Higher National Unit specification

General information

Unit title: Care Practice (SCQF level 7)

Unit code: H8NM 34

Superclass:	PM
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Version:	02

Unit purpose

This Unit enables learners to examine and apply a range of models and methods used in social care practice. It will develop their understanding of the values and principles that equip them to practise safely, ethically and responsibly and assist their understanding of the importance of planning and working with others.

Outcomes

On successful completion of the Unit the learner will be able to:

1   Demonstrate an understanding of how social care values and principles influence practice.
2   Describe and explain models of care based on assessment, planning, implementation and evaluation.
3   Describe and evaluate methods of working with individuals and groups in care settings.

Credit points and level

1 Higher National Unit credit at SCQF level 7: (8 SCQF credit points at SCQF level 7)

Recommended entry to the Unit

Learners for this award should have effective Communication and Interpersonal Skills and be able to use these skills to give an account of their experiences, reflect on them, make valid conclusions and express strengths and development needs, both personal and organisational.

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This may be demonstrated by relevant qualifications at SCQF level 5 or above with relevant experience in a social services or other relevant setting as a student or a care worker, or SVQ level 3 in Health and Social Care, Early Education or one of their predecessor qualifications.

Core Skills

Opportunities to develop aspects of Core Skills are highlighted in the Support Notes for this Unit specification.

This Unit has the Critical Thinking component of Problem Solving embedded in it. This means that when candidates achieve the Unit, their Core Skills profile will also be updated to show they have achieved Critical Thinking at SCQF level 6.

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.

The Assessment Support Pack (ASP) for this Unit provides assessment and marking guidelines that exemplify the national standard for achievement. It is a valid, reliable and practicable assessment.

Centres wishing to develop their own assessments should refer to the ASP to ensure a comparable standard. A list of existing ASPs is available to download from SQA's website **(http://www.sqa.org.uk/sqa/46233.2769.html)**.

Equality and inclusion

This Unit Specification has been designed to ensure that there are no unnecessary barriers to learning or assessment. The individual needs of learners should be taken into account when planning learning experiences, selecting assessment methods or considering alternative evidence.

Further advice can be found on our website **www.sqa.org.uk/assessmentarrangements**.

Higher National Unit specification: Statement of standards

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Acceptable performance in this Unit will be the satisfactory achievement of the standards set out in this part of the Unit specification. All sections of the statement of standards are mandatory and cannot be altered without reference to SQA.

Outcome 1

Demonstrate an understanding of how social care values and principles influence practice.

Knowledge and/or Skills

♦ Values and principles
♦ Rights and choices
♦ Roles and responsibilities
♦ Reablement

Outcome 2

Describe and explain models of care based on assessment, planning, implementation and evaluation.

Knowledge and/or Skills

♦ Needs led assessment
♦ Integrated care planning
♦ Person centred planning
♦ Exchange model
♦ Groupwork

Outcome 3

Describe and evaluate methods of working with individuals and groups in care settings.

Knowledge and/or Skills

♦ Collaborative working
♦ Counselling skills approach
♦ Behaviour management
♦ Advocacy
♦ Multi-cultural practice
♦ Observation monitoring, recording and reporting

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Evidence Requirements for this Unit

Centres are encouraged to adopt a holistic approach to the assessment of this Unit where it forms part of a Group Award.

Where it is delivered alone it is recommended that all Outcomes should be assessed together.

Learners will need to provide evidence to demonstrate their Knowledge and/or Skills across all Outcomes by showing that they can:

♦ Identify and describe three social care values central to person centred care.
♦ Undertake a needs led assessment to contribute to the development of a care plan.
♦ Compare and contrast two models of practice relevant to the care plan.
♦ Describe and evaluate two methods of delivering the objectives of the care plan.
♦ Describe and explain how to balance rights and risks in making decisions.
♦ Prepare a Reflective account to evaluate the importance of values, rights and principles in the planning delivery and evaluation of the care plan.

Assessment for this Unit may be undertaken through

Assessment for this Unit is a case study which could take the form of a portfolio of evidence, which focuses on a practice scenario where learners provide a plan of care for an individual or group.

This could be presented as: a detailed plan, an analytical explanation of how the plan developed and an evaluation of the Outcomes.

The portfolio of evidence of 3000-5000 words can also provide evidence for the SVQ Units where learners are undertaking the full HNC award or additional SVQ Units.

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Unit Support Notes are offered as guidance and 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.

Learners should understand how models and methods differ from each other prior to looking at the detail of the models and methods of work included in this Unit.

According to Thompson, 'a model seeks to describe how certain factors interrelate, but it will not show why they do so' (Thompson, 2000: 22). It follows that a model tends to be more descriptive however; it may also, be used as a tool that links theory to practice. For example, in direct work with individuals advocacy (a method) may also, be used as a model or tool that links theory to practice**.**

Methods represent the more formal written accounts about how to do the job in all care settings (Sibeon,1990). This occurs when a theory, or a combination of theories, are used and applied in practice. Where a group of theories are discussed, and considered the term 'paradigm' may be used. This originates from the work of Kuhn (1970) to denote an approach informed by a set of related theories and beliefs about the nature of the world and the individual's place within it (Mark, 1996).

Learners need to develop a reflective approach allowing them to identify the impact of their own personal value base on their work, and how to critically evaluate this. An understanding of how attitudes and values are established, and can change, should be encouraged.

Outcome 1 looks at values and principles, roles and responsibilities rights and choices, re-enablement and co-ordinating actions all of which provide links with the SVQ Units as well as with other Units in the HNC award.

Values rights and principles are fundamental to all we do. We all have our own values that have developed. As a result, of our family and childhood experiences, and as a result, of our friendships, and relationships our values are also influenced, by people in our local community, as well as by national figures, and the media.

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Values based practice

♦ Places an emphasis on the importance and differences of individual values, including the values of health and social care workers, researchers and managers as well as those of service users and carers
♦ Recognises that values whether explicit or implicit guide all decisions
♦ Recognises the importance of values and evidence and clinical expertise working together for optimum Outcomes for people accessing health or social care
♦ Is more than a theoretical stance it has a focus on processes and building skills sets to enable practitioners to work sensitively with different values and perspectives.

Learners should visit Scotland's Human Rights website where a range of free to download videos and scenarios related to rights and values will be found:
http://www.scottishhumanrights.com/

The National Care Standards follow the Human Rights approach and it is important at this point for all learners to look at these together and consider how they apply them to their practice.

While the terminology varies, fundamental values and concept are the same – embracing the principles of independence, choice, inclusion, equality and empowerment as the foundations of service provision, the inclusion of family members and informal support networks as a key component of person-centred planning. The onus is on services to devise the best way to support individuals and families in and to encourage the growth of informal networks.

Alongside these rights comes choice and this provides learners with the opportunity to look at how the needs of individuals are met.

Probably the most well-known and accepted model of human need is that put forward by Abraham Maslow. A human psychologist, Maslow organised human need into a five-step circular cone, this is, generally depicted as a triangle. He suggested that lower level needs would have to be satisfied, before the individual is psychologically, motivated to meet their higher-level needs. Unsatisfied needs can lead to frustration, emotional distress and crisis. Maslow's definition of needs starts with, basic biological and physiological; and moves through safety and security; social activity and belonging; esteem and status to the fulfilment or self-actualisation stage.

Roles and responsibilities vary greatly dependent on the job role of the learners therefore in considering these; they could be, directed to undertake some independent research that could focus on either their employing organisation or their placement organisation. The objective of this would be to consider their own work role, and the role of others, and their responsibilities as a worker. It is also important that they recognise the limits of their role.

They could work in groups to consider how planning takes place in their work role and what the processes are for evaluating practice for example how supervision is structured and used to identify practice issues and learning needs.

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Reablement is a term used to describe how to promote independence and quality of life, it is about early intervention with the aim of maximizing individuals potential to live as full an satisfying life as possible. It points to the duty of those commissioning and providing social care to make a strategic shift towards prevention, early intervention and to achieve the best possible solutions for all who use their services.

This is a challenge not only because resources are limited, but also, because most people want to retain their independence and stay in their own homes.

Learners should consider how the principles of reablement are utilised, with those using services and how workers can come together to co-ordinate their approach.
Some useful information can be found at:
http://www.scie.org.uk/topic/careservices/preventionreablement/reablement

Outcome 2

They should understand the need for planning in their work role, this will involve them understanding Care Planning at this stage of the delivery. Learners should understand that assessment of need could be formal or informal.

Formal assessments, are likely to be, carried out by a range of different professionals, and can often come in the form of checklists or a series of specific questions or points to note Informal assessment refers to the kinds of picture we build of an individual based on our own perceptions, observations or discussions, both with the individual and any significant people in his or her life.

Mapping paths profiles and modelling provide a method of understanding assessment planning.

Mapping paths profiles and modelling: MAP and PATH are creative planning tools that utilise graphic facilitation to collect information, and develop positive future, plans. MAPS focuses on gathering information for planning — based on the story (history) of a person or organisation. MAPS, is a creative planning tool that uses both process and graphic facilitation to create a shared vision of a positive future for individuals and families. MAPS draws on people's ability to visualize different futures and to plan for these using the focus person's unique gifts, strengths, interests and capacities.

The key Outcomes of maps are as follows:

♦   A shared vision within the group of a positive future for the focus person or MAP maker.
♦   A commitment to moving towards this future and agreement on range of actions that begin the journey.
♦   A clear appreciation of the focus person's gifts and a deeper understanding of where gifts are needed and make sense within the wider community.

This link may be useful in explaining the variety of ways MAPS can be used:
http://inclusive-solutions.com/category-visioning-and-problem-solving/

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The term Care Planning describes a model that generally commences with a needs led assessment. Individual needs which are being met are identified along with, more importantly any unmet needs. Following on from assessment a plan is drawn up which indicates how needs are going to be met, who will be involved and any timescales identified. This plan is implemented, its goals turned into action, and monitored and reviewed in the evaluation process.

The process of assessment is building a picture, an individual and complex picture of the person, his or her strengths and potential as well as their needs. Assessment should, however, not be viewed as an end in itself; its purpose is not to classify or label an individual. Instead, the work we carry out with individuals is the product of the assessment process.

Here learners could use the PIES model in relation to needs P indicates physical needs I indicates intellectual needs, E emotional needs and S social needs.

Learners could also consider PISCES where C indicates cultural needs and S spiritual need.

Integrated Care is the term used to refer to:
♦   Health and social services delivered by a single organisation
♦   Joint delivery of health and social services by more than one organisation
♦   Links between primary and secondary health care
♦   Joining care at different levels within a single sector, eg mental health services
♦   Joining prevention and treatment services

Integration can mean that services are jointly commissioned and/or funded, delivered by multi-disciplinary teams in which team members are employed by more than one organisation, or delivered by multi-disciplinary teams in which members are employed by the same organisation.

http://www.rcn.org.uk/__data/assets/pdf_file/0008/455633/Hilarys_Paper.pdf provides information and guidance on how this might work in a joint care and health environment.

Person centred planning puts the individual at the centre of the process and allows them to choose the service providers they use and the manner in which they receive support. The aim is to make services more personal and tailored to individual's needs.

The potential for person centred planning is to improve service delivery through the development of strategies to support multiagency working and through mainstream services being accessible to social care service users. A requirement of these changes is a fundamental change in the culture that permeates services so that the idea of person-centred planning is fully accepted.

The Exchange Model is one which allows learners to consider another way to develop their planning skills with its emphasises on an exchange between individuals, carers and workers of skills and knowledge: knowledge of resources and helping methods and skills in determining goal, preferred Outcomes and ways to achieve these.

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Central to this model is a recognition that individuals receiving care and others in their network know more about the specific problems they encounter than a worker, who is in the process of helping and supporting them.

The task of creating a plan to meet needs, and addressing problems, becomes an 'exchange' among the different individuals involved. This should be multi-disciplinary in nature. The emerging plan becomes a type of balance sheet of all the needs that are presented; the plan should be co-ordinated by one worker who takes a central, 'umbrella' role and negotiates with others as to who is to do what and by which time-scales. The focus here is wider than the individual's wants; it takes account of the different social systems and networks which impact on the individual's life.

The core tasks in the core model include:

♦   Establishing full and active participation in the decision-making processes.
♦   Ensuring a holistic, 'macro' assessment of the social situation and not just of the individual.
♦   Building and maintaining flexible and positive working relationships of those involved.
♦   Negotiating and resolving any conflicts of choices and needs.
♦   Modifying the plan in light of any changes which occur.

Working with and in groups is an important area learners are likely to work with teams, with families, and in communities. Understanding of a range of basic principles will be useful in their practice; although group work is a model the term 'group working' can be used to describe a wide range of methods of working with individuals collectively.

Some points to consider are:

Working in a group can be a more efficient, time-economic, and enjoyable way of working than one to one.

Groups can bring together as much knowledge and skill as there are people in them. A group is more than the sum of its parts!

If people have something in common, they can benefit from the contributions of their peers. This is the principle behind support groups for people with a particular condition, or who are carers, for example:

Groups are especially good for obtaining information from people with low levels of literacy.

Groups have more fun! Of course this is not always true, but the creativity, helping each other along, and humour which happens in a well-functioning group may leave individual work far behind if the group members can see a common purpose.

A useful resource is: Once Upon A Group: by Michael Kindred and Maggie Kindred Published by 4M Publications 2000.
Learners should recognise that 'A team is not a bunch of people with job titles, but a congregation of individuals, each of whom has a role which is understood by other members.

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They should recognise the differences between teamwork and group work.

Members of a team seek out certain roles and they perform most effectively in the ones that are most natural to them. Dr. R. M. Belbin **http://www.belbin.com/rte.asp?id=8**

Tubbs highlights four stages, which the group will go through. These are:

♦ Orientation — This is, where members get to know each other and discuss the task in hand and any problems it may pose.
♦ Conflict — This is necessary and an essential part of the group's development. It fosters evaluation and helps to avoid conformity, which can sometimes be unhelpful.
♦ Consensus — With the consensus stage conflict dies out and members now reach consensus and compromise.
♦ Closure — Here, the result achieved, members are unanimous in their support.

Poole's Small Group Development Theory argues that groups jump back and forth between three different tracks: task, topic and relation, each of these tracks is intertwined.

The task track relates to the process by which the group achieves its aims and objectives.

The topic track refers to the specific item, which the group is discussing at that time.

The relation track concerns the interpersonal relationships and dynamics between the group members. Sometimes the group may change track to concentrate more on the relationships within rather than on the task in hand.

When the group reaches agreement on all three tracks it becomes, more unified, and reaches the same stages of consensus and performing as identified by Tubbs and Tuckman respectively.

Decision Making: Learners should be encouraged to research decision-making models from their own area of practice.

The following authors may prove useful for research purposes:

♦ Harrington-Mackin: RISC and PAUSE
♦ Vector: Democratic Decision Making
♦ Adair: Decision Making and Problem Solving,
♦ J. Kourdi: A guide to effective decision making

Outcome 3

This Outcome builds on the previous learning and provides the opportunity to look at specific methods of working with individuals and groups.

It recognises that the demographic profile of Scotland's population is changing; that there has been a significant increase in the number of older and very old people, who may have several long-term conditions. Working together is necessary when caring for people who have long-term conditions and that is one of the main challenges facing the NHS and its care provider partners.

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At the same time as we must also respond better to the needs of vulnerable people, those that are isolated, socially or geographically, and those who have real difficulty in accessing care services.

Once this is understood learners can begin to consider the role of collaborative working; this includes multi agency integrated approaches and provides insight into methods used in many areas of care. Most importantly, it requires effective workforce planning and the better use of people, facilities, technology and information systems as well as recognising and implementing proven innovations. The need to adopt this approach to service planning and delivery, based on Outcomes and care pathways, has been widely acknowledged across organisations, professional groups and political parties for some time.

Significant improvements in relation to mental health services and care for people with physical and/or learning disabilities have already taken place through shifts in the balance of care. Important here is the knowledge that we must build on this experience and ensure that we continue to improve and not reduce quality and safety in the community. We are not changing for the sake of it — not every change is necessarily an improvement but at the same time, there can be no improvement without change. Measurement of the level of improvement will underpin the whole process of shifting the balance of care.
http://www.shiftingthebalance.scot.nhs.uk/home/

Learners should, be introduced to the basic concepts of counselling. Counselling is a method of working with an individual or group of individuals in the context of this award, it is perhaps best explained as Person-Centred Approach to Counselling This form of counselling, arguably the widest form used, was developed by the American psychologist Carl Rogers. An ardent exponent of clear communication, Rogers believed this was paramount in any therapeutic or counselling relationship between two people, based on acceptance, trust and respect.

In this model the counsellor has to uphold certain philosophical beliefs and attitudes which uphold the worth, dignity, significance and value of each individual. The model places the individual at the very heart of the process. A counsellor maintains an approach that is non-directive and non-controlling. This allows the individual freedom, to go forward, at his or her pace, and to control the agenda. Rogers identifies three core conditions within the person-centred approach; empathy, unconditional positive regard and congruence.

Believing in the worth and the ability of individuals to direct their own lives implies that the person-centred counsellor is willing to let individuals choose their own values and standards even when they do not necessarily agree with them. There is also an implied belief that each individual has innate problem solving abilities, the ability for self-direction and the motivation to achieve insight into their own problems.

A useful resource is: Person-Centred Counselling in Action 4th Edition By Dave Mearns, Brian Thorne, John McLeod Groupwork Sage Publications 2013.

The Skilled Helper Model

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Gerard Egan proposed a three stage, helping model which outlines the ways in which workers help individuals determine the precise nature of the problem and determine strategies for solving these. The Egan model aims to help the speaker address 3 main questions:

1   What is going on?
2   What do I want instead?
3   How might I get to what I want?

The stages identified as follows:

Self-image which relates to how individuals describe themselves — this could be in abstract terms such as outgoing, introvert, a worrier, confident or shy. Or it could be in relation to appearance such as bald, overweight, average looking or brown eyed.

The **ideal self** refers to the kind of person you would like to be — more confident, a size ten, younger, more caring, less anxious or better dressed.

Self-esteem describes how we feel about ourselves, how much we like ourselves and how comfortable we are being who we are. In many ways this is dependent on cultural norms and media influence. In a climate where slimness is idolised we may feel bad about ourselves if we are overweight. Where being heterosexual is the cultural norm, we may have low self-esteem if we are gay.

http://www.bapca.org.uk/about/what-is-it.html
Introduces work of Carl Rogers

http://www.elementsuk.com/libraryofarticles/foundations.pdf
Carl Rogers discussing his previous articles

Behaviour Management Models:

Learners may be from wide range of work settings and so the models used are likely to be diverse, some relevant examples could be:

Primary prevention means trying to predict what may cause certain behaviour, as well as being aware of the triggers. By actively doing so it can become easier to intervene before the behaviour occurs and thus preventing it, for example, by redirecting the individual when you begin to see any signs or signals of their distress.

The following are just some of the commonly used methods for dealing with challenging behaviour. It is important to note that there is no 'cure' for challenging behaviour. Constructive preventative methods are the most desirable ones to follow, as they will reduce the frequency and intensity of behaviours over time if applied consistently.

Communicating Skills- by supporting individuals to develop ways to communicate their needs whether this is verbally or nonverbally rather than express their frustrations in an aggressive and abusive manner.

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Anger Management — there are many strategies for anger management, which will promote less destructive forms of expression. For example, an individual may be encouraged to seek staff support, take some time out, or even hit a pillow or cushion instead of lashing out at others when angry or upset.

Relaxation — helping provide individuals with ways to relax and unwind. Sensory activities, breathing exercises aromatherapy, massage and meditation can all help to calm and de-stress.

Secondary strategies involve monitoring the behaviour when it has occurred and intervening appropriately. A few of the main models are:

The STARR Model

Based on, using different approaches of intervention. The approach takes into account the situation, environment and the individuals involved. The following five approaches used in preventing escalation and recurrence of challenging behaviour are:

♦ S refers to the structuring and setting up of clear expectations of acceptable types of behaviour, and those, considered unacceptable. Clear guidelines needed, to ensure the individual is aware of the consequences if they exhibit unacceptable behaviour.

♦ T is for teaching, which offers the individual the opportunity to learn different tools for dealing with strong emotions and the chance to benefit and learn from using them.

♦ A is for accounting for an environment which is safe and secure for everyone.

♦ R stands for reflecting, where the care worker supports the individual and opens up discussion about their feelings in a non-directive and non-judgemental way.

♦ R is about relating, where the individual and worker build upon relationships whereby the individual feels valued and respected.

The ABC Model

Another model, useful in interventions with challenging behaviour is the ABC this stands for:

♦ A is the antecedent, what led up to the challenging behaviour taking place

♦ B what exactly was the behaviour which was challenging and

♦ C what are the consequences of the particular behaviour.

The CALM Model

The CALM model assumes that each individual's behaviour is dependent on such factors as personality, level of motivation, what they learned, intellectual abilities, how they respond to others.

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It uses skills and tactics, which aim to prevent any form of escalation. This enables the individual to learn other coping strategies to deal with their behaviour by the worker focusing on the emotional problems of the individual, setting limits, diverting the behaviour and focusing on the safety of the individual and others.

This model has long-term advantages, including opportunities for learning and the promoting of new, more positive behaviour it also deals with the situation there and then for the short-term need for safety by clearing the air and creating a calmer environment.

Advocacy:

In many situations the social care worker becomes a form of advocate for the individual. If the individual is unaware of any legal entitlement or is unwilling to assert their right, then the worker is well placed to advocate on behalf of the service user.

Learners should understand the importance of advocacy as a way of empowering individuals to tackle discrimination and gain equality. The Concise Oxford Dictionary defines 'advocacy as 'pleading the case on someone else's behalf'. Advocacy is user led and arises from a recognition that traditional services have been service led which often slotted people into services which were inappropriate and not tailored to their individual needs. The concept of advocacy also recognises the rights of all individuals to participate in any assessment of need and the decision making process in relation to how these needs will be met.

Probably the most traditional form of advocacy is legal representation where specialist knowledge ensures that the needs of the individual will be identified in a manner that is fair and appropriately to the courts, tribunals and other social organisations.

In terms of social care however, an 'advocate' is a person who takes a particular interest in the welfare of an individual. It is important to make clear the distinction between an advocate and a care worker. The worker will work with the individual to undertake the assessment, planning, implementation and evaluation of any care package but inevitably the worker will have other issues to consider. These could include issues such as funding, organisational constraints and the availability of resources and services.

An advocate can also be involved in the different stages of the care plan and make representation on their behalf to ensure quality of care throughout.

Self-advocacy concerns helping individuals to learn new skills and develop the self-confidence to advocate for themselves. It is about enabling them to participate fully in decisions affecting their lives and learning the necessary skills to ensure this participation.

Citizen Advocacy seeks to benefit individuals by reconnecting people who have become isolated from the community. Citizen Advocacy seeks to challenge this devaluation by connecting a 'devalued' person with another person, prompting the community into valuing the 'devalued' person.

More information on this area is available at:

http://www.savannahcitizenadvocacy.org/what-is-citizen-advocacy/

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Multicultural practice:

Learners will require, to recognise, the importance of Multicultural relationships. In Britain today, we live side by side with people from different ethnic, cultural, social, and religious backgrounds. We are becoming increasingly aware of the fact that we live in a multi-ethnic and multi-cultural society. They should consider their work and learning environment in relation to how multi-cultural this is.

Depending upon, where we live, work, or which services we access in the community, we have probably seen changes to our communities over time. We are increasingly aware of the differences and similarities among ourselves and others, in relation to; age, gender, ethnicity, culture, religious beliefs and practices, social and economic status, educational and occupational backgrounds, disability, sexual orientation, health, and the impact of illness.

In everyday life, we may find our long held ideas about ourselves as well as others challenged when we encounter people from diverse cultural backgrounds. Our levels of understanding about other cultures may vary. In some instances, our observations may be superficial and our knowledge less developed, based on media representations or limited encounters with people from different ethnic and cultural backgrounds. In other cases, it may be that through personal and professional contact we have been able to establish over time an understanding of others from diverse backgrounds. In modern urban environments, it is likely that cultural diversity is an obvious reality for all of us, yet we must acknowledge our level of awareness and sensitivity, or lack of it, in order to demonstrate our respect for others.

'Valuing diversity is an essential aspect of living and working in a multicultural society. As professionals in health and social care, we need to become aware of the cultural influences on health, health behaviours, and illness and recovery, and translate that awareness into culturally congruent care practice. We need to develop the knowledge, skills and attitudinal responses to meet the health needs of the people in the communities we serve with respect, sensitivity and the competence required.'

http://www.rcn.org.uk/development/learning/transcultural_health/foundation

Observing recording and reporting

Confidentiality is another essential principle in good care practice. The relationship between carer and an individual is built upon mutual respect and trust and it is therefore imperative that this is not violated.

Confidentiality is not the same as secrecy. It is essentially about the appropriate sharing, transmitting and storing of personal information relating to service users and ensuring that only those who need to and have a right to gain access to such information.

There are times, however, when absolute confidentiality cannot be maintained, and whereby certain information has to be passed on to others. This could be for the protection of individuals or others. Should this occur, the reasons have to be fully explained and justified to all of the parties involved.

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The establishment of confidentiality can often be a prerequisite for disclosure and it is essential, therefore, that workers are fully aware of their responsibilities.

In fact, for the sake of service delivery and accountability, confidential records are maintained on service users containing a wide range of different details such as health, financial, social welfare and personal details. Certain Acts of Parliament, such as the Data protection Act 1998 entitle service users to have access to their own records.
Learners therefore need to understand the need to listen to information, question and make accurate recording which demonstrate:

♦ Spending quality time getting to know individuals
♦ Finding out as much as possible about their previous life history, their goals and aspirations
♦ Encouraging each individual to think and act for themselves where possible
♦ Helping individuals to set achievable and realistic goals
♦ Continually offer support recognition and reinforcement
♦ Separating facts from feelings and opinions

A care plan is essentially an action plan which care workers help to construct in partnership with an individual. Since these are written down and shared with individuals their 'contractual' nature is highlighted.

Formal assessments are carried out by a range of different professionals and often come in the form of check lists, or a series of specific questions or points to note. Examples of this could include medical assessments such as sight or hearing tests, physical examinations, or psychological assessments or community care assessments carried out by social care practitioners.

If we do accurately assess individuals' needs using a formal model then we:

♦ Meet needs rather than deploy services
♦ Meet needs rather than supply demands
♦ Put individuals first
♦ Accommodate individual choice and preferences
♦ Help individuals select from services which are available
♦ Identify any gaps which may exist in service provision
♦ Ensure that resources are used efficiently

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Guidance on the content and context for this Unit

This Unit is designed to be delivered as part of the Group Award for direct entry learners, it can also be used for workers as continuous professional development.

It provides evidence of knowledge and understanding that can be used to evidence Units from the SVQ level 3 Health and Social Services.

Learners wishing to use the Outcomes of their work for this purpose are advised to complete the assignment based on either work based practice or placement experience.

It is recommended that learners work through this Unit in class groups and small groups in order to be able to give and receive feedback.

Group and individual presentations provide opportunities for each learner to demonstrate their learning and increase their self-awareness..

Some self-directed learning and research are also encouraged in order that learners recognise the importance of this to their own self-development.

In order to achieve this Unit, learners are required to present sufficient evidence that they have met all the Knowledge and Skills requirements for each Outcome.

An understanding of both theory and its relation to practice are required for all Outcomes. Hence, assessment must include both the requirement to discuss various issues and the opportunity to relate these to practice. Where learners are already working in it is important they write about real work situations.

Guidance on approaches to delivery of this Unit

All care workers will have to record information accurately and clearly learners could practice this by writing a reflective log on a day at work recording what they did and explaining why they did it, they could then share this and discuss the contents. Sharing is an excellent way to increase awareness of the way we deliver care. Specific incidents from their practice can be recorded, as can feelings about how well we think we dealt with different situations. This will allow for discussion and provide the opportunity for them to return to values rights and principles as they prepare to write their assignment.

It is likely that the portfolio will be built in stages therefore it is important to ensure some limits are placed on the final size to this end a recommended length of 3000-5000 words has been set.

Guidance on approaches to assessment of this Unit

Evidence can be generated using different types of instruments of assessment. The following are suggestions only. There may be other methods that would be more suitable to learners.

Centres are reminded that prior verification of centre devised assessments would help to ensure that the national standard is being met. Where learners experience a range of assessment methods, this helps them to develop different skills that should be transferable to work or further and higher education.

Where the Unit it is delivered alone it is recommended that all Outcomes should be assessed together.

Learners will need to provide evidence to demonstrate their Knowledge and/or Skills across all Outcomes by showing that they can:

Higher National Unit Support Notes (cont)

Unit title: Care Practice (SCQF level 7)

1 Demonstrate an understanding of how social care values and principles influence practice.
2 Describe and explain models of care based on assessment, planning, implementation and evaluation.
3 Describe and evaluate methods of working with individuals and groups in care settings.

Centres are encouraged to adopt a holistic approach to the assessment of this Unit where it forms part of a Group Award.

Opportunities for e-assessment

E-assessment may be appropriate for some assessments in this Unit. By e-assessment we mean assessment which is supported by Information and Communication Technology (ICT), such as e-testing or the use of e-portfolios or social software. Centres which wish to use e-assessment must ensure that the national standard is applied to all learner evidence and that conditions of assessment as specified in the Evidence Requirements are met, regardless of the mode of gathering evidence. The most up-to-date guidance on the use of e-assessment to support SQA's qualifications is available at www.sqa.org.uk/e-assessment.

Opportunities for developing Core and other essential skills

Learners will have the opportunity to develop the following Core Skills:

Communication: Written communications will be developed through learners producing written work in a variety of formats; oral communication will be developed through discussion, debate and evidence of engagement with other learners, professionals and key people.

Working with Others: Will be developed as learners will be required to work collaboratively with colleagues from their own and other service areas in the preparation and research for their assignments.

Information and Communication Technology (ICT): Learners will develop their ICT skills through research and the presentation of written assignments.

Achievement of this Unit gives automatic certification of the following Core Skills component:

Complete Core Skill   None

Core Skill component   Critical Thinking at SCQF level 6

There are also opportunities to develop aspects of Core Skills which are highlighted in the Support Notes of this Unit specification.

History of changes to Unit

Version	Description of change	Date
02	Core Skills Component Critical Thinking at SCQF level 6 embedded.	02/03/15

General information for learners

Unit title: Care Practice (SCQF level 7)

This section will help you decide whether this is the Unit for you by explaining what the Unit is about, what you should know or be able to do before you start, what you will need to do during the Unit and opportunities for further learning and employment.

You will explore how values rights and principles are fundamental to all we do. We all have our own values that have developed. As a result, of our family and childhood experiences, and as a result, of our friendships, and relationships our values are also influenced, by people in our local community, as well as by national figures, and the media.

You will also learn to recognise, the importance of Multicultural relationships. In Britain today, we live side by side with people from different ethnic, cultural, social, and religious backgrounds. We are becoming increasingly aware of the fact that we live in a multi-ethnic and multi-cultural society.

You will learn about personalised care planning which is a Government led national policy to ensure everyone who uses support should have choice and control to shape their own lives and the services they receive. You will understand how values rights and principles are fundamental to all we do.

You will learn about how models and methods differ from each other this will help you to look at the detail of the models and methods of work included in this Unit.

A model seeks to describe how certain factors interrelate, but it will not show why they do so a model tends to be more descriptive however; it may also, be used as a tool to help us link theory to practice. Methods, on the other hand, are useful as a way to describe specific ways of working with people and help to describe how and why we do things.

Collaborative working is another important area. Learning about groups will help you to work effectively with your colleagues and those you support. You will learn to recognise that a team is not a bunch of people with job titles, but a congregation of individuals each of whom has a role, and that these roles need to be agreed, and accepted, by all the group members. In the final part of the Unit the focus is on you in your work role, this directly links to the SVQ Units you will complete, and covers the areas of your own role and responsibilities and those of others, planning and evaluating practice, observation monitoring, recording and reporting.

The assignment for this Unit will take the form of a portfolio which you will develop over a period of time following each stage of the Unit and using your learning to develop a plan of care for an individual or a group.

You will also have the opportunity to develop the following Core Skills:

Communication: Written communications will be developed through you producing written work in a variety of formats. Oral communication; will be developed through discussion, debate and evidence of engagement with other learners, professionals and key people.

Working with Others: will be developed as you will be required to work collaboratively with colleagues from your class or from your own and other service areas in the preparation and research for assignments.

Information and Communication Technology (ICT): you will develop ICT skills through research and the presentation of written assignments.