IQ Level 2 Award in Awareness of Dementia (QCF)

Specification

Regulation No: 601/2247/X
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Industry Qualifications

IQ is approved by the UK’s national regulator of qualifications Ofqual and by the Scottish regulator SQA Accreditation. It was launched in 2011 to provide users and learners with the objective of achieving the highest levels of assessment integrity, customer service and sector engagement. Uniquely, it is a membership based awarding organisation bringing together the best of UK vocational education in a not for profit environment.
Further information can be found on the IQ web-site www.industryqualifications.org.uk

Introduction

This specification is intended for trainers, centres and learners. General information regarding centre approval, registration, IQR (IQ’s candidate management system), assessment papers, certification, reasonable adjustments, special consideration, appeals procedures, are available from the website. This document should be read in conjunction with the IQ QMS Centre guide available from the website.
Website: www.industryqualifications.org.uk
Enquiries: 01952 457452

Version number

Please ensure that you have the latest and most up to date version of documents. Please check the website for the most up to date version. To check which version you have please see the footer which will give you the version number.
About this Qualification (Description, Objectives, Aims, Purpose)

The IQ Level 2 Award in Awareness of Dementia (QCF) aims to develop learners' knowledge and understanding of the care of individuals with dementia. It addresses awareness of dementia, person centred approaches to care of individuals with dementia, communication and interaction. Issues of equality, diversity and inclusion are also covered.

Structure (Credit, Rules of Combination, Guided Learning Hours)

To achieve this qualification the learner must achieve eight credits from the four mandatory units

<table>
<thead>
<tr>
<th>Unit</th>
<th>Level</th>
<th>Credit</th>
<th>Guided Learning Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dementia Awareness J/601/2874</td>
<td>2</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td>The person centred approach to the care and support of individuals with dementia H/601/2879</td>
<td>2</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td>Understand the factors that can influence communication and interaction with individuals who have dementia T/601/9416</td>
<td>2</td>
<td>2</td>
<td>18</td>
</tr>
<tr>
<td>Understand equality, diversity and inclusion in dementia care A/601/2886</td>
<td>2</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>8</strong></td>
<td><strong>72</strong></td>
</tr>
</tbody>
</table>

Delivery

**Guided learning hours** are 72. It is the responsibility of training centres to decide the appropriate course duration, based on their learners' ability and level of existing knowledge. It is possible, therefore, that the number of Guided Learning Hours can vary from one training centre to another according to learners' needs. Guided learning hours are all times when a member of provider staff is present to give specific guidance towards the learning aim being studied on the programme. This definition includes lectures, tutorials, and supervised study. It does not include hours where supervision or assistance is of a general nature and is not specific to the study of the learners.

Assessment

All units in this qualification are assessed by portfolio (internally set and marked and quality assured by IQ). An Achievement Record for this qualification which includes the forms necessary to map and claim knowledge and competence is available to download from the IQ website. All assessment criteria of relevant units must be covered.

This qualification is not graded, successful learners achieve a pass.

All the units in this qualification are knowledge-based. Assessment is by portfolio (internally set and marked and quality assured by IQ).

An Achievement Record for this qualification is available from the website/ on request. All assessment criteria must be met and mapped and the location of the evidence must be indicated in the achievement record.

All learning outcomes in this qualification (or relevant unit) must be assessed using methods appropriate to the assessment of knowledge and understanding; these can be assessed by a variety of methods including:

- Question and answer test
- Multiple choice questions
- Question and answer verbal (ensure records are kept)
- Essay
- Other
Age range and Geographical Coverage

This qualification is approved for learners 16 plus in England and Northern Ireland.

Learner entry requirements

There are no formal entry requirements. However, learners should be able to work at level 1 or above.

Progression

Learners who achieve this qualification could progress on to further training or education and go on to qualifications in health and social care, such as:

- IQ Level 2 Diploma in Health and Social Care (Adults) for England (QCF)
- IQ Level 3 Diploma in Health and Social Care (Adults) for England (QCF)

Tutor requirements

All trainers delivering this qualification must have

- Appropriate teaching qualification e.g. PTLLS or Level 3 Certificate in Education and Training
- Subject knowledge

Centre Requirements

Centres must be approved by IQ in order to offer this qualification
**Unit 1: Dementia Awareness J/601/2874**

**Guided Learning Hours:** 17  
**Unit Level:** 2  
**Unit Credit:** 2

Unit grid: Learning outcomes/Assessment Criteria/Content

<table>
<thead>
<tr>
<th>Learning Outcome - The learner will:</th>
<th>Assessment Criteria - The learner can:</th>
<th>Indicative Contents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Understand what dementia is</td>
<td>1.1 Explain what is meant by the term ‘dementia’</td>
<td>What is meant by the term ‘dementia’: To include: definition as a collection of symptoms characterised by a progressive loss of cognitive abilities affecting reasoning, communication and the ability to carry out routine activities associated with daily living; complex condition that can be linked with a number of medical difficulties; condition is likely to deteriorate over time and carries significant implications for everyone involved.</td>
</tr>
<tr>
<td></td>
<td>1.2 Describe the key functions of the brain that are affected by dementia</td>
<td>Key functions of the brain that are affected by dementia: To include: effects on processing information, language, memory, ability to make sound judgements.</td>
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<tr>
<td></td>
<td>1.3 Explain why depression, delirium and age related memory impairment may be mistaken for dementia</td>
<td>Why depression, delirium and age related memory impairment may be mistaken for dementia: To include: symptoms similar in dementia and depression, delirium and age-related memory impairment e.g. difficulties with reasoning, communication, concentration, memory, confusion.</td>
</tr>
<tr>
<td>2. Understand key features of the theoretical models of dementia</td>
<td>2.1 Outline the medical model of dementia</td>
<td>Medical model: To include: involvement of multi-agency team; dependency; loss of individuality; importance of not confusing person with dementia through confrontation with a succession of professionals and clinical or care procedures; sharing of relevant information with other practitioners; informed consent.</td>
</tr>
<tr>
<td></td>
<td>2.2 Outline the social model of dementia</td>
<td>Social model: To include: maintenance of individuality and dignity, interaction of biological and social factors; importance of family, community and social networks; sharing of important information with carers and family to improve the support and treatment they receive; use</td>
</tr>
<tr>
<td>2.3 Explain why dementia should be viewed as a disability</td>
<td>Dementia as a disability: To include: promotion and protection of individual rights; dignity; safeguarding; advocacy; support led by need; independence; minimising barriers.</td>
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</table>
| 3. Know the most common types of dementia and their causes | **3.1 List the most common causes of dementia**  
**Most common causes of dementia:** To include:  
- Alzheimer’s disease; causes e.g. death of brain cells, structural and chemical changes in the brain;  
- Lewy body dementia; causes e.g. degenerative changes to brain, formation of lewy bodies in nerve cells,  
- Vascular dementia; causes e.g. resulting from a strokes or succession of small strokes;  
- Fronto-temporal dementia. causes e.g. protein build up, development of pick bodies. |
| **3.2 Describe the likely signs and symptoms of the most common causes of dementia** | **Signs and symptoms of the most common causes of dementia:** To include:  
- Loss or lapses of recent memory  
- Mood changes or uncharacteristic behaviour  
- Poor concentration  
- Problems communicating  
- Getting lost in familiar places  
- Making mistakes in a previously learned skill (e.g. cookery)  
- Problems telling the time or using money  
- Changes in sleep patterns and appetite  
- Personality changes  
- Visio-spatial perception issues (i.e. the brain does not process images as normal) |
| **3.3 Outline the risk factors for the most common causes of dementia** | **Risk factors for the most common causes of dementia:** To include: age related e.g. raised blood pressure, changes to cells, degeneration of cellular repair mechanisms; genetics e.g. occurrence of different types related to gender; medical e.g. Down’s syndrome, HIV infection, multiple sclerosis; environmental/lifestyle factors e.g. alcohol, inactivity, exposure to aluminium and other metals, poor diet. |
### 3.4 Identify prevalence rates for different types of dementia

**Prevalence rates of different types of dementia:** To include: prevalence increasing, one in six people over the age of 80 having a form of dementia.

### 4. Understand factors relating to an individual's experience of dementia

#### 4.1 Describe how different individuals may experience living with dementia depending on age, type of dementia, and level of ability and disability

**How different individuals may experience living with dementia:** To include: e.g. progressive loss of hearing and/or sight, memory loss due to ageing; effects of levels of ability and disability; loss of independence; suitability of home surroundings, possibilities for moves or adaptations, support of family of and friends; financial constraints; help available from agencies e.g. The Alzheimer’s Society, Dementia UK; NHS services e.g. speech therapists, occupational therapists, physiotherapists, psychologists, community psychiatric nurses.

#### 4.2 Outline the impact that the attitudes and behaviours of others may have on an individual with dementia

**Impact that the attitudes and behaviours of others may have on an individual with dementia:** To include: poor quality of life due to discrimination; poor quality care and support; fear and stigma; social isolation; feelings of vulnerability; risk of abuse; over-prescription of antipsychotic drugs; provision of information about dementia helps to retain sense of being in control; not being listening to ignoring needs adds to feelings of hopelessness.
Unit 1 Guidance on Delivery and Assessment

Delivery

This unit develops the learner's knowledge of dementia and the key features of the theoretical models of dementia, the most common types of dementia and their causes. Learners will also understand factors relating to an individual's experience of dementia.

Assessment

Assessment is by portfolio (internally set and marked and quality assured by IQ).

An Achievement Record for this qualification is available from the website/on request. All assessment criteria must be met and mapped and the location of the evidence must be indicated in the achievement record.

All learning outcomes must be assessed using methods appropriate to the assessment of knowledge and understanding; these can be assessed by a variety of methods including:

- Question and answer test
- Multiple choice questions
- Question and answer verbal (ensure records are kept)
- Essay
- Other.
This unit must be assessed in accordance with Skills for Care and Development’s Assessment Principles (located in Appendix A).

Additional Information

AC 4.2 Others may include:
• Care workers
• Colleagues
• Managers
• Social Worker
• Occupational Therapist

• GP
• Speech & Language Therapist
• Physiotherapist
• Pharmacist
• Nurse
• Psychologist
• Admiral Nurses
• Independent Mental Capacity Advocate
• Community Psychiatric Nurse
• Dementia Care Advisors
• Advocate
• Support group
**Unit 2: The person centred approach to the care and support of individuals with dementia**

<table>
<thead>
<tr>
<th>Guided Learning Hours:</th>
<th>17</th>
</tr>
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<tbody>
<tr>
<td>Unit Level:</td>
<td>2</td>
</tr>
<tr>
<td>Unit Credit:</td>
<td>2</td>
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</tbody>
</table>

**Unit grid: Learning outcomes/Assessment Criteria/Content**

<table>
<thead>
<tr>
<th>Learning Outcome - The learner will:</th>
<th>Assessment Criteria - The learner can:</th>
<th>Indicative Contents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Understand approaches that enable individuals with dementia to experience well-being</td>
<td>1.1 Describe what is meant by a person centred approach</td>
<td>Person-centred approach: involving the individual fully in the provision of a care plan; consideration of religious and cultural needs; recognition of individuality; promoting feelings of self-respect and wellbeing by fostering sense of hope; developing self-esteem and confidence, empowerment and enabling; use of advocacy to enable expression of wants and needs; providing range of activities appropriate to individual needs and preferences.</td>
</tr>
<tr>
<td></td>
<td>1.2 Outline the benefits of working with an individual with dementia in a person centred manner</td>
<td>Benefits of working with an individual with dementia in a person centred manner: To include: maintaining independence; making best use of abilities; raised self-esteem and self-awareness; caring and supportive atmosphere; acknowledgement of individuality.</td>
</tr>
<tr>
<td>2. Understand the role of carers in the care and support of individuals with dementia</td>
<td>2.1 Describe the role that carers can have in the care and support of individuals with dementia</td>
<td>The role that carers can have in the care and support of individuals with dementia: To include: recognition of symptoms, changes, underlying illness; supporting people with dementia to be safe or to carry out everyday activities; maintaining independence; providing or accessing professional help and services; providing support and contact; answering questions; accessing information; enabling individual with dementia to stay in their home</td>
</tr>
<tr>
<td></td>
<td>2.2 Explain the value of developing a professional working relationship with carers</td>
<td>Value of developing a professional working relationship with carers: To include: awareness of changes to person's condition; knowledge of routines and preferred activities; detailed knowledge of abilities</td>
</tr>
<tr>
<td>3. Understand the roles of others in the support of individuals with dementia</td>
<td>3.1 Describe the roles of others in the care and support of individuals with dementia</td>
<td>Roles of others in the care and support of individuals with dementia: To include: care workers, colleagues, managers, social workers, occupational therapists, GP, speech and language therapists,</td>
</tr>
<tr>
<td>3.2</td>
<td>Explain when it may be necessary to refer to others when supporting individuals with dementia</td>
<td>When it may be necessary to refer to others when supporting individuals with dementia: To include: when feeling they can't cope, not sleeping well, disrupted sleep, finding it difficult to complete daily tasks; becoming irritable; own social life being compromised; worries that they might abuse the individual they are caring for.</td>
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</tr>
<tr>
<td>3.3</td>
<td>Explain how to access the additional support of others when supporting individuals with dementia</td>
<td>How to access the additional support of others: To include: through the NHS or domiciliary services, contacting a 'Memory service', contacting social services, Community Social Service, a local or national group who provides support for dementia, through a voluntary group.</td>
</tr>
</tbody>
</table>
Unit 2 Guidance on Delivery and Assessment

Delivery

This unit develops the learner’s knowledge of approaches that enable individuals with dementia to experience well-being, and the role of carers in the care and support of individuals with dementia. Learners will also understand the roles of others in the support of individuals with dementia.

Assessment

Assessment is by portfolio (internally set and marked and quality assured by IQ).

An Achievement Record for this qualification is available from the website/ on request. All assessment criteria must be met and mapped and the location of the evidence must be indicated in the achievement record.

All learning outcomes must be assessed using methods appropriate to the assessment of knowledge and understanding; these can be assessed by a variety of methods including:

- Question and answer test
- Multiple choice questions
- Question and answer verbal (ensure records are kept)
- Essay
- Other.

This unit must be assessed in accordance with Skills for Care and Development’s Assessment Principles (located in Appendix A).

Additional information

Carers e.g.:
- Family
- Partner
- Friends
- Neighbours

Others e.g.:
- Care worker
- Colleagues
- Managers
- Social Worker
• Occupational Therapist
• GP
• Speech & Language Therapist
• Physiotherapist
• Pharmacist
• Nurse
• Psychologist
• Admiral Nurses
• Independent Mental Capacity Advocate
• Community Psychiatric Nurse
• Dementia Care Advisors
• Advocate
• Support groups

Well-being e.g.:
• Sense of Hope
• Sense of Agency
• Confidence
• Self esteem
• Physical health

Evidenced in well-being indicators:
• Can communicate wants, needs and choices
• Makes contact with other people
• Shows warmth and affection
• Showing pleasure or enjoyment
• Alertness, responsiveness
• Uses remaining abilities
• Expresses self creatively
• Is co-operative or helpful
• Responding appropriately to people
• Expresses appropriate emotions
• Relaxed posture or body language
• Sense of humour
• Sense of purpose
• Signs of self-respect
**Unit 3: Understand the factors that can influence communication and interaction with individuals who have dementia T/601/9416**

<table>
<thead>
<tr>
<th>Guided Learning Hours:</th>
<th>18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit Level:</td>
<td>2</td>
</tr>
<tr>
<td>Unit Credit:</td>
<td>2</td>
</tr>
</tbody>
</table>

**Unit grid: Learning outcomes/Assessment Criteria/Content**

<table>
<thead>
<tr>
<th>Learning Outcome - The learner will:</th>
<th>Assessment Criteria - The learner can:</th>
<th>Indicative Contents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Understand the factors that can influence communication and interaction with individuals who have dementia</td>
<td>1.1 Explain how dementia may influence an individual’s ability to communicate and interact</td>
<td>Influence dementia may have on an individual’s ability to communicate and interact: To include: effects of memory loss on communication, forgetting words, use of incorrect words, failure to recognise people known to them; reduced awareness of needs of others; loss of self-confidence.</td>
</tr>
<tr>
<td></td>
<td>1.2 Identify other factors that may influence an individual’s ability to communicate and interact</td>
<td>Other factors that may influence an individual’s ability to communicate and interact: To include: effects of medical problems e.g. results of strokes, Parkinson’s disease; effects of physiological changes e.g. constriction of cerebral circulation; degeneration of brain cells; aphasia, agnosia; mental health issues; inappropriate responses from others; fear of abuse.</td>
</tr>
<tr>
<td></td>
<td>1.3 Outline how memory impairment may affect the ability of an individual with dementia to use verbal language</td>
<td>Effects of memory impairment on the ability of an individual with dementia to use verbal language: To include: not being able to find suitable words, recall names or facts, confusion.</td>
</tr>
<tr>
<td>2. Understand how a person centred approach may be used to encourage positive communication with individuals with dementia</td>
<td>2.1 Explain how to identify the communication strengths and abilities of an individual with dementia</td>
<td>Identifying communication strengths and abilities of an individual with dementia: To include: use of reminiscence to reinforce self-identity; matching staff to individuals; providing individualised activities; building relationships with individuals; use of care delivery as opportunities for interaction; use of positive non-verbal communication; observation of an individual’s non-verbal communication; giving verbal reassurance; building confidence and trust.</td>
</tr>
<tr>
<td></td>
<td>2.2 Describe how to adapt the style of communication to meet the needs, strengths and abilities of an individual with dementia</td>
<td>How to adapt the style of communication to meet the needs, strengths and abilities of an individual with dementia: To include: allowing plenty of...</td>
</tr>
<tr>
<td>Section</td>
<td>Description</td>
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<tr>
<td>2.3</td>
<td>Describe how information about an individual’s preferred methods of communication can be used to reinforce their identity and uniqueness</td>
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</tbody>
</table>

How information about an individual’s preferred methods of communication can be used to reinforce their identity and uniqueness: To include: reinforcing feeling of individuality, reassurance, improving self-esteem and self-confidence; feeling cared for and not taken for granted; exploiting strengths.

| 3.1 | Explain how understanding an individual’s biography / history can facilitate positive interactions |

How understanding an individual’s biography / history can facilitate positive interactions: To include: reference to memories and reminiscence, focus on likes and avoid dislikes, know which topics to avoid; use of individualised activities which link to the individual’s background and life story; use group activities which link to the individual’s life story, their home, career, culture, background.

| 3.2 | List different techniques that can be used to facilitate positive interactions with an individual with dementia |

Techniques that can be used to facilitate positive interactions with an individual with dementia: To include: use non-verbal communication such as gesture, facial expression and written communication wherever possible; use pictures, symbols or music to support communication and understanding; not finishing an individual’s sentence unless asked to; avoid negative statements; take care with tone of voice and body language; be aware of any hearing, visual or second language difficulties; use listening skills to interpret intended meaning.

| 3.3 | Explain how involving others may enhance interaction with an individual with dementia |

Involving others to enhance interaction with an individual with dementia: To include: others who have a good relationship / rapport with the individual e.g. care workers, colleagues, managers, social workers, occupational therapists, GPs, speech and language therapists, physiotherapists, pharmacists, nurses, psychologists, psychiatrists, independent mental capacity advocates, advocates, dementia care Visitors, support workers;

- time, not rushing, being patient at all times; adapting language to meet needs; reference to individual’s past experiences and life; considering individual’s usual communication skills, background and culture; maintaining calm environment for conversations; facing the individual in conversation and use reassuring expressions, tone of voice, words and body language; speak clearly taking care to use short sentences and being patient in waiting for a response.

- with dementia

- being patient at all times; adapt

- language to meet

- needs; reference to individual's past experiences and life; considering individual's usual communication skills, background and culture; maintaining calm environment for conversations; facing the individual in conversation and use reassuring expressions, tone of voice, words and body language; speak clearly taking care to use short sentences and being patient in waiting for a response.
Unit 3 Guidance on Delivery and Assessment

Delivery

This unit develops the learner’s knowledge of the factors that can influence communication and interaction with individuals who have dementia. Learners will understand how a person centred approach may be used to encourage positive communication with individuals with dementia and understand the factors which can affect interactions with individuals with dementia.

Assessment

Assessment is by portfolio (internally set and marked and quality assured by IQ).

An Achievement Record for this qualification is available from the website/ on request. All assessment criteria must be met and mapped and the location of the evidence must be indicated in the achievement record.

All learning outcomes must be assessed using methods appropriate to the assessment of knowledge and understanding; these can be assessed by a variety of methods including:

- Question and answer test
- Multiple choice questions
- Question and answer verbal (ensure records are kept)
- Essay
- Other.

This unit must be assessed in accordance with Skills for Care and Development’s Assessment Principles (located in Appendix A).

Additional Information

An individual is someone requiring care or support.

Person centred approach:
This is a way of working which aims to put the person at the centre of the care situation taking into account their individuality, wishes and preferences.

Others may be:
- Care worker
• Colleagues
• Managers
• Social worker
• Occupational Therapist
• GP
• Speech and Language Therapist
• Physiotherapist
• Pharmacist
• Nurse
• Specialist nurse
• Psychologist
• Psychiatrist
• Independent Mental Capacity Advocate
• Independent Mental Health Advocate
• Advocate
• Dementia care advisor
• Support group
Unit 4: Understand equality, diversity and inclusion in dementia care A/601/2886

Guided Learning Hours: 20
Unit Level: 2
Unit Credit: 2

Unit grid: Learning outcomes/Assessment Criteria/Content

<table>
<thead>
<tr>
<th>Learning Outcome - The learner will:</th>
<th>Assessment Criteria - The learner can:</th>
<th>Indicative Contents:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Understand and appreciate the importance of diversity of individuals with dementia</td>
<td>1.1 Explain the importance of recognising that individuals with dementia have unique needs and preferences</td>
<td>Importance of recognising that individuals with dementia have unique needs and preferences: To include: importance in maintaining individuality and self-esteem; individual rights, dignity, feeling of respect, respect for culture, belief and value systems; growth promoting climate, hierarchy of needs; effects of discrimination on self-esteem.</td>
</tr>
<tr>
<td>1.2 Describe ways of helping carers and others to understand that an individual with dementia has unique needs and preferences</td>
<td></td>
<td>Ways of helping carers and others to understand that an individual with dementia has unique needs and preferences: To include: all members of team fully engaged with care plan; profiles highlighting main; sharing of information across team; active involvement of family and friends; activities tailored to individual's needs and preferences; involvement of others e.g. advocates, care workers, dementia care advisers, GPs, nurses, occupational therapists, use of pharmacists, psychiatrists, psychologists, social workers, specialist nurses, speech and language therapists, support groups.</td>
</tr>
<tr>
<td>1.3 Explain how values, beliefs and misunderstandings about dementia can affect attitudes towards individuals</td>
<td></td>
<td>How values, beliefs and misunderstandings about dementia can affect attitudes towards individuals: To include: assumptions about mental health, misconceptions, prejudice, dismissal of all health issues as caused by the dementia e.g. poor communication, depression, loss of confidence; treating individual as unaware and detached.</td>
</tr>
<tr>
<td>2. Understand the importance of person centred approaches in the care and support of individuals with dementia</td>
<td>2.1 Describe how an individual may feel valued, included and able to engage in daily life</td>
<td>How an individual may feel valued, included and able to engage in daily life: To include: use of person-centred approach; recognition individuality, promotion of physical exercise, activities available which are stimulating and match individual's preferences; provision of</td>
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<tr>
<td>2.2</td>
<td><strong>Describe how individuals with dementia may feel excluded</strong></td>
<td><strong>How individuals with dementia may feel excluded</strong>: To include: lack of individual attention and tailored support; needs not fully met; lack of respect; discrimination; support does not enable individual to participate in daily life; uncaring attitude of staff; lack provision for acknowledgement of culture, beliefs or values; inaccurate assumptions made about communication difficulties; activities offered which do not take account of personal preferences; lack of involvement of family, partner or friends in care and support, their views ignored.</td>
</tr>
<tr>
<td>2.3</td>
<td><strong>Explain the importance of including the individual in all aspects of their care</strong></td>
<td><strong>Importance of including the individual in all aspects of their care</strong>: To include: building of self-esteem, self-confidence; feeling of being taken seriously; self identity; improved quality of life; preserving dignity legal rights of the individual e.g. within the Care Standards Act, Human Rights Act, Mental Capacity Act, Equality Act, Health and Social Care Act.</td>
</tr>
<tr>
<td>3.1</td>
<td><strong>Describe how the experience of an older individual with dementia may be different from the experience of a younger individual with dementia</strong></td>
<td><strong>How the experience of an older individual with dementia may be different from the experience of a younger individual with dementia</strong>: To include: differences in expectations; acceptance of loss of ability as part of normal ageing; greater frustration in loss of function in younger individuals; differences in life experience; acceptance of disengagement in older individuals; effects on employment, lifestyle, support available from partners, families and friends, finances, differences in interests, levels of activity.</td>
</tr>
<tr>
<td>3.2</td>
<td><strong>Describe what steps might be taken to gain knowledge and understanding of the needs and preferences of individuals with dementia from different ethnic origins</strong></td>
<td><strong>Steps which might be taken to gain knowledge and understanding of the needs and preferences of individuals with dementia from different ethnic origins</strong>: To include: Information from and involvement of family and friends, professional advice from relevant organisations e.g. King’s Fund, Council for Racial Equality (CRE); consulting relevant community groups; gaining knowledge of beliefs, values, customs, dietary requirements and constraints, specific cultural and religious requirements affecting personal care; awareness and accommodation of celebration of festivals and other significant dates; communicating</td>
</tr>
<tr>
<td>3.3</td>
<td>Describe what knowledge and understanding would be required to work in a person centred way with an individual with a learning disability and dementia</td>
<td></td>
</tr>
</tbody>
</table>
|-----|---------------------------------------------------------------------------------------------------------------------------------

Knowledge and understanding required to work in a person centred way with an individual with a learning disability and dementia: To include: responding to individual needs and preferences; understanding of characteristics of the individual's difficulties; medical history; provision of appropriate activities; how to involve other team members; self-advocates; use of person-centred thinking tools; individual's use - booklets such as Listen to Me and Listen to Others; for use where the individual does not want or is not able to plan for themselves, a Circle of Support planned with family member, friends or others important to that person; use of tools such as PATH, MAPS, One Page Profiles and Living Descriptions.
Unit 4 Guidance on Delivery and Assessment

Delivery

This unit develops the learner’s knowledge of the importance of diversity of individuals with dementia and the importance of person centred approaches in the care and support of individuals with dementia. Learners will understand ways of working with a range of individuals who have dementia to ensure diverse needs are met.

Assessment

Assessment is by portfolio (internally set and marked and quality assured by IQ).

An Achievement Record for this qualification is available from the website/on request. All assessment criteria must be met and mapped and the location of the evidence must be indicated in the achievement record.

All learning outcomes must be assessed using methods appropriate to the assessment of knowledge and understanding; these can be assessed by a variety of methods including:

- Question and answer test
- Multiple choice questions
- Question and answer verbal (ensure records are kept)
- Essay
- Other.

This unit must be assessed in accordance with Skills for Care and Development’s Assessment Principles (located in Appendix A).

Additional Information

An individual is someone requiring care or support.

Carers and Others may be:

- Care worker
- Colleagues
- Managers
- Social worker
- Occupational Therapist
Person centred way:  
This is a way of working which aims to put the person at the centre of the care situation taking into account their individuality, wishes and preferences.
Appendix A

Skills for Care and Development QCF Assessment Principles

1. Introduction

1.1 Skills for Care and Development (SfC&D) is the UK sector skills council (SSC) for social care, children, early years and young people. Its structure for realising the SSC remit is via an alliance of six organisations: Care Council for Wales, Children's Workforce Development Council, General Social Care Council, Northern Ireland Social Care Council, Scottish Social Services Council and Skills for Care.

1.2 This document sets out those principles and approaches to QCF unit/qualification assessment not already described in the Regulatory Arrangements for the Qualifications and Credit Framework. The information is intended to support the quality assurance processes of Awarding Organisations that offer qualifications in the Sector, and should be read alongside these. It should also be read alongside individual unit assessment requirements. Additional information/guidance regarding individual unit assessment can be obtained from Awarding Organisations, or from Skills for Care and Development. This must be used in order to provide the proper context for learning and assessment.

1.3 These principles will ensure a consistent approach to those elements of assessment which require further interpretation and definition, and support sector confidence in the new arrangements.

1.4 Where Skills for Care and Development qualifications are joint with Skills for Health, Skill for Health will also use these assessment principles.

2. Assessment Principles

2.1 Assessment decisions for competence based learning outcomes (e.g. those beginning with ‘to be able to’) must be made in a real work environment by an occupationally competent assessor. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment but the final assessment decision must be within the real work environment.

2.2 Assessment decisions for competence based Learning Outcomes must be made by an assessor qualified to make assessment decisions.

2.3 Competence based assessment must include direct observation as the main source of evidence

2.4 Simulation may only be utilised as an assessment method for competence based Lo where this is specified in the assessment requirements of the unit’.

2.5 Expert witnesses can be used for direct observation where: they have occupational expertise for specialist areas or the observation is of a particularly sensitive nature. The use of expert witnesses should be determined and agreed by the assessor.

2.6 Assessment of knowledge based Learning Outcomes (e.g. those beginning with ‘know’ or ‘understand’) may take place in or outside of a real work environment.

2.7 Assessment decisions for knowledge based Learning Outcomes must be made by an occupationally knowledgeable assessor.

2.8 Assessment decisions for knowledge based Learning Outcomes must be made by an assessor qualified to make assessment decisions. Where assessment is electronic or undertaken according to a set grid, the assessment decisions are made by the person who has set the answers.
3. Internal Quality Assurance

3.1 Internal quality assurance is key to ensuring that the assessment of evidence for units is of a consistent and appropriate quality. Those carrying out internal quality assurance must be occupationally knowledgeable in the area they are assuring and be qualified to make quality assurance decisions.

4. Definitions

4.1 Occupationally competent:

This means that each assessor must be capable of carrying out the full requirements within the competency units they are assessing. Being occupationally competent means they are also occupationally knowledgeable. This occupational competence should be maintained annually through clearly demonstrable continuing learning and professional development.

4.2 Occupationally knowledgeable:

This means that each assessor should possess relevant knowledge and understanding, and be able to assess this in units designed to test specific knowledge and understanding, or in units where knowledge and understanding are components of competency. This occupational knowledge should be maintained annually through clearly demonstrable continuing learning and professional development.

4.3 Qualified to make assessment decisions:

This means that each assessor must hold a qualification suitable to support the making of appropriate and consistent assessment decisions. Awarding Organisations will determine what will qualify those making assessment decisions according to the unit of competence under assessment. In any case of significant uncertainty the SSCs will be consulted.

4.4 Qualified to make quality assurance decisions:

Awarding Organisations will determine what will qualify those undertaking internal quality assurance to make decisions about that quality assurance.

4.5 Expert witness:

An expert witness must:

- have a working knowledge of the QCF units on which their expertise is based
- be occupationally competent in their area of expertise
- have EITHER any qualification in assessment of workplace performance OR a professional work role which involves evaluating the everyday practice of staff.
Resources

Training Resources

Centres may use their own, or published learner support materials in delivering the qualification. Whatever support materials centres choose to use, they should ensure that their delivery methodology adequately prepares the learner for assessment.

IQ endorses published training resources and learner support materials by submitting the materials to a rigorous and robust quality assurance process, thus ensuring such materials are relevant, valid and appropriately support the qualification.

For this qualification IQ has endorsed the following learner support materials:

Resources and Useful websites

The National Archives (For all UK legislation)  
http://www.legislation.gov.uk

Health and Safety Executive  
www.hse.gov.uk

Equalities and Human Rights Commissions  
http://www.equalityhumanrights.com

Health and Safety Executive for Northern Ireland  
http://www.hseni.gov.uk

Northern Ireland Office  
http://www.nio.gov.uk

Northern Ireland Assembly  
http://www.niassembly.gov.uk

Equality Commission for Northern Ireland  
http://www.equalityni.org

Skills for Care and Development  
http://www.skillsforcareanddevelopment.org.uk

Care Quality Commission  
http://www.cqc.org.uk/

Association of Health Care Professionals  
http://www.ahcpuk.org

National Occupational Standards (NOS) Database  
http://nos.ukces.org.uk

Independent Safeguarding Authority  
http://www.isa.homeoffice.gov.uk/

Common Core Principles for Supporting People with Dementia, Skills for Care  


Developing skills - Skills for Care resources  
http://www.skillsforcare.org.uk/developing_skills/dementia/supporting_people_with_dementia.aspx

Person-centred learning factsheet  