



Higher National Unit specification: general information

Unit title: Promoting Relationships and Networks through Dementia Skilled Practice

Unit code: FY1E 34

Superclass: PN

Publication date: October 2011

Source: Scottish Qualifications Authority

Version: 01

Unit purpose

On completion of the Unit the candidate should be able to understand the legislation and policies which aim to provide support for people with dementia to be able to maintain valued relationships and networks and have opportunities to develop new ones both personal and professional.

- 1 Demonstrate an understanding of policy and legislation relating to rights safeguarding and protection.
- 2 Explain the importance of maintaining and building relationships and community networks.
- 3 Explain how a variety of support and services can assist the individual and others to manage change.

Recommended prior knowledge and skills

It is recommended that candidates have some previous experience in working with people with dementia, or that they are currently working with people with dementia and that they can demonstrate understanding at Promoting Excellence Dementia Informed Practice level.

Credit points and level

1 Higher National Unit 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.*

General information (cont)

Core Skills

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

There is no automatic certification of Core Skills or Core Skill 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 is contained within the framework for the PDA Promoting Excellence in Dementia Skilled Practice at SCQF level 7 as a mandatory Unit. It could also be undertaken stand alone as continuous professional development for practitioners wishing to update or develop their skills.

Higher National Unit specification: statement of standards

Unit title: Promoting Relationships and Networks through Dementia Skilled Practice

Unit code: FY1E 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

Demonstrate an understanding of policy and legislation relating to rights safeguarding and protection.

Knowledge and/or Skills

- ◆ Promoting Excellence 2011
- ◆ Standards of care for dementia in Scotland 2011
- ◆ Regulation of Care (Scotland) Act 2001
- ◆ Current legislation key policies and procedures
- ◆ Supporting rights and choices
- ◆ Categories of risk
- ◆ Signs and symptoms of neglect harm or abuse
- ◆ Adult safeguarding and protection procedures
- ◆ Risk assessment and enablement strategies

Evidence Requirements

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

- ◆ identify and describe two pieces of legislation which safeguard people with dementia.
- ◆ identify and explain two policies designed to promote people rights.
- ◆ identify and describe the categories of abuse and the responsibilities of the worker and the organisation.
- ◆ provide an example from practice of supporting people to maintain independence through a risk enablement technique.

Higher National Unit specification: statement of standards (cont)

Unit title: Promoting Relationships and Networks through Dementia Skilled Practice

Outcome 2

Explain the importance of maintaining and building relationships and community networks.

Knowledge and/or Skills

- ◆ The role of activities in promoting independence
- ◆ Support services networks and therapeutic connections
- ◆ Spirituality sexuality and cultural needs
- ◆ Active engagement in community life
- ◆ Environmental challenges for people with dementia
- ◆ Life story work

Evidence Requirements

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

- ◆ describe support services and networks and explain their importance in promoting the person with dementia's physical psychological social emotional and environmental health and well-being.
- ◆ describe and explain the importance of supporting people with dementia to maintain and develop new roles skills and relationships.
- ◆ demonstrate through practice methods of providing support to people with dementia to maintain an active social life taking account of environmental impacts and the role of life story work in this process.

Higher National Unit specification: statement of standards (cont)

Unit title: Promoting Relationships and Networks through Dementia Skilled Practice

Outcome 3

Explain how a variety of support and services can assist the individual and others to manage change.

Knowledge and/or Skills

- ◆ Support role of families' carers and friends
- ◆ Professional and specialist support services
- ◆ Resources provided by voluntary organisations
- ◆ Accessing counselling and professional therapeutic support
- ◆ Memory support methods and techniques
- ◆ Peer group support
- ◆ Support for staff

Evidence Requirements

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

- ◆ define and describe three types of support services that can aid people with memory issues.
- ◆ evaluate the effectiveness of information services and facilities available to people with dementia in your area.
- ◆ define and explain the role of staff supervision and support in working with people with dementia their families and carers.

Higher National Unit specification: support notes

Unit title: Promoting Relationships and Networks through Dementia Skilled Practice

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

Outcome 1

In this Outcome candidates should focus on the current key legislation policies and procedures that underpin and inform the delivery of services for people with dementia. They should also return to the report *Promoting Excellence* published in 2011 which provides a skills and knowledge framework for dementia this is available to download from <http://www.scotland.gov.uk/Resource/Doc/350174/0117211.pdf> and forms the basis for the Knowledge and Skills contained in this Group Award.

Other suggested documents are:

The Dementia Strategy for Scotland 2010

<http://www.scotland.gov.uk/Resource/Doc/324377/0104420.pdf>

Standards of care for dementia in Scotland 2011

<http://www.scotland.gov.uk/Resource/Doc/350188/0117212.pdf>

Charter of rights for people with dementia 2010

<http://www.dementiarights.org/>

Candidates should also look at a variety of legislation that may support their job role in working with people with dementia in both residential care and care at home settings some examples of these are:

The Human Rights Act 1998 which came into effect

<http://www.scottishhumanrights.com/careaboutrights>

http://en.wikipedia.org/wiki/Scotland_Act_1998

The Equality Act 2010

<http://www.healthscotland.com/equalities/equalityact.aspx>

Adults with Incapacity (Scotland) Act 2000

<http://www.scotland.gov.uk/Publications/2008/03/25120154/1>

http://www.legislation.gov.uk/asp/2000/4/pdfs/asp_20000004_en.pdf

Candidates should understand the importance of the Adult Support and Protection (Scotland) Act 2007 amended 2009 and its relevance to their practice in supporting people with dementia, the full Act can be reviewed at:

[http://www.sehd.scot.nhs.uk/pca/PCA2009\(M\)12.pdf](http://www.sehd.scot.nhs.uk/pca/PCA2009(M)12.pdf)

The following link identified the main points of the Act contained in Part 1 which is the part most relevant for care workers at this level.

<http://www.scotland.gov.uk/Resource/Doc/1095/0059478.pdf>

Higher National Unit specification: support notes (cont)

Unit title: Promoting Relationships and Networks through Dementia Skilled Practice

A useful website explaining the implications of this act for individuals and candidates can be found at <http://www.actagainstharm.org/>

Another piece of legislation candidates should know and understand is The Regulation of Care (Scotland) Act 2001 as this identifies the duties and responsibilities of the regulators of care services and sets out the legal basis of the Scottish Social Services Council which regulates the workforce in Scotland.

http://www.legislation.gov.uk/asp/2001/8/pdfs/asp_20010008_en.pdf

Candidates also need to be aware of the most recent changes in the care inspection system in Scotland and the introduction of the independent regulator for social care and social work the Social Care Social Work Improvement Scotland (SCSWIS).

http://www.scswis.com/index.php?option=com_content&task=view&id=7563&Itemid=363

Additional information explaining key legislation can be found at:

<http://www.careinfoscotland.co.uk/useful-resources/legislation.aspx>

Once the candidates have examined the relevant legislation they should move on to consider their role function and responsibilities in supporting the rights and choices of people with dementia, they should return to Promoting Excellence and consider how the implementation of the principles contained within this framework have the potential to enable and empower individuals, families and carers. Candidates should be encouraged to share their own experiences and to reflect on their own practice.

It is likely that candidate's experiences will highlight areas of risk for people with dementia that can be used to introduce discussion on the categories of risk, candidates should be able to identify each of the categories of risk of neglect, harm and abuse and to link those to the Adult Support and Protection (Scotland) Act 2007. Types of abuse candidates should understand are:

Passive and Active Neglect: With passive and active neglect the carer fails to meet the physical, social, and/or emotional needs of the person. The difference between active and passive neglect lies in the intent of the carer. With active neglect, the carer intentionally fails to meet his/her obligations towards the person. With passive neglect, the failure is unintentional; often the result of carer overload or lack of information concerning appropriate care strategies.

Physical Abuse: Physical abuse consists of an intentional infliction of physical harm of a person. The abuse can range from slapping an adult to beatings to excessive forms of physical restraint.

Material/Financial Abuse: Material and financial abuse consists of the misuse, misappropriation, and/or exploitation of a person's material (eg possessions, property) and/or monetary assets.

Higher National Unit specification: support notes (cont)

Unit title: Promoting Relationships and Networks through Dementia Skilled Practice

Psychological Abuse: Psychological or emotional abuse consists of the intentional infliction of mental harm and/or psychological distress upon the person. The abuse can range from insults and verbal assaults to threats of physical harm or isolation.

Sexual Abuse: Sexual abuse consists of any sexual activity for which the person does not consent or is incapable of giving consent. The sexual activity can range from exhibitionism to fondling to oral, anal, or vaginal intercourse.

Violations of Basic Rights: Violations of basic rights is often concomitant with psychological abuse and consists of depriving the person of the basic rights that are protected under law ranging from the right of privacy to freedom of religion.

Self Neglect: The person fails to meet their own physical, psychological, and/or social needs.

It is also relevant and important that candidates can recognise the principles of risk enablement as identified in the Department of Health report Nothing Ventured Nothing Gained: Risk guidance for people with dementia which will be an area that is raised throughout this Unit and can be accessed at:

http://ihsc.worc.ac.uk/dementia/key%20documents/Dementia/dh_121493.pdf remove and substitute with:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_121492

Alzheimer Scotland have produced a useful document entitled Risk Enablement Thinking outside the Box which contains a powerpoint presentation that could form useful discussion points for candidates. The slides detail risk as a matter of balance with potential beneficial results on the one hand and harms that might result on the other hand, ethics are considered alongside the benefits of risk taking, values and principles are identified and considered in relation to rights and risks, the importance of shared decision making is noted and all of these are linked to the relevant legislation and risk management.

The Scottish Consortium for Learning Disability also provide useful information on risk enablement for people with learning difficulties and identify the importance of the following points:

- ◆ Understand what risk means.
- ◆ Be aware of the importance of risk assessment and risk enablement.
- ◆ Be able to raise awareness of and promote confidence when using risk management tools.
- ◆ Know your role and responsibilities in relation to risk.
- ◆ Promote the Outcomes of positive enablement and the difference it can make to the lives of the individuals we support.

Investigating both of these perspectives of risk enablement will also help candidates to understand and appreciate that dementia can affect people of different ages and at different stages in their lives.

Higher National Unit specification: support notes (cont)

Unit title: Promoting Relationships and Networks through Dementia Skilled Practice

A resource pack published by the Joseph Rowntree Foundation in partnership with the University of Edinburgh, is aimed at staff supporting people with learning difficulties who develop dementia.

'Supporting Derek' is based on extensive research by experts in the field. It provides a resource for candidates to consider learning difficulty and dementia settings, as well as community, housing and health care. The pack, which includes a DVD and training materials, covers many of the key issues related to diagnosing and responding to dementia in people with learning difficulties.

The short drama included on the DVD (acted by people with a learning difficulty) gives a powerful insight into the reality of dementia and how it might feel to the individual affected, a short clip is available at:

<http://player.vimeo.com/video/18917402>

Further information can be viewed at:

<http://www.jrf.org.uk/publications/supporting-derek>

Candidates should be encouraged to record their thinking and the Outcomes of their discussions in preparation for the assessment of this Outcome particularly in relation to the reflection on practice where they are undertaking the full Group Award.

Outcome 2

In this Outcome candidates should explore the support services and networks that are available and are important to the people with dementia they are working with, they should consider these in relation to the role activities play in promoting people's independence and in meeting their needs in terms of their spirituality, sexuality and culture.

Candidates should be aware of the benefits for the person with dementia of continuing to be actively involved in community life but also recognise and take account of the kinds of environmental challenges this involvement can bring.

Candidates should become familiar with the concept of Life Story work and develop their skills in active involvement in this process.

This Outcome could provide an opportunity for candidates to undertake some research into the support services available in their area and to compare their findings through class based discussion.

Support networks: The identification of the networks that are important to the people with dementia they are working with could enable them to consider spiritual and cultural needs and the inter-relationships of these.

Higher National Unit specification: support notes (cont)

Unit title: Promoting Relationships and Networks through Dementia Skilled Practice

The work of the Scottish Dementia Working Group can provide a useful web site for candidates to explore in relation to this part of their learning particularly in relation to their work on hobbies and interests.

<http://www.sdwg.org.uk/>

Supporting carers and families to care for people with dementia is vital in ensuring quality of life for the person with dementia and their support networks. Health Scotland have produced a useful booklet to support carers of people with dementia.

<http://www.healthscotland.com/documents/1469.aspx>

Also relevant to this area is the work of Alzheimer's Society in relation to volunteers and support groups.

<http://www.volunteering.org.uk/WhatWeDo/Projects+and+initiatives/volunteeringinhealth/casestudies/Alzheimer%E2%80%99s+Society+Living+with+Dementia+Working+Group>

<http://lx.iriss.org.uk/content/scottish-dementia-working-group>

Alzheimer's Society also produce a number of booklets one of which is related to keeping active and this can be accessed at:

http://alzheimers.org.uk/site/scripts/download_info.php?fileID=731

Guidance to Activity in Dementia Care is a tool designed to help people with dementia continue to enjoy activities. It is a series of checklists identifying the things that need to happen in order for people to experience fulfilment or pleasure. The checklists are questions about the person themselves, their social and care support and their physical environment.

http://www.atdementia.org.uk/editorial.asp?page_id=161

Sexuality: Candidates should also understand that as dementia progresses people's needs change: existing relationships may have to adapt, new relationships may form, desires may fluctuate. What does not change is the right of every adult to be sexually alive should they wish to be so, regardless of age, ability or sexual preference. Sexuality is a basic need which people with dementia and their carers should be able to express without fear of disapproval.

The key points for candidates to understand in relation to sexuality are:

- ◆ People with dementia have lived with their sexuality for much longer than they have lived with dementia.
- ◆ Not everyone with dementia is old — in Scotland there are approximately 1,600 people with early onset dementia (under 65).
- ◆ Not everyone with dementia is heterosexual.
- ◆ Not everyone chooses to exercise their right to be a sexual being.
- ◆ Couples who work on their relationships can keep them stronger for longer.
- ◆ Maintaining a healthy sex-life can improve overall quality of life for carers and people with dementia
- ◆ Carers need to consider their own needs alongside those of people with dementia.

Higher National Unit specification: support notes (cont)

Unit title: Promoting Relationships and Networks through Dementia Skilled Practice

Further information can be found at <http://www.alzscot.org/pages/info/sexuality.htm>

Culture can have an effect on the way dementia is perceived cognitive tests developed in one ethnic group may not be appropriate for use in another ethnic group because they are influenced by a range of factors including culture, education, language, literacy skills, numeracy skills and sensory impairments. Cultural factors important in diagnosis of dementia include:

- ◆ Communication difficulties
- ◆ Taboo topics
- ◆ Stigma attached to mental illness
- ◆ Bias and prejudice of clinicians
- ◆ Institutional racism
- ◆ Unfamiliarity with symptoms of dementia by relatives
- ◆ Symptoms of dementia being viewed as a function of old age

<http://www.rcpsych.ac.uk/pdf/dementia%20%20culture.pdf>

The town of Romford's dementia cafe is one of more than 250 in the UK, the concept having mushroomed since the first opened in Farnborough, Hampshire in 2000. The idea came from clinical psychologist Dr Bère Miesen and was pioneered in the Netherlands. It is aimed at bringing a welcoming, relaxed setting where people could share their fears and concerns about dementia and receive help and support. The dementia café model has a specific structure, with an annual programme of themed topics covering a journey through dementia, and focusing on the emotional aspects of living with the illness.

<http://www.guardian.co.uk/healthcare-network/2011/aug/17/patient-carers-romford-dementia-cafe>

Life Story Work describes a biographical approach, which gives people the opportunity to talk about their life experiences. It involves recording relevant aspects of a person's past and present life with the aim of using this life story to benefit them in their present situation. The potential benefits of Life Story Work as an intervention for people with dementia and their families have been recognised for some time, in terms of promoting individualised care, improving assessment, building relationships between care staff and family carers as well as improving communication. (Clarke 2002, Bryan and Maxim 1998)

A range of life story tools exist offering information for gathering life story information. The importance of leadership, facilitation and developing positive cultures, to ensure implementation and effective sustained use of life story work.

There are a number of useful web sites that will help candidates understanding of Life Story work.

<http://www.dementiauk.org/information-support/life-story-work/>

<http://www.southwestdementiapartnership.org.uk/2010/02/national-life-story-network-launch/>

Higher National Unit specification: support notes (cont)

Unit title: Promoting Relationships and Networks through Dementia Skilled Practice

http://www.google.co.uk/url?sa=t&source=web&cd=4&ved=0CEIQFjAD&url=http%3A%2F%2Fwww.yhip.org.uk%2Fsilofiles%2Fthe-positive-contribution-of-life-story-work-to-individuals-and-carers.doc&rct=j&q=life%20story%20work%20dementia&ei=_-B1Tp3yMOTF0QWri7mYCA&usg=AFQjCNGc22ns0lb5vnTwsjDejl0Gwki9SQ remove and substitute with

<http://www.yhip.org.uk/silo/files/the-positive-contribution-of-life-story-work-to-individuals-and-carers.doc>

http://alzheimers.about.com/od/professionalresources/a/life_stories.htm

A useful text for tutors which covers theoretical concepts in these areas which could prove useful in preparing teaching and learning materials can be accessed at:

<http://www.mcgrawhill.co.uk/openup/chapters/0335203833.pdf>

Outcome 3

In this Outcome candidates should bring forward their learning from Outcomes 1 and 2 and use these to focus on the implications for their own job role and the organisation they work for and in which they aim for the continuous improvement in the delivery of support services to assist people with memory issues.

On order to achieve this candidate's should understand the range of signs and symptoms of memory issues and be able to recognise that many people find that they become more forgetful as they become older that this is common and is often not due to dementia. There should know that there are also other disorders such as depression and an underactive thyroid that can cause memory problems.

They should however remember that dementia is the most serious form of memory problem and that it causes a loss of mental ability, and other related symptoms.

Candidates should understand that dementia can be caused by various diseases or disorders which affect the parts of the brain involved with thought processes. Most cases are caused by Alzheimer's disease, vascular dementia, or dementia with Lewy bodies (DLB). Candidates should be clear that the symptoms of dementia develop gradually and typically become worse over a number of years. The most important part of treatment for dementia is good-quality support and care for the person with dementia and for their carers. In some cases, treatment with medicines may be helpful.

The following links may be useful in the preparation of teaching and learning materials and as resources for candidates to undertake research in this area.

<http://www.dementiauk.org/information-support/about-dementia/>

<http://www.dementiauk.org/what-we-do/admiral-nursing-direct/questions-and-answers/>

<http://www.patient.co.uk/health/Memory-Loss-and-Dementia.htm>

<http://www.rcpsych.ac.uk/mentalhealthinfo/alzheimersanddementia/memoryproblemsanddementia.aspx>

http://www.msnbc.msn.com/id/43024495/ns/health-mental_health/t/caring-dementia-patient-raises-risk-memory-issues/

Higher National Unit specification: support notes (cont)

Unit title: Promoting Relationships and Networks through Dementia Skilled Practice

Supervision: Candidates should know that it is recognised as good practice to have regular supervision as this provides the opportunity for them as members of staff to meet with their supervisors/managers on a one to one basis, thus ensuring that they feel supported and valued and that good practice and achievements are recognised.

Supervision also provides an opportunity for the worker to discuss and identify areas for development through further training, observation of other more experienced staff, or other developmental activities.

It is also a requirement identified by the Regulation of Care (Scotland) Act 2001 which led to the regulation of the workforce by the Scottish Social Services Council and to the preparation of the codes of practice for Social Services workers which identifies the need for workers to be accountable for the quality of their work and to take responsibility for maintaining and improving their knowledge and skills and also places the responsibility on employers to provide training and development opportunities to enable social service workers to strengthen and develop their skills and knowledge.

<http://www.sssc.uk.com/sssc/codes-of-practice/sssc-codes-of-practice-for-social-service-workers-and-employers.html>

Expectations of supervision.

The following might be identified as some reasonable basic expectations of supervision.

It should occur on a regular basis.

Supervision sessions should ideally be scheduled on a planned basis. The interval between sessions might vary from one week to one month (or longer sometimes) but whatever interval is identified it should not be subject to sudden and unexpected variation.

It should be reliable and have high priority.

Sessions should not be cancelled, postponed or rescheduled without very good reason. Sadly supervision sessions, especially with staff in positions of little authority, often get low priority and are the first thing to be affected when 'something important' comes up.

There should be some form of agenda.

There should be a way for each of the people who are giving or receiving supervision to work to an agenda of some sort. This might take the form of pre-printed organisational formats or other forms.

There should be no time pressures.

Sufficient time needs to be allocated in advance so that there is enough to explore the items on the agenda in the necessary depth. No one should feel they are being rushed through supervision sessions. At the same time if both parties at the start know the duration of the session it can also avoid the equally frustrating scenario of endless circumlocution.

Higher National Unit specification: support notes (cont)

Unit title: Promoting Relationships and Networks through Dementia Skilled Practice

It should be confidential.

Hopefully there is no need to discuss the nature and boundaries of confidentiality at this point. It is a pre-requisite in any supervision session. If information shared with someone giving supervision might be shared with anyone else then the supervisee might have to be reminded about that. However, candidates should be reminded that there is no such thing as 'off the record'.

The above are the most important factors that people might reasonably expect in any supervision session. It may be useful to ask the candidates to discuss how their own work situations compare.

Tutors should be aware of differences in approaches to supervision for workers in health based employing organisations and social care employing organisations. Examining the different functions of supervision throws up various questions and issues. These questions include asking 'in whose interest does supervision work?' Confusion also arises concerning notions such as 'mentoring', 'practice teaching' and 'clinical supervision'.

Butterworth and Woods (1998) have suggested: '*participating in Clinical Supervision in an active way is a clear demonstration of an individual exercising their responsibility under clinical governance. Organisations have a responsibility to ensure that individual clinicians have access to appropriate supervision and support in the exercise of their joint and individual responsibilities. Clinical supervision should properly be seen as taking its place in a wider framework of activities that are designed to manage, enhance and monitor the delivery of high quality services. Clinical supervision should take part in the context of an overall framework rather than being seen as an individual activity carried out in isolation*'.
www.learnonline.nhs.uk/NR/rdonlyres/5EFE3930-3A86.../clinsup.pdf

While Neil Thompson and Peter Gilbert argue that *supervision is not simply a matter of making sure the supervisee is doing their job properly. It also involves helping staff achieve the best quality of work that they are capable of by maximising learning, promoting high levels of well-being, and addressing any conflicts, tensions or other obstacles to optimal practice.*

<http://www.russellhouse.co.uk/pdfs/Supervisionskills.pdf>

Candidates should finally understand and be able to define and explain the role of supervision in relation to their practice in caring for people with dementia their families and carers.

They should recognise that this is an important part of their professional practice and that it provides a forum for sharing their achievements, feelings and concerns in a safe and supportive environment.

They should also be able to identify the role of continuous professional development and know that this is an important aspect of supervision in that supervision provides them with the opportunity to identify and seek out appropriate additional learning, training and experience they may require to continue to develop as practitioners.

Higher National Unit specification: support notes (cont)

Unit title: Promoting Relationships and Networks through Dementia Skilled Practice

Tony Morrison, highly respected trainer and author who sadly died in 2010, always argued that practitioners who are not receiving good supervision (or not receiving supervision at all) should do something about it, rather than just accept the risks of undertaking demanding work without the proper level of support. Supervision is too important for us to allow it to be neglected.

Guidance on the delivery of this Unit

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

Guidance on the assessment of this Unit

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 candidates are already working in it is asked that they write about real work situations. Only in exceptional circumstances should a centre-devised hypothetical assessment be used.

Assessment Guidelines

Outcome 1

If assessing this Unit holistically with the SVQ Unit HSC3112 it is recommended the assessment for this Outcome is an essay of 1,000–1,500 words or equivalent for Evidence Requirements 1 2 and 3 and a reflective account of candidate's real work practice of approximately 500 words for Evidence Requirement 4.

For candidates undertaking this Unit on a stand-alone basis it is recommended that an essay of 1,500–2,000 words is used which meets all of the Evidence Requirements.

Outcome 2

If assessing this Unit holistically with the SVQ Unit HSC3112 it is recommended the assessment for this Outcome is an essay of no more than 750 or equivalent for Evidence Requirement 1 and a reflective account from candidate's own practice of approximately 1,000 words for Evidence Requirements 2 and 3.

For candidates undertaking this Unit on a stand-alone basis it is recommended that an essay 1,500–2,000 words is used which meets all of the Evidence Requirements.

Higher National Unit specification: support notes (cont)

Unit title: Promoting Relationships and Networks through Dementia Skilled Practice

Outcome 3

If assessing this Unit holistically with the SVQ Unit HSC3112 it is recommended the assessment for this Outcome is a project based assignment of no more than 1,500 words in which the candidates should work together in small groups to research and evaluate each of the Evidence Requirements the projects should then be presented to the whole class.

Candidates should produce their individual notes which may then be used towards the achievement of the SVQ Unit HSC3112 Support individuals to identify and promote their own health and social well-being.

For candidates undertaking this Unit on a standalone basis it is recommended that the candidate undertakes the same project based assignment.

Online and Distance Learning

This Unit is suitable for open learning, provided there is authentication of the candidate's evidence.

Opportunities for developing Core Skills

Assessment of this Unit will assume the development of Core Skills necessary in the performance of work tasks at this level. For example, assessments are likely to include the use of appropriate information technology and the demonstration of skills required to undertake presentations written and oral which will include the use of complex information.

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

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

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

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

Disabled candidates and/or those with additional support needs

The additional support needs of individual candidates should be taken into account when planning learning experiences, selecting assessment instruments, or considering whether any reasonable adjustments may be required. Further advice can be found on our website www.sqa.org.uk/assessmentarrangements

History of changes to Unit

Version	Description of change	Date

© Scottish Qualifications Authority 2011

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.

Additional copies of this Unit specification can be purchased from the Scottish Qualifications Authority. Please contact the Business Development and Customer Support team, telephone 0303 333 0330.

General information for candidates

Unit title: Promoting Relationships and Networks through Dementia Skilled Practice

Outcome 1

In this Outcome you will focus on the current key legislation policies and procedures relating to working with people with dementia.

You will review a number of pieces of legislation and consider how these have led to changes in policies and procedures in your workplace and how these have impacted on your job role. You should consider the document Promoting Excellence in relation to risk and risk enablement this will involve understanding the categories of harm and abuse and being able to separate positive and negative risks for people with dementia.

You will complete the Outcome by reviewing risk enablement and looking at the potential benefits and risks associated with this for people with dementia of all ages.

You will be encouraged to research the legislation policies and procedures and to retain your notes on the discussions you have with other candidates and on your own reflections from practice in preparation for your assessment.

Outcome 2

In this Outcome you will examine and explore the support services and networks that are available and are important to the people with dementia you are working with.

You should consider these in relation to the role activities play in promoting people's independence and in meeting their needs in terms of their spirituality, sexuality and culture.

You should be aware of the benefits for the person with dementia of continuing to be actively involved in community life but also recognise and take account of the kinds of environmental challenges this involvement can bring.

You will become familiar with the concept of Life Story work and aim to develop your skills through active involvement in this process.

You will be encouraged to undertake some research into the support services and activities available in your own area and to compare your findings through class based discussion and reflection on your own practice in preparation for your assessment.

Outcome 3

In this Outcome you should bring forward your learning from Outcomes 1 and 2 and use these to focus on the implications for your own job role and the organisation you work for. You should understand the range of signs and symptoms of memory issues and be able to recognise that many people find that they become more forgetful as they become older. This is common and is often not due to dementia. There are also other disorders such as depression and an underactive thyroid that can cause memory problems. Dementia is the most serious form of memory problem. It causes a loss of mental ability, and other related symptoms.

General information for candidates (cont)

Unit title: Promoting Relationships and Networks through Dementia Skilled Practice

Dementia can be caused by various diseases or disorders which affect the parts of the brain involved with thought processes. Most cases are caused by Alzheimer's disease, vascular dementia, or dementia with Lewy bodies (DLB). Symptoms of dementia develop gradually and typically become worse over a number of years.

The most important part of treatment for dementia is good-quality support and care for the person with dementia and for their carers. In some cases, treatment with medicines may be helpful.

Finally you should understand and be able to define and explain the role of supervision in relation to your practice in caring for people with dementia their families and carers.

You should recognise that this is an important part of professional practice and that it provides a forum for sharing your achievements, feelings and concerns in a safe and supportive environment.

You should also be able to identify the role of continuous professional development and know that this is an important aspect of supervision.