identified could include eg loss of home, housing, limb, hopes and future expectations, educational opportunities, relationships, freedom, independence, mobility, sight and memory, as well as loss through death.

The impact loss (predictable, unpredictable, negative and positive) has on individuals, and their responses to loss, should be discussed. These could be considered using the following headings — physical (eg nausea, tiredness, pain), emotional (eg bewilderment, sadness, anger, hysteria) and social and cultural (eg fear, rituals, withdrawal from activity, medical view). These responses should then be linked to loss theory. Theorists may include Elizabeth Kubler Ross, Worden, Bowlby or Murray Parkes for example. The individual's responses should then be related to the stages of grief identified within the theories investigated. The individuality of loss and the responses to grief should be emphasised. Complicated grief (blocked, delayed, chronic, exaggerated, and masked) could also be highlighted, as well as anticipatory grief.

Higher National Unit specification: support notes (cont)

Unit title: Occupational Therapy: Needs and Rights of Individuals

Individuals' life roles change, increase and decrease throughout the life course. Some of the life role changes may be considered predictable and some thorough unexpected loss. Past, present and future roles could be looked at. A range of roles individuals have may include parent, carer, work role, organiser, for example. These roles could be investigated from the aspect of the prescribed role, the perceived role and the performed role. The concepts of role overload, role under-load, role stress and role set could be explained. The impact that changing life roles has on individuals and their role set should be acknowledged should be identified. Motivation of the individual in relation to loss and changing life roles could be considered with internal and external motivating factors being considered. The impact these changes may have on the person's identity should be considered in relation to person-centred occupational therapy.

Theories of and responses to loss may be further investigated in the HN Unit *Occupational Therapy Support: Psychology and Human Development*.

Outcome 4

Sound communication and interpersonal skills lie at the heart of effective occupational therapy. Definitions of communication and the explanation of the communication process could be used as the starting point for this Outcome. Candidates should be given the opportunity to explore methods and barriers to communication and to discuss these in relation to their own good practice. Self reflection and self awareness should be encouraged to enhance the candidate's development of good communication skills and use of interpersonal skills and to highlight areas requiring further development. This may be related to the candidates identified learning goals.

Methods of communication identified should include, verbal and nonverbal methods eg the use of tone, pitch, pace, volume, language: proxemics, eye contact, facial expression, touch, gesture, body language, and active listening skills. Written methods should include the use of reporting/recording, other forms of documentation and information technology; however, these are investigated more fully in the HN Unit *Occupational Therapy: Policies, Procedures and Professional Standards*. Other communication methods such as Boardmaker, Makaton, sign language, etc. may be also alluded to.

Barriers to communication could be identified under the headings of environmental, individual and self. Environmental barriers (human and non-human) may include attitudes of others, expectations of others, inappropriate terminology eg victim, handicap. Non-human factors may include noise, lack of privacy, time, lack of resources; self may include lack of knowledge, lack of confidence, lack of awareness, assumptions, disinterest or fear. Factors considered in relation to the individual may include, impairment, challenging behaviours, language, previous experience or tiredness, for example. This would be an opportune time to highlight the effects of stress on workers and individuals. The barriers stress creates in relation to effective practice should be discussed.

Candidates should have the chance to explore the use of interpersonal skills, necessary within the practice of occupational therapy. They could consider these in relation to a range of people with whom they communicate eg individuals in occupational therapy, other staff, relatives, carers. Interpersonal skills could include rapport building, the use of conversational skills, questioning techniques (open, closed, clarifying and rhetorical).

Communication and interpersonal skills should be related to some of the following areas: use of person-centred counselling skills, supervision, challenging behaviours and de-escalation techniques, group work and advocacy.

Higher National Unit specification: support notes (cont)

Unit title: Occupational Therapy: Needs and Rights of Individuals

When considering counselling skills it is essential a person-centred focus is maintained and related to the core conditions of congruence, empathy and unconditional positive regard defined by Rogers. Emphasis must be made on the use of basic counselling skills and not the 'Counselling Process'.

Challenging behaviour could be defined and then the interpersonal and communication skills required to deal with challenging behaviour considered. De-escalation techniques appropriate to the candidate's role could be investigated.

Interpersonal skills required when working with groups - either staff or non-staff - should be considered and the forming and function of groups could be related, for example, to Tuckman's theory of forming, storming, norming and performing.

Further areas including advocacy and supervision could be considered here in relation to the required interpersonal skills for effectiveness. Different types eg self and citizens, the elements of advocacy and specific communication and interpersonal skills required. The importance of empowerment should be emphasised. The supervision relationship is an important tool in the professional development of the occupational therapy support worker. The role and purpose of supervision, the individuals required responsibilities and skills in supervision to ensure this is a meaningful and useful relationship could be discussed. This could be related to the COT Professional Standards for Practice (2003).

Guidance on the delivery and assessment of this Unit

This Unit should be taught within the framework of the HNC Occupational Therapy Support. It is recommended this Unit is delivered after the HN Unit *Occupational Therapy: Context and Development* and before the HN Unit *Occupational Therapy: Policies, Procedures and Professional Standards*.

It is recommended that this Unit be taught in the early stages of the HNC, as it acts as a precursor to future Units. These include the psychology and sociology themed Units and the Graded Unit, through the development of knowledge in relation to developments and trends in care, needs and rights of individuals, the impact of loss and changing life roles and the use of interpersonal skills in the promotion of person-centred practice.

Outcome 1

Candidates could provide evidence, which demonstrates understanding of current trends within health and social care. Whilst considering models of care used within the health and social care settings, it is essential that occupational therapy specific practice models are not introduced at this stage in the framework of the HNC Occupational Therapy Support. The range of influences could be investigated in groups supported by the tutor.

Outcome 2

This Outcome may be assessed using a range of extended response questions, which cover the Evidence Requirements. One extended response question could be used to cover all Evidence Requirements. A case study format could also be used to cover the first and second Evidence Requirements. If a case study format is selected it could be integrated with Outcomes 3 and 4.

Higher National Unit specification: support notes (cont)

Unit title: Occupational Therapy: Needs and Rights of Individuals

Case studies could be used in the classroom in relation to identifying needs of individuals. Various cultures and religions could be investigated in terms of possible needs relevant to occupational therapy eg dress, cooking, dietary, personal hygiene, and sex of carer. Educational videos or DVDs showing the effects of discrimination on groups and individuals would be an appropriate delivery method.

Outcome 3

This Outcome may be assessed through a case study or extended response questions which cover the required Evidence Requirements. If a case study format is used it could be integrated with Outcomes 2 and 4.

Loss as a natural and normal part of the life course is the emphasis for this Outcome. Candidates could consider their own life roles, (past, present and future) and factors which have contributed to the changes.

Outcome 4

Candidates should demonstrate communication and interpersonal skills within the practice area. A supervisor-marked checklist could be used for this. The evidence may be demonstrated through a case study which could be integrated with Outcomes 2 and 3. The remaining Evidence Requirements could be assessed by a supervisor marked assessment checklist and a reflective log. Candidates could carry out a group presentation in relation to the concepts of challenging behaviour, counselling skills or group work and the required communication and interpersonal skills. This would encourage group work, an opportunity to experience group dynamics, and the opportunity to reflect on factors influencing group effectiveness.

Video footage could also be used to demonstrate the use of counselling and advocacy skills. The use of role-play, video recording and peer review could also be used to enable self reflection and self awareness of candidates' communication and interpersonal skills. Selection of appropriate communication skills and their contribution to equality of service, should be highlighted.

Opportunities for developing Core Skills

The delivery and assessment of this Unit may contribute towards the component Written Communication of the Core Skill of *Communication* at SCQF level 5. The general skills of the component (see Core Skills Framework at <http://www.sqa.org.uk>) are 'read, understand and evaluate written communication' for its reading element and 'produce well-structured written communication' for its writing element. Specific reading skills required by candidates at SCQF level 5 include identifying and summarising significant information, ideas and supporting details in a written communication, and evaluation of the effectiveness of the communication in meeting its purpose; and specific writing skills include presenting all essential ideas, information and supporting detail in a logical and effective order, and use of a structure which takes account of purpose and audience, emphasising the main points.

Higher National Unit specification: support notes (cont)

Unit title: Occupational Therapy: Needs and Rights of Individuals

Candidates may use the skills outlined above in covering the Evidence Requirements across all four Outcomes, which require extended responses, or one single extended response, on such varied, but linked topics such as the impact of discrimination on the individual, loss theory and barriers to communication. Other important concepts providing context which may be investigated prior to assessment may include those as varied such as demographic factors affecting service development, factors affecting development of values and partnership working, for Outcome 1.

In addition, opportunities exist to develop the component Oral Communication of the *Communication* Core Skill to SCQF level 5.

The general skill of the component is the ability to ‘produce and respond to oral communication.’ Specific skills required at SCQF level 5 include the conveying of essential information, ideas and supporting detail accurately and coherently, skill in sequencing and linking information and opinions, and the use of appropriate vocabulary and spoken language structure. In Outcome 4, candidates are required to demonstrate appropriate use of communication skills and interpersonal skills in the occupational therapy setting. Candidates will first consider the definition of communication, and related topics such as the communication process, methods of and barriers to communication etc. before practically demonstrating their own communication and interpersonal skills. Methods used to fulfil the Evidence Requirements in this Outcome could include group presentations and role play.

The potential to utilise group work and role play, offers opportunities to develop the Core Skill of *Working with Others* at SCQF level 5, the general skill of which is to ‘work with others in a group to analyse, plan and complete an activity.’ Specific skills required at SCQF level 5 include analysing the activity and identifying component tasks and roles, agreeing responsibilities and supporting co-operative working. Candidates may, for example carry out a group presentation in relation to the concepts of challenging behaviour, counselling skills or group work, and the required communication and interpersonal skills.

The delivery and assessment of this Unit may offer opportunities to develop the component Critical Thinking of the Core Skill of *Problem Solving* at SCQF level 5. The general skill required is the ability to ‘analyse a situation or issue’. Specific skills required at SCQF level 5 include identifying the factors involved in the situation, assessing their relevance, and developing an approach to deal with them which candidates may do throughout the Unit.

For example, in being asked to ‘describe the impact of discrimination on the individual’ and ‘explain the importance of anti discriminatory practice’ in Outcome 2, candidates will be required to think critically about these issues. It will require some analysis to identify and describe the consequences of discrimination, strategies for preventing discrimination and why it is important to do so.

Depending on the methods used to produce candidates’ responses, the delivery and assessment of this Unit may contribute towards the Core Skill of *Information Technology* at SCQF level 4, the general skill of which is to use ‘an IT system effectively to perform a range of straightforward tasks.’

Specific skills required at SCQF level 4 include making effective use of a computer system, carrying out straightforward processing using three applications, and carrying out straightforward searches. Candidates may opt or require to use IT systems and specific applications in drafting and editing their responses for all Outcomes, in particular if the method used is a case study with integration of the four Outcomes.

Higher National Unit specification: support notes (cont)

Unit title: Occupational Therapy: Needs and Rights of Individuals

Open learning

This Unit could be delivered using an open, blended or distance learning approach provided there is clear centre planning to ensure sufficiency and authentication of candidate's evidence.

Evidence for all Outcomes could be sent to the centre assessor in paper or CD format. Arrangements with workplace supervising occupational therapists can be made to ensure authenticity.

Candidates with disabilities and/or additional support needs

The additional support needs of individual candidates should be taken into account when planning learning experiences, selecting assessment instruments, or considering alternative Outcomes for Units. Further advice can be found in the SQA document *Guidance on Assessment Arrangements for Candidates with Disabilities and/or Additional Support Needs* (www.sqa.org.uk).

General information for candidates

Unit title: Occupational Therapy: Needs and Rights of Individuals

This Unit will enable candidates to examine the needs and rights of individuals in the context of occupational therapy, including the impact of loss and changing roles. You will further consider influences on occupational therapy, with respect to trends within health and social care, which need to be responsive to the needs and rights of individuals.

On completion of the Unit you should be able to:

- 1 Describe the influence of health and social care trends on the provision of occupational therapy.
- 2 Identify and describe the needs and rights of individuals within the provision of occupational therapy.
- 3 Describe the impact of loss and changing life roles on the individual.
- 4 Demonstrate interpersonal skills required to promote effective practice.

You will have the opportunity to learn about factors which affect individual occupational therapy service users which include basic human needs, legislation and statutory rights, loss, changing life roles and discrimination. The concept of a person-centred practice is integral to occupational therapy and throughout this Unit you will have the opportunity to appraise the values and attitudes of this approach. You will look at the use of communication skills and essential interpersonal skills which contribute to person-centeredness, equality of service and how these promote effective practice.

The overall requirement for assessment will be production of evidence that demonstrates your understanding of the influences on health and social care, the needs and rights of individuals, the impact and effects of loss and life role changes. You will also be required to demonstrate your understanding and of the use of communication and interpersonal skills in the occupational therapy setting.

You will be encouraged throughout to develop reflective practice and to develop your CPD portfolio.

Over the course of this Unit there may be opportunities to develop important Core Skills, in the areas of *Communication, Problem Solving, Working with Others, and Information Technology*.