

About this Unit

This standard is concerned with your role in collaborating in the provision of equipment and support to individuals and carers in the community. The term 'community' is used to signify any environment which is applicable to the individual (ie it includes the individual's own home and its surrounds, a community home where the individual is living, a day centre or the individual's place of work). The provision may be as a result of a referral from another member of the care team, because of the individual moving into the community after being in hospital/residential accommodation, or through the individual or carer making direct contact with the service. The term 'carer' is used for someone who is caring for the individual in any way but is not a member of the formal care team and so does not have formal/fixed links into the service. It is recognised that some individuals will not be able to make decisions and participate in the assessment process themselves and may have an advocate to support or to speak and act for them. This will often depend on the individual groups(s) that you are working with. An individual's advocate may be their carer, may be another worker or other person.

Users of this standard will need to ensure that practice reflects up-to-date information and policies.

Your **knowledge and understanding** will be specifically related to legal requirements and codes of practice and conduct applicable to your job, and the NHS Knowledge and Skills Framework. This will relate to your work activities; the job you are doing, and the setting, eg in hospital and community, domiciliary, residential care, and the individuals you are working with.

Values — the values underpinning this Unit are embedded within the 2009 NHS Code of Conduct for Health Care Support Workers. These are stated in full within the Assessment Strategy and Guidance document for the awards.

Key Words and Concepts — a glossary of definitions, key words and concepts used in this Unit is contained in the Assessment Strategy and Guidance document.

In occupational standards it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the standards, may be used in a very particular way. **You should read the Assessment Strategy and Guidance document before you begin working with the standards and refer to it if you are unsure about anything in the Unit.**

Specific Evidence Requirements for the Unit

It is essential that you adhere to the Evidence Requirements for this Unit

SPECIFIC EVIDENCE REQUIREMENTS FOR THIS UNIT
Simulation:
<ul style="list-style-type: none"> ◆ Simulation is NOT permitted for any part of this Unit.
<ul style="list-style-type: none"> ◆ The following forms of evidence ARE mandatory:
<ul style="list-style-type: none"> ◆ Direct Observation: Your assessor or expert witness must observe you in real work activities their confirmation of your practice will provide evidence for a significant amount of the Performance Criteria in this Unit. For example, your assessor may observe you encourage individuals to express their needs, preferences and beliefs. ◆ Professional discussion: Describe your actions in a particular situation and reflect on the reason(s) why you practice that way. For example, your assessor may ask you to explain, giving an example from practice, why problems should be discussed and passed on to the care team when they cannot be solved.
Competence of performance and knowledge could also be demonstrated using a variety of evidence from the following:
<ul style="list-style-type: none"> ◆ Reflective Account: These are written pieces of work which allow you to reflect on the course of action you took in a specific situation to identify any learning from the piece of work and to describe what you might do differently in the light of your new knowledge. ◆ Questioning/professional discussion: May be used to provide evidence of knowledge, legislation, policies and procedures which cannot be fully evidenced through direct observation or reflective accounts. In addition your assessor/mentor or expert witness may also ask questions to clarify aspects of your practice. ◆ Expert Witness: A designated expert witness, eg a senior member of staff, may provide a direct observation of your practice, or record a professional discussion they have held with you on a specific piece of practice. ◆ Witness Testimony: Can be a confirmation or authentication of the activities described in your evidence which your assessor or mentor has not seen. ◆ Products: These can be any record that you would normally use within your normal role, eg you should not put confidential records in your portfolio; they can remain where they are normally stored and be checked by your assessor and internal verifier. ◆ Prior Learning: You may be able to use recorded prior learning from a course of training you have attended within the last two years. Discussion on the relevance of this should form part of your assessment plan for each Unit. ◆ Simulation: There may be times when you have to demonstrate you are competent in a situation that does not arise naturally through your work role, eg dealing with violent or abusive behaviour. The Evidence Requirements in each Unit provide specific guidance regarding the use of simulation.
GENERAL GUIDANCE
<ul style="list-style-type: none"> ◆ Prior to commencing this Unit you should agree and complete an assessment plan with your assessor which details the assessment methods you will be using, and the tasks you will be undertaking to demonstrate your competence. ◆ Evidence must be provided for ALL of the Performance Criteria, ALL of the knowledge. ◆ The evidence must reflect the policies and procedures of your workplace and be linked to current legislation, values and the principles of best practice within the Health Care sector. This will include the National Service Standards for your areas of work. ◆ All evidence must relate to your own work practice.

FP0V 04 (GEN75) Collaborate in the Assessment of the Need for, and the Provision of, Environmental and Social Support in the Community.

KNOWLEDGE SPECIFICATION FOR THIS UNIT

Competent practice is a combination of the application of skills and knowledge informed by values and ethics. This specification details the knowledge and understanding required to carry out competent practice in the performance described in this Unit.

When using this specification **it is important to read the knowledge requirements in relation to expectations and requirements of your job role.**

You need to provide evidence for ALL knowledge points listed below. There are a variety of ways this can be achieved so it is essential that you read the ‘knowledge evidence’ section of the Assessment Guidance.

You need to show that you know, understand and can apply in practice:	Enter Evidence Numbers
1 The current European and National legislation, national guidelines, organisational policies and protocols in accordance with Clinical/Corporate Governance which affect your work practice in relation to collaborating in the assessment of the need for, and the provision of, environmental and social support in the community.	
2 Your responsibilities and accountability in relation to the current European and National legislation, national guidelines and local policies and protocols and Clinical/Corporate Governance.	
3 The duty to report any acts or omissions in care that could be detrimental to yourself, other individuals or your employer.	
4 Why problems should be discussed and passed on to the care team when they cannot be solved.	
5 The importance of obtaining the appropriate forms of consent and how these may differ between settings.	
6 The limits of the action which the worker is able to take themselves.	
7 The role of people speaking on the individual’s behalf in relation to the individual and their rights.	
8 Why communication with individuals and carers should promote their role as partners in care.	
9 The importance of offering information on the type of support to be given.	
10 The importance of involving individuals and carers in the identification and prioritising of equipment and support.	
11 The importance of involving those who will be involved in the daily care of the individuals (their carers) in the assessment process and to consider their needs and abilities.	
12 The problems caused by dysfunction.	
13 The potential future pattern of disorder which may affect the individual’s lifestyle.	
14 Patterns of normal physical, psychological and social development.	
15 The range and use of adaptive equipment and environmental	

You need to show that you know, understand and can apply in practice:	Enter Evidence Numbers
modifications.	
16 The options available to the service at that point in time for the particular individual concerned.	
17 The importance of ensuring the types of equipment used will depend on the type of housing.	
18 The importance of gaining knowledge of the relevant background of individuals in order to adopt the appropriate methods and approach.	
19 The importance of presenting outcomes of assessment in the required format and the effects which may ensue if this is not carried out.	

Performance Criteria		DO	RA	EW	Q	P	WT	PD
1	Design approaches to, and communication with, individuals and their carers to promote their role as partners in care and encourage personal choice.							
2	Encourage individuals to express their needs, preferences and beliefs and use these as a basis for all interactions with them.							
3	Give individuals and their carers the appropriate assistance to establish individuals' overall needs and place these in order of priority.							
4	Involve carers appropriately at all stages of the assessment process and accurately record their views and concerns for use in the assessment.							
5	Use relevant background information as a basis for the choice of support and equipment suggested.							
6	Undertake assessments correctly and accurately.							
7	Record and present the outcomes of the assessment in the required format.							
8	Pass on accurate information on the possible need for modifications to the individual's environment to the relevant members of the care team without delay.							
9	Obtain the valid consent prior to any changes being made to the environment.							
10	Confirm the options available to the individual with the care team prior to any offer being made to the individual.							
11	Provide information on the available support and equipment in a manner, and at a level and pace, appropriate to individuals and carers.							
12	Discuss any difficulties with the support or equipment with individuals and carers and suggest possible solutions.							
13	Discuss continuing problems and possible ways of solving them with the appropriate members of the care team without delay.							

DO = Direct Observation

RA = Reflective Account

EW = Expert Witness

Q = Questions

P = Product (Work)

WT = Witness Testimony

PD = Professional Discussion

To be completed by the candidate

I SUBMIT THIS AS A COMPLETE UNIT

Candidate's name:

Candidate's signature:

Date:

To be completed by the assessor

It is a shared responsibility of both the candidate and assessor to claim evidence, however, it is the responsibility of the assessor to ensure the accuracy/validity of each evidence claim and make the final decision.

I CERTIFY THAT SUFFICIENT EVIDENCE HAS BEEN PRODUCED TO MEET ALL THE ELEMENTS, PCS AND KNOWLEDGE OF THIS UNIT.

Assessor's name:

Assessor's signature:

Date:

Assessor/Internal verifier feedback

To be completed by the internal verifier if applicable

This section only needs to be completed if the Unit is sampled by the internal verifier

Internal verifier's name:

Internal verifier's signature:

Date: