FP7P 04 (MCN12) Develop and agree individualised care plans for babies and families

About this Unit

This standard is about developing and agreeing individualised care plans for the baby and the family. It is relevant to practitioners who deliver services to babies, their families and those involved in the care of babies.

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.**

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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:
♦ Simulation is **NOT** permitted for any part of this Unit.
♦ **The following forms of evidence ARE mandatory:**
♦ **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**, explain the options for addressing the health and wellbeing needs of the baby, including any benefits and risks to the parents or carers. ♦ **Professional discussion:** Describes your actions in a particular situation and reflect on the reason(s) why you practice that way. **For example**, the nature, aims, objectives, values, policies and systems of the organisation in which you work.
Competence of performance and knowledge could also be demonstrated using a variety of evidence from the following:
♦ **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
♦ 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.

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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 legislation which relates to your work including: health and safety, confidentiality and information sharing, the provision of services, the rights of mothers, fathers and babies, anti-discriminatory practice, valid consent and child protection.	
2	The statutory and professional standards and codes of practice for your area of work and how to interpret and apply these.	
3	How to manage your responsibilities as a professional with organisational and contractual requirements.	
4	The nature, aims, objectives, values, policies and systems of the organisation in which you work.	
5	The nature, extent and boundaries of your work role and its relationship to others in the organisation.	
6	The roles of other health and social care practitioners and how they relate between and across agencies.	
7	The ethics concerning consent and confidentiality, and the tensions which may exist between an individual's rights and the organisation's responsibility to individuals.	
8	The legal framework for consent in childhood and the role and responsibility of those with parental responsibility for the baby in giving consent.	
9	Methods of obtaining valid consent and how to confirm that sufficient information has been provided on which to base this judgement.	
10	The situations when consent may not be required eg in emergency situations.	
11	How to deal with issues of confidentiality and who has the right of access to recorded information and images.	
12	How to communicate and interact effectively with babies, and those involved in their care.	
13	The ways in which those involved in the care of babies should be involved in communication in order to deliver the most effective outcome for the babies.	
14	The importance of focusing on the baby as an individual and the focus of care.	
15	The importance of respecting the diversity and values of mothers and fathers in relation to the health and wellbeing of their babies.	

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You need to show that you know, understand and can apply in practice:		Enter Evidence Numbers
16	The ways in which communication can be modified and altered for different needs, contexts and beliefs, including the age and development stage of the baby.	
17	The ways in which babies communicate by behaviour and how different forms of behaviour can be interpreted.	
18	The effects of environments and circumstances on communication.	
19	The key government policies relating to the health and wellbeing of babies.	
20	The main issues and debates relating to the health and wellbeing of babies.	
21	Your own values, beliefs and attitudes, and how they could impact on your work.	
22	The guidance that is available for your own practice, and the sources of the guidance.	
23	Evidence based practice, and its role in improving services.	
24	The main trends and changes relating to the health and wellbeing of babies.	
25	The main conditions affecting babies in your area of practice.	
26	The process of adaptation to extra-uterine life.	
27	The risk factors for premature birth, including fetal, maternal and social influencing factors relative to birth history.	
28	The differing needs of babies at different stages of their development.	
29	Neonatal development, including physiological, physical, psychological and social development, taking into account gestational age or delivery.	
30	The impact of parenting capacity (mothers and fathers) on the health and wellbeing of babies.	
31	The impact of family and environment on the health and wellbeing of babies.	
32	How the needs of babies may affect others.	
33	The contributing factors that increase the risk of significant harm to babies.	
34	The characteristics of preterm/term neonate.	
35	The neonatal physiological systems and problem identification.	
36	The interdependent relationship of the health and wellbeing of the mother and her baby/ies.	
37	The importance of identifying and gathering relevant information to inform care planning, where this information is held and how to access this, including information held by other practitioners and agencies.	
38	The options that are suitable and available to meet the needs of babies.	
39	The ways in which personal beliefs and preferences, including cultural or religious beliefs, may affect the options which are open to babies and those involved in their care.	
40	Methods of supporting those involved in the care of babies to make informed choices.	

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You need to show that you know, understand and can apply in practice:	Enter Evidence Numbers
41 The information that those involved in the care of the baby are likely to want and/or need in relation to the care plan, and any concerns and/or particular needs they may have.	
42 The responsibilities which those involved in the care of the baby may take, if the care plan is to be successful and how to explain and agree these with them.	
43 Local and national services, agencies and websites for people who want further information and support and how to access these.	
44 The purpose of determining during the planning phase how the plan will be monitored and reviewed, and the role of those involved in the care of the baby in this process.	
45 The information which it may be necessary to share with others as a result of the planning and how to make sure that those involved in the care of the baby are clear about this.	
46 The organisational constraints which may affect the care which it is possible to offer and to whom information about these should be passed.	
47 The possible impact on the health and wellbeing of the breastfeeding mother of decisions taken in relation to her baby.	
48 How to complete and structure written individualised care plans so that they comply with legal and organisational requirements, contain all of the necessary information, and are suitable for others to use.	
49 The importance of effective record keeping in accordance with professional guidelines and local policy, and the procedures relating to this.	

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Performance Criteria	DO	RA	EW	Q	P	WT	PD
1 Enable those involved in the care of the baby to access information, seek clarification and take an active part in decisions affecting them.							
2 Identify and respect the privacy, confidentiality and wishes of those involved in the care of the baby.							
3 Agree and use appropriate sources of information about the baby's needs to assist care planning.							
4 Clearly identify and explain the options for addressing the health and wellbeing needs of the baby, including any benefits and risks.							
5 Negotiate and agree an individualised care plan with those involved in the care of the baby which takes account of all relevant factors.							
6 Identify any areas of disagreement and attempt to resolve them with those involved in the care of the baby, in a way that respects different perspectives.							
7 Work in partnership with those involved in the care of the baby to agree roles and responsibilities for meeting the baby's needs.							
8 Obtain the valid consent of those legally responsible for the baby for the actions to be undertaken.							
9 Produce records and reports that are clear, comprehensive, and accurate, and maintain the security and confidentiality of information.							

DO = Direct Observation *RA = Reflective Account* *Q = Questions*
EW = Expert Witness *P = Product (Work)* *WT = Witness Testimony*
PD = Professional Discussion

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ADDITIONAL INFORMATION

This National Occupational Standard was developed by Skills for Health.
This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):
Dimension: HWB2 Assessment and care planning to meet health and wellbeing needs.

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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: ……..……..