



SEG Awards Certa Level 3 Certificate in Social Prescribing

Qualification Guidance

Level 3 Certificate - 603/3269/4

About Us

Skills and Education Group Awards (Certa Awards) [1] continually invest in high quality qualifications and services across education. As a result we have a long-established reputation for supporting skills providers to enable individuals to gain skills for employment, skills for learning and skills for progression.

Skills and Education Group Awards has an on-line registration system to help customers register learners on its qualifications, units and exams. In addition it provides features to view exam results, invoices, mark sheets and other information about learners already registered.

The system is accessed via a web browser by connecting to our secure website using a username and password: [Skills and Education Group Awards Secure Login](#)

Sources of Additional Information

The Certa Awards Website www.certaawards.co.uk provides access to a wide variety of information.

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Specification Code, Date and Issue Number

Version	Date of Issue	Comments
1.0	September 2018	New Qualification
1.1	July 2019	Update to R/615/4595 assessment criteria
1.2	July 2019	Website link update
1.3	August 2019	Update to assessment criteria/indicative content

[1] Certa Awards is a brand of the Skills and Education Group Awards, a recognised awarding organisation and part of the Skills and Education Group. Any reference to Certa Awards, its registered address, company or charity number should be deemed to mean the Skills and Education Group Awards.

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This is a live document and as such will be updated when required. It is the responsibility of the approved centre to ensure the most up-to-date version of the Qualification Guide is in use. Any amendments will be published on our website and centres are encouraged to check this site regularly.

Introduction

The SEG Awards Certa Level 3 Certificate in Social Prescribing is a nationally recognised qualification. It prepares learners for a role in social prescribing and provides those already working in this area with a deeper level of knowledge and understanding.

Aims

The SEG Awards Certa Level 3 Certificate in Social Prescribing is aimed primarily at those working within or looking to move to a role where elements of social prescribing are used as part of their work. This includes areas such as healthcare, local government and the voluntary and community sector. It will enable learners to broaden their skills and knowledge in social health and well-being work and to support individuals to access services in the community that are appropriate to their needs.

It will provide content on key areas related to social prescribing environments, including delivering community based solutions, offering vulnerable adults holistic support, managing caseloads, micro-commissioning and measuring outcomes to improve support mechanisms.

Content Overview

The SEG Awards Level 3 Certificate in Social Prescribing qualification covers the following 4 mandatory units:

- Delivering community based solutions through social prescribing
- Measuring outcomes and improving support mechanisms
- Structures and cultures within communities
- The principles and theory of social prescribing

And the option to take 3 of the following 5 optional units:

- Managing caseloads within a social prescribing environment
- Micro-commissioning for social prescribing
- Motivational interviewing skills to support vulnerable adults
- Supervision and Professional Support
- Working with vulnerable adults to provide holistic support

Progression Opportunities

The SEG Awards Certa Level 3 Certificate in Social Prescribing is not available as part of an apprenticeship framework and is not specifically designed to lead directly to employment. However, it will support learners

who are starting on their journey towards careers involving Social Prescribing or those who already work in a Social Prescribing role.

It will increase their knowledge and confidence in this field and assist them with work and study progression opportunities.

Resource Requirements

To complete this qualification it would be an advantage for learners to have access to a relevant working environment or simulated working environment (Health Care, Social Care, and Voluntary Community Social Enterprise sector).

Language

This specification and associated assessment materials are in English only

Qualification Summary

Qualification and Pathways	
SEG Awards Certa Level 3 Certificate in Social Prescribing	
Qualification Number	603/3269/4
Regulated	The qualification, identified above, is regulated by Ofqual.
Assessment	Internal assessment, internal and external moderation.
Grading	Pass
Operational Start Date	1 st September 2018
Ofqual Review Date	31 st August 2021
Operational End Date	
Certificate End Date	
Certa Sector	Social Prescribing
Ofqual SSA Sector	1.3 Health and Social Care
Stakeholder Support	Conexus
Contact	See the Certa Awards Website for Centre Support Officer responsible for this qualification.

SEG Awards Certa Level 3 Certificate in Social Prescribing

Rules of Combination:

To achieve this qualification learners must achieve 21 credits.

Learners need to achieve 12 credits from the mandatory group and a further 9 credits from the optional group.

Mandatory Units	Unit Number	Level	Credit Value*	GL
Delivering community based solutions through social prescribing	D/615/4583	3	3	22
Measuring outcomes and improving support mechanisms	J/615/4593	3	3	22
Structures and cultures within communities	Y/615/4596	3	3	22
The principles and theory of social prescribing	K/615/4599	3	3	22

*Credit Values may not be appropriate and may not be included

Optional Units	Unit Number	Level	Credit Value*	GL
Managing caseloads within a social prescribing environment	T/615/4587	3	3	21
Micro-commissioning for social prescribing	L/615/4594	3	3	21
Motivational interviewing skills to support vulnerable adults	R/615/4595	3	3	21
Supervision and Professional Support	R/617/0702	3	3	21
Working with vulnerable adults to provide holistic support	Y/615/4601	3	3	21

*Credit Values may not be appropriate and may not be included

Qualification Purpose	The Certa Level 3 Certificate in Social Prescribing is a nationally recognised qualification. It prepares learners for a role in social prescribing and provides those already working in this area with a deeper level of knowledge and understanding.
Entry Requirements	There are no specific requirements to study for this qualification.

Age Range	Pre 16		16 - 18		18+	✓	19+	✓
GL	151							
TQT	210							
Credit Value	21							
Learning Aims Reference	See Learning Aim Reference Service (LARS) website: https://data.gov.uk/dataset/learning-aim-reference-service							
Type of Funding Available	See Learning Aim Reference Service (LARS) website							
Qualification Fee / Unit Fee	See Certa Awards Website for current fees and charges.							
Additional Information	See Certa Awards Website for resources available for this qualification.							

Assessment Overview

Summary

The qualification will be awarded to learners who successfully achieve all four of the mandatory units and three out of the five optional units within the qualification in accordance with the Rules of Combination, by meeting the specified Assessment Criteria.

Please note that the Learning Outcomes and Assessment Criteria must not be changed in any way.

Who can assess this qualification?

- We require those involved in the assessment process to be suitably experienced and/or qualified. In general terms, this usually means that the assessor is knowledgeable of the subject/occupational area to a level above that which they are assessing.
- Assessors should also be trained and qualified to assess or be working towards appropriate qualifications.

Unit Details

1. Delivering Community Based Solutions through Social Prescribing

Unit Reference	D/615/4583
Level	3
Credit Value	3
Guided Learning	22 hours
Unit Summary	This unit has two learning outcomes.

Learning Outcomes The learner will:	Assessment Criteria The learner can:
1. Understand how community based solutions can be facilitated through social prescribing.	1.1. Explain community centred approaches for health and well-being. 1.2. Identify issues faced by communities in relation to health and well-being. 1.3. Explain how communities can be engaged to implement social prescribing. 1.4. Describe the partners involved in multi-agency working. 1.5. Explain the role of integrated working when delivering community based solutions through social prescribing.
2. Understand the factors involved in delivering community based solutions through social prescribing.	2.1. Identify the stakeholders involved in delivering community based solutions. 2.2. Explain the challenges faced when delivering community based solutions. 2.3. Describe how to overcome barriers to delivering community based solutions. 2.4. Identify the opportunities provided when delivering community based solutions.

	<p>2.5. Explain how to measure the impact of social prescribing on the community.</p> <p>2.6. Explain how to measure the impact of social prescribing on individuals.</p> <p>2.7. Explain how to measure the impact of social prescribing on service delivery.</p>
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Supporting Unit Information

Delivering Community Based Solutions through Social Prescribing –
D/615/4583 – Level 3

Indicative Content

Note: Indicative content provides an indication of the scope for the Learning Outcomes and Assessment Criteria. It is intended as a resource to help guide the delivery and assessment of the unit. Indicative content is not a statement of material which must be covered and evidenced for assessment.

Learning Outcome 1: Understand how community based solutions can be facilitated through social prescribing.

1.1 Community centred approaches for health and well-being: asset based methods, social network approach, community development, co-production projects, peer support, community engagement, pathways to participation, community hubs.

1.2. Issues faced by communities in relation to health and well-being: resources, demographics, exclusion, funding, knowledge, skills, facilitation, motivation, access, engagement.

1.3. How communities can be engaged to implement social prescribing: knowledge, skills, competence, facilities, resources, engagement, involvement, inclusion, understanding, enthusiasm, allocation of roles and responsibilities.

1.4. The partners involved in multi-agency working: third/voluntary sector, health including primary care, social care, community services, education services, employment services, leisure services, faith/religious groups.

1.5. The role of integrated working when delivering community based solutions through social prescribing: collaboration, efficiency, shared use of resources, skill sharing, safeguarding, increased choice, continuity, consistency.

Learning Outcome 2: Understand the factors involved in delivering community based solutions through social prescribing.

2.1 The stakeholders involved in delivering community based solutions: community members, residents, faith groups, racial, ethnic and cultural groups, voluntary groups, primary care group, and social prescribers.

2.2. The challenges faced when delivering community based solutions: health and safety, safeguarding, risk assessment, funding, resources, shared objectives, access, availability of solutions, communication, and understanding.

2.3. How to overcome barriers to delivering community based solutions: ongoing, clear communication, engagement, presence, intervention, collaboration, shared understanding.

2.4. The opportunities provided when delivering community based solutions: access, shared resources, availability, opportunity, collaboration, participation.

2.5. How to measure the impact of social prescribing on the community: feedback, observation, outcomes, monitoring, evaluation, wellbeing, community involvement.

2.6. How to measure the impact of social prescribing on individuals: wellbeing, health, individual feedback, participation, self-esteem, progression, involvement.

2.7. How to measure the impact of social prescribing on service delivery: expansion, collaboration, planning, referrals, meeting of agreed outcomes.

Resources

Alakeson, V. et al. Coproduction of health and wellbeing outcomes: the new paradigm for effective health and social care. 2013. London, OPM Connects.

NHS England (2014) Five year forward view
www.england.nhs.uk/ourwork/futurenhs/

Public Health England. From evidence into action: opportunities to protect and improve the nation's health. London: Public Health England; 2014.

Teaching Strategies and Learning Activities

Centres should adopt a delivery approach which supports the development of their particular learners. The aims and aspirations of all learners, including those with identified special needs, including learning difficulties/disabilities, should be considered and appropriate support mechanisms put in place.

Methods of Assessment

Centres must ensure that all internally assessed evidence is generated by each individual candidate. Where candidates do work in groups, it is important that the assessor is able to make an accurate assessment of each individual's contribution to the group.

Minimum requirements when assessing this unit

Certa expects that staff will be appropriately qualified to assess learners against the outcomes and criteria within the units. Generally teaching staff should be qualified and/or vocationally experienced to at least a level above that which they are teaching.

Evidence of Achievement

This unit has no prescribed assessment methods. Evidence for this unit may include, but is not limited to:

- Case study
- Written questions and answers
- Oral question and answer
- Report
- Professional discussion

It is good practice to use a range of assessment methods appropriate to meet the assessment criteria and the candidate's needs.

All evidence must be clearly signposted and made available for external moderation upon request.

Any photographic evidence must be appropriately annotated to clearly demonstrate the candidates' role and how it meets the assessment criteria.

Witness and observation statements must be specific and contain the name, signature and role of the witness / observer.

Additional Information

Additional guidance for delivering and assessing Certa qualifications and information about Internal Quality Assurance is available on the Certa Awards Website.

2. Measuring Outcomes and Improving Support Mechanisms

Unit Reference	J/615/4593
Level	3
Credit Value	3
Guided Learning	22 hours
Unit Summary	This unit has two learning outcomes.

Learning Outcomes The learner will:	Assessment Criteria The learner can:
1. Understand the process of evaluating social prescribing.	1.1. Identify the policy context underpinning the monitoring and review of social prescribing. 1.2. Explain the outcomes to be measured. 1.3. Explain how performance indicators can be used to measure outcomes. 1.4. Describe methods used to measure the outcomes of social prescribing interventions. 1.5. Analyse how to involve individuals in the monitoring and evaluation of social prescribing.
2. Understand how to improve the outcomes of social prescribing.	2.1. Explain how the results of monitoring and feedback inform continuous quality improvement. 2.2. Identify the resulting support mechanisms available through effective social prescribing. 2.3. Explain how practitioners can ensure they have the necessary knowledge and skills for social prescribing. 2.4. Analyse how effective social prescribing

	<p>decreases social inequalities.</p> <p>2.5. Explain how improve the effectiveness and efficiency of resource use.</p>
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Supporting Unit Information

Measuring Outcomes and Improving Support Mechanisms – J/615/4593 – Level 3

Indicative Content

Note: Indicative content provides an indication of the scope for the Learning Outcomes and Assessment Criteria. It is intended as a resource to help guide the delivery and assessment of the unit. Indicative content is not a statement of material which must be covered and evidenced for assessment.

Learning Outcome 1: Understand the process of evaluating social prescribing.

1.1 The policy context underpinning the monitoring and review of social prescribing: Department of Health (2006), *Our health, our care, our say: a new direction for community services*, the Marmot Review (2010), *'Fair Society, Healthy Lives'*, Department of Health (2010), *Healthy Lives, Healthy People*, the Care Act 2014, organisational policies and procedures, agreed ways of working.

1.2. The outcomes to be measured: delivery, resources accessed, referral times, follow up times, inclusion, involvement, effectiveness of interventions.

1.3. How performance indicators can be used to measure outcomes: benchmarking, objectives, assessment, achievement, areas for development.

1.4. Methods used to measure the outcomes of social prescribing interventions: monitoring/evaluation using agreed ways of working, data collection, focus groups, questionnaires', informal/formal interview, feedback, practitioner feedback, data collection.

1.5. How to involve individuals in the monitoring and evaluation of social prescribing: focus groups, questionnaires, feedback, review, identification of roles and responsibilities, interviews.

Learning Outcome 2: Understand how to improve the outcomes of social prescribing.

2.1 How the results of monitoring and feedback inform continuous quality improvement: ongoing evaluation, triangulation of views, views from people accessing services, value added, efficiency, local knowledge.

2.2. The resulting support mechanisms available through effective social prescribing: improved services, greater choice, improved knowledge base, evidence based practice, empowerment.

2.3. How practitioners can ensure they have the necessary knowledge and skills for social prescribing: assessment, supervision, appraisal, development plan, training and development activities, networking, reflection and evidence based practice.

2.4. How effective social prescribing decreases social inequalities: inclusion, services for all, flexibility, community based, addresses demographics of community, inclusion.

2.5. How to improve the effectiveness and efficiency of resource use: analysis, evidence based, feedback, outcomes achieved, and collaboration, refer to reviews and evaluation.

Resources

Department of Health, White paper. Our health, our care, our say: a new direction for community services. Crown Copyright; January 2006

Kimberlee R. What is social prescribing? Advances in Social Sciences Research Journal. 2015;2(1)

Langford K, Baek P, Hampson M. More than Medicine: New services for people powered health. Part of the Nesta People Powered Health series. <http://www.nesta.org.uk/publications/more-medicine-new-services-people-poweredhealth> : November 2013

Teaching Strategies and Learning Activities

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Methods of Assessment

Centres must ensure that all internally assessed evidence is generated by each individual candidate. Where candidates do work in groups, it is important that the assessor is able to make an accurate assessment of each individual's contribution to the group.

Minimum requirements when assessing this unit

Certa expects that staff will be appropriately qualified to assess learners against the outcomes and criteria within the units. Generally teaching staff should be qualified and/or vocationally experienced to at least a level above that which they are teaching

Evidence of Achievement

This unit has no prescribed assessment methods. Evidence for this unit may include, but is not limited to:

- Case study
- Written questions and answers
- Oral question and answer
- Report
- Professional discussion

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Additional Information

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3. Structures and Cultures within Communities

Unit Reference	Y/615/4596
Level	3
Credit Value	3
Guided Learning	22 hours
Unit Summary	This unit has three learning outcomes.

Learning Outcomes The learner will:	Assessment Criteria The learner can:
1. Understand the composition of communities.	1.1. Describe the infrastructure of communities. 1.2. Explain the demographics of communities. 1.3. Describe the support networks available to communities.
2. Understand the culture of communities.	2.1. Describe cultural values within communities. 2.2. Identify inequalities which may exist in communities. 2.3. Explain what drives cultural change within communities.
3. Understand the role of social prescribing for communities.	3.1. Explain the benefits of social prescribing for communities. 3.2. Identify roles and responsibilities involved in social prescribing for communities. 3.3. Explain how to overcome barriers to social prescribing for communities.

Supporting Unit Information

Structures and Cultures within Communities – Y/615/4596 – Level 3

Indicative Content

Note: Indicative content provides an indication of the scope for the Learning Outcomes and Assessment Criteria. It is intended as a resource to help guide the delivery and assessment of the unit. Indicative content is not a statement of material which must be covered and evidenced for assessment.

Learning Outcome 1: Understand the composition of communities.

- 1.1 The infrastructure of communities: homes, schools, amenities, facilities, schools, medical services, transport, leisure services, employment, third/voluntary sector.
- 1.2. The demographics of communities: age, religion, ethnicity, gender, sexuality, mobility, income, employment, educational qualifications, family unit composition, lifestyle.
- 1.3. The support networks available to communities: community clubs, sporting groups, faith communities, third sector/volunteering, children and family's services, health services, social services, disability services, mental health services, leisure services.

Learning Outcome 2: Understand the culture of communities.

- 2.1 Cultural values within communities: respect, consideration, helpfulness, empathy, dignity, encouragement, diversity, honesty.
- 2.2. Inequalities which may exist in communities: income, resources, ability, support, inclusion, acceptance, access, capability, knowledge.
- 2.3. What drives cultural change within communities: need, resources, benefits of change, collaboration, competition, desire for growth, technology, and legislation?

Learning Outcome 3: Understand the role of social prescribing for communities.

- 3.1 The benefits of social prescribing for communities: access to services, support, guidance, participation, inclusion, involvement, improved wellbeing, saving/reallocation of resources, cohesion, education.

3.2. Roles and responsibilities involved in social prescribing for communities: GPs, practice nurses, social workers, link workers, co-ordinators. Involved in referral, support, assessment, liaison with partners and other services, monitoring using agreed ways of working, evaluation, and feedback.

3.3. How to overcome barriers to social prescribing for communities: knowledge, partnership working, inclusion, collaboration, local knowledge, resources, funding, education/training, focus groups.

Resources

AgeUK (2011). Social Prescribing: A model for partnership working between primary care and the voluntary sector. Yorkshire and the Humber: Age Concern Support Services.

Dayson, C., Bashir, N. & Pearson, S. (2013). From Dependence to Independence: Emerging lessons from the Rotherham Social Prescribing Pilot. Sheffield: Sheffield Hallam University.

Teaching Strategies and Learning Activities

Centres should adopt a delivery approach which supports the development of their particular learners. The aims and aspirations of all learners, including those with identified special needs, including learning difficulties/disabilities, should be considered and appropriate support mechanisms put in place.

Methods of Assessment

Centres must ensure that all internally assessed evidence is generated by each individual candidate. Where candidates do work in groups, it is important that the assessor is able to make an accurate assessment of each individual's contribution to the group.

Minimum requirements when assessing this unit

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Evidence of Achievement

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- Case study
- Written questions and answers

- Oral question and answer
- Report
- Professional discussion

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Additional Information

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4. The Principles and Theory of Social Prescribing

Unit Reference	K/615/4599
Level	3
Credit Value	3
Guided Learning	22 hours
Unit Summary	This unit has three learning outcomes

Learning Outcomes The learner will:	Assessment Criteria The learner can:
1. Understand social prescribing.	1.1. Define the term 'social prescribing'. 1.2. Explain the objectives of social prescribing. 1.3. Describe the process of social prescribing. 1.4. Explain the roles of practitioners involved in social prescribing. 1.5. Describe the potential impacts of social prescribing for individuals. 1.6. Describe the potential impacts of social prescribing for service delivery. 1.7. Describe the potential impacts of social prescribing for the community.
2. Understand the context of social prescribing.	2.1. Identify the policy framework underpinning social prescribing. 2.2. Identify the key outcomes from effective social prescribing. 2.3. Identify the service deliverables to be evidenced for social prescribing. 2.4. Describe the interdependence of social

	<p>prescribing with other services.</p> <p>2.5. Explain how to evaluate the effectiveness of a social prescribing intervention.</p>
<p>3. Understand methods of social prescribing.</p>	<p>3.1. Identify social prescribing interventions.</p> <p>3.2. Explain the referral routes available to practitioners.</p> <p>3.3. Describe the asset based approach to community development.</p>

Supporting Unit Information

The Principles and Theory of Social Prescribing – K/615/4599 – Level 3

Indicative Content

Note: Indicative content provides an indication of the scope for the Learning Outcomes and Assessment Criteria. It is intended as a resource to help guide the delivery and assessment of the unit. Indicative content is not a statement of material which must be covered and evidenced for assessment.

Learning Outcome 1: Understand social prescribing

1.1 The term 'social prescribing': a definition of the role and responsibilities of 'social prescribing.'

1.2 The objectives of social prescribing: services that are personal, meet individual needs, offer choice, increased control over health, reduction in the costs of health services long term, the promotion of health, independence and wellbeing, focus on joint commissioning of services and interventions services, focus on outputs and outcomes, involvement of a wider range of stakeholders.

1.3 The process of social prescribing: referral, agreement and identification of needs and preferences, identification of services available, access to services, monitoring and review using agreed ways of working, support as necessary.

1.4 The roles of practitioners involved in social prescribing: GPs, practice nurses, social workers, link workers, co-ordinators. Involved in referral, support, assessment, liaison with partners and other services, monitoring using agreed ways of working, evaluation, and feedback.

1.5 The potential impact of social prescribing for individuals: access to additional services, emotional and practical support, access to, or maintain employment, education or wider community participation, support for carers, voluntary roles, condition management, social, health and wellbeing benefits, increased independence, less isolated, more active, engaging and participating in the local community.

1.6 The potential impact of social prescribing for service delivery: reduction in need for services, resource allocation, effective and efficient use of resources.

1.7 The potential impact of social prescribing for the community: increased service provision and access, participation, inclusion, reduction in attendance at health services, reduction in demand for social services, increased investment in local community and voluntary sector services.

Learning Outcome 2: Understand the context of social prescribing

2.1 The policy framework underpinning social prescribing: Department of Health (2006), Our health, our care, our say: a new direction for community services, the Marmot Review (2010), 'Fair Society, Healthy Lives', Department of Health (2010), Healthy Lives, Healthy People, the Care Act 2014.

2.2 The key outcomes from effective social prescribing: agreement and identification of individual's needs, empowerment, inclusion, access to resources/activities, health and well-being benefits, reduction in need for services, resource allocation, effective and efficient use of resources, integration, engagement, ability to self-care.

2.3 The service deliverables to be evidenced for social prescribing: more efficient and effective use of resources, reduction in demand on medical services, improved health outcomes, increased independence, community privation, less isolation.

2.4 The interdependence of social prescribing with other services: access, service delivery, monitoring, funding, resources, practitioners, meeting of patient needs, collaboration, reduces pressures on other services.

2.5 How to evaluate the effectiveness of a social prescribing intervention: patient feedback, monitoring using agreed ways of working, evaluation, achievement of outcomes, evidence base, and practitioner feedback.

Learning Outcome 3: Understand methods of social prescribing.

3.1 Social prescribing interventions: holistic model, exercise-on-referral, self-referral, supported community referral, social prescribing referral, indirect referral.

3.2 The referral routes available to practitioners: GP, pharmacists, nurses, social workers, patient referral, social care, third/voluntary sector.

3.3 The asset based approach to community development: a strategy for sustainable community-driven development, communities driving the development process, utilisation of existing, identified assets, creation of local economic opportunity.

Resources

Age UK, Social Prescribing: A model for partnership working between primary care and the voluntary sector.

HM Government: Healthy Lives, Healthy People 2010 TLAP: Getting Serious About

Personalisation in the NHS, Sept. 2014.

Imison C, Castle-Clarke S and Watson R (2016) Reshaping the workforce to deliver the care patients need. Research Report. Nuffield Trust.

NHS England (2015) Delivering the Five Year Forward View: NHS Shared Planning Guidance 2016/17 to 2020/21.

NHS Health Education England (2016). Social prescribing at a glance. NHS.

Evidence to inform the commissioning of social prescribing (York University)

https://www.york.ac.uk/media/crd/Ev%20briefing_social_prescribing.pdf

Teaching Strategies and Learning Activities

Centres should adopt a delivery approach which supports the development of their particular learners. The aims and aspirations of all learners, including those with identified special needs, including learning difficulties/disabilities, should be considered and appropriate support mechanisms put in place.

Methods of Assessment

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Minimum requirements when assessing this unit

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Evidence of Achievement

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- Case study
- Written questions and answers

- Oral question and answer
- Report
- Professional discussion

It is good practice to use a range of assessment methods appropriate to meet the assessment criteria and the candidate's needs.

All evidence must be clearly signposted and made available for the external moderator upon request.

Any photographic evidence must be appropriately annotated to clearly demonstrate the candidates' role and how it meets the assessment criteria.

Witness and observation statements must be specific and contain the name, signature and role of the witness / observer.

Additional Information

Additional guidance for delivering and assessing Certa qualifications and information about Internal Quality Assurance is available on the Certa Awards Website.

5. Managing Caseloads within a Social Prescribing Environment

Unit Reference	T/615/4587
Level	3
Credit Value	3
Guided Learning	21 hours
Unit Summary	This unit has three learning outcomes.

Learning Outcomes The learner will:	Assessment Criteria The learner can:
1. Understand the importance of managing caseloads in relation to social prescribing.	1.1. Explain why it is important to manage own caseload. 1.2. Identify the criteria to be used when managing caseloads. 1.3. Explain how to prioritise caseloads in relation to social prescribing.
2. Understand how to access guidance when managing own caseload.	2.1. Describe when it may be necessary to seek guidance or support. 2.2. Explain the action to take when additional support is required. 2.3. Identify the support available in relation to managing caseloads.
3. Understand the consequences of mis-managing a caseload when facilitating social prescribing.	3.1. Identify the impact of poor case management on individuals, service delivery, the wider community and yourself. 3.2. Explain how to make improvements to the management of own caseload.

Supporting Unit Information

Managing Caseloads within a Social Prescribing Environment –
T/615/4587 – Level 3

Indicative Content

Note: Indicative content provides an indication of the scope for the Learning Outcomes and Assessment Criteria. It is intended as a resource to help guide the delivery and assessment of the unit. Indicative content is not a statement of material which must be covered and evidenced for assessment.

Learning Outcome 1: Understand the importance of managing caseloads in relation to social prescribing.

1.1 Why it is important to manage own caseload: efficiency, ownership, outcomes, time management, continuity, consistency.

1.2. The criteria to be used when managing caseloads: priority, service level agreement, time from referral, risk, complexity, collaboration, availability of services required.

1.3. How to prioritise caseloads in relation to social prescribing: need, services required, referral date, assessment, access to services, risk, duty of care.

Learning Outcome 2: Understand how to access guidance when managing own caseload.

2.1 When it may be necessary to seek guidance or support: services not accessible, services not suitable, referral not appropriate, previous interventions not effective, collaboration, next steps, not own role or responsibility.

2.2. The action to take when additional support is required: identify issue, report, identify actions.

2.3. The support available in relation to managing caseloads: reduction in case load, monitoring/supervision from manager, training and development, collaboration, mentoring.

Learning Outcome 3: Understand the consequences of mis-managing a caseload when facilitating social prescribing.

3.1 The impact of poor case management on individuals, service delivery, the wider community and yourself: targets/objectives not met, individuals not receiving the services they need, anxiety, quality not maintained, stress, risk of harm.

3.2 How to make improvements to the management of own caseload: time management, support, record keeping, monitoring, measure work load, reduce caseload, efficient organisation of meetings/appointments, effective communication, realistic deadlines/objectives, being prepared, prioritising, use of a diary/planner.

Resources

Community Care (2010). How do other professions deal with caseloads? <http://www.communitycare.co.uk/2010/10/01/how-do-other-professions-deal-with-caseloads/>

SCIE (2012). Managing practice. Managing work - Caseload management <http://www.scie.org.uk/publications/guides/guide01/managing-work/caseload.asp>

Social Work Task Force (2010) Organisations and workload: a 'health check': annex A of Building a safe, confident future: the final report of the Social Work Task Force.

Teaching Strategies and Learning Activities

Centres should adopt a delivery approach which supports the development of their particular learners. The aims and aspirations of all learners, including those with identified special needs, including learning difficulties/disabilities, should be considered and appropriate support mechanisms put in place.

Methods of Assessment

Centres must ensure that all internally assessed evidence is generated by each individual candidate. Where candidates do work in groups, it is important that the assessor is able to make an accurate assessment of each individual's contribution to the group.

Minimum requirements when assessing this unit

Certa expects that staff will be appropriately qualified to assess learners against the outcomes and criteria within the units. Generally teaching staff should be qualified and/or vocationally experienced to at least a level above that which they are teaching.

Evidence of Achievement

This unit has no prescribed assessment methods. Evidence for this unit may include, but is not limited to:

- Case study
- Written questions and answers
- Oral question and answer
- Report
- Professional discussion

It is good practice to use a range of assessment methods appropriate to meet the assessment criteria and the candidate's needs.

All evidence must be clearly signposted and made available for external moderation upon request.

Any photographic evidence must be appropriately annotated to clearly demonstrate the candidates' role and how it meets the assessment criteria.

Witness and observation statements must be specific and contain the name, signature and role of the witness / observer.

Additional Information

Additional guidance for delivering and assessing Certa qualifications and information about Internal Quality Assurance is available on the Certa Awards Website.

6. Micro-Commissioning for Social Prescribing

Unit Reference	L/615/4594
Level	3
Credit Value	3
Guided Learning	21 hours
Unit Summary	This unit has three learning outcomes.

Learning Outcomes The learner will:	Assessment Criteria The learner can:
1. Understand the principles of micro-commissioning.	1.1. Define 'micro-commissioning'. 1.2. Explain how micro-commissioning can benefit individuals. 1.3. Explain how micro-commissioning can benefit service delivery. 1.4. Explain how micro-commissioning can benefit the community. 1.5. Describe how micro-commissioning can be applied to service delivery.
2. Understand the implementation of micro-commissioning.	2.1. Explain the services who might be involved in micro-commissioning. 2.2. Describe the process of micro-commissioning.
3. Understand localised commissioning.	3.1. Define 'localised commissioning'. 3.2. Explain the benefits of localised small scale commissioning.

Supporting Unit Information

Micro-Commissioning for Social Prescribing – L/615/4594 – Level 3

Indicative Content

Note: Indicative content provides an indication of the scope for the Learning Outcomes and Assessment Criteria. It is intended as a resource to help guide the delivery and assessment of the unit. Indicative content is not a statement of material which must be covered and evidenced for assessment.

Learning Outcome 1: Understand the principles of micro-commissioning.

- 1.1 Define 'micro-commissioning': a definition of the term 'micro-commissioning'.
- 1.2. How micro-commissioning can benefit individuals: the right to choose and manage their needs, personalisation, meeting individual needs, flexibility, control, outcome-focused, efficient, inclusion.
- 1.3. How micro-commissioning can benefit service delivery: market shaping, drives quality, efficiency, positive outcomes, individual needs met, supports collaboration, use of shared resources.
- 1.4. How micro-commissioning can benefit the community: effective use of services and resources, support to meet needs, use of community resources, maintenance of community, higher profile as a result of community involvement.
- 1.5 How micro-commissioning can be applied to service delivery: collaboration, partnership working, innovation, price, flexibility in application, used for bespoke and brokering packages, commissioning community organisations.

Learning Outcome 2: Understand the implementation of micro-commissioning

- 2.1 The services who might be involved in micro-commissioning: domiciliary care/support, financial guidance, third/voluntary sector, social services, leisure services, counselling, advocacy, community services, dietician, outreach workers, health and social care services, personal care services, leisure services, groups, organisations, support with aids/adaptations/budgets/funding, mental health services, services for children and young people, local councils.

2.2. The process of micro-commissioning: referral, contact made by practitioner, identification of needs, identification of services, service availability, liaison with services, access to services, monitoring using agreed ways of working, review, evaluation.

Learning Outcome 3: Understand localised commissioning.

3.1 The term 'localised commissioning': a definition of 'localised commissioning'.

3.2. The benefits of localised small scale commissioning: competitive tendering, improvement to service delivery, increased buy in and ownership, targeted use of resources, reduced duplication of service delivery and commissioning, increased collaboration.

Resources

HM Government: Healthy Lives, Healthy People 2010 TLAP: Getting Serious About Personalisation in the NHS, Sept. 2014.

Imexon C, Castle-Clarke S and Watson R (2016) Reshaping the workforce to deliver the care patients need. Research Report. Nuffield Trust.

Teaching Strategies and Learning Activities

Centres should adopt a delivery approach which supports the development of their particular learners. The aims and aspirations of all learners, including those with identified special needs, including learning difficulties/disabilities, should be considered and appropriate support mechanisms put in place.

Methods of Assessment

Centres must ensure that all internally assessed evidence is generated by each individual candidate. Where candidates do work in groups, it is important that the assessor is able to make an accurate assessment of each individual's contribution to the group.

Minimum requirements when assessing this unit

Certa expects that staff will be appropriately qualified to assess learners against the outcomes and criteria within the units. Generally teaching staff should be qualified and/or vocationally experienced to at least a level above that which they are teaching.

Evidence of Achievement

This unit has no prescribed assessment methods. Evidence for this unit may include, but is not limited to:

- Case study
- Written questions and answers
- Oral question and answer
- Report
- Professional discussion

It is good practice to use a range of assessment methods appropriate to meet the assessment criteria and the candidate's needs.

All evidence must be clearly signposted and made available for external moderation upon request.

Any photographic evidence must be appropriately annotated to clearly demonstrate the candidates' role and how it meets the assessment criteria.

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Additional Information

Additional guidance for delivering and assessing Certa qualifications and information about Internal Quality Assurance is available on the Certa Awards Website.

7. Motivational Interviewing Skills to Support Vulnerable Adults

Unit Reference	R/615/4595
Level	3
Credit Value	3
Guided Learning	21 hours
Unit Summary	This unit has two learning outcomes.

Learning Outcomes The learner will:	Assessment Criteria The learner can:
1. Understand the principles of motivational interviewing.	1.1. Explain the importance of developing a collaborative relationship between Link worker and client. 1.2. Identify the core conditions (Rogers, 1959) needed to build trust during the sessions. 1.3. Explain the difference between intrinsic and extrinsic motivation. 1.4. Give an overview of Motivational Interviewing as a counselling approach.
2. Understand the motivational interviewing skills used for social prescribing.	2.1. Demonstrate empathic listening skills with client. 2.2. Explain the importance of body language and physical cues. 2.3. Understand the appropriate use of probes, questions and challenges. 2.4. Develop a therapeutic plan with the client.

Supporting Unit Information

Motivational Interviewing Skills to Support Vulnerable Adults –
R/615/4595 – Level 3

Indicative Content

Note: Indicative content provides an indication of the scope for the Learning Outcomes and Assessment Criteria. It is intended as a resource to help guide the delivery and assessment of the unit. Indicative content is not a statement of material which must be covered and evidenced for assessment.

Learning Outcome 1: Understand the principles of motivational interviewing.

1.1 Identify where the intervention can occur within a Social Prescribing (SP) pathway. Recognise that the relationship between Link Worker and client is the most effective therapeutic tool for eliciting behaviour change. Show understanding of the importance of active listening as a skill.

1.2. Name and describe the core conditions of empathy, congruence and unconditional positive regard. Show an understanding of why the core conditions are key to building an effective trust relationship.

1.3. Demonstrate an understanding of the difference between intrinsic and extrinsic motivation. Give examples to illustrate the difference between the two. Explain why intrinsic motivation can be a powerful tool for eliciting behaviour change.

1.4. Show an understanding of the main principles of Motivational Interviewing (MI). Explain what is meant by 'developing discrepancy'. Show an understanding of the concept of ambivalence with relation to MI.

Learning Outcome 2: Understand the motivational interviewing skills used for social prescribing.

2.1 Explain the difference between empathy and sympathy. Show understanding of how the use of paraphrasing, open-ended questions and silence can be used to convey empathy. Show understanding of the importance of being able to 'sit' with what the client brings and resist the urge to 'fix it' or offer solutions.

2.2. Describe the different ways to use body language to engage with your client. Show understanding of how your client may communicate how

they are feeling using physical cues. Demonstrate use of bodily tools with your client.

2.3. Demonstrate probes/questions or challenges. Explain the difference between an open and closed question.

2.4. Describe how you can support your client in identifying an appropriate goal. Show that you can identify (with your client) possible barriers to achieving this goal. Describe the next steps that you and your client have agreed upon. Explain the importance of clarifying the number of sessions you will have with your client and when your time together will come to an end.

Resources

Motivational theory <http://www.businessballs.com/motivation.htm>

Teaching Strategies and Learning Activities

Centres should adopt a delivery approach which supports the development of their particular learners. The aims and aspirations of all learners, including those with identified special needs, including learning difficulties/disabilities, should be considered and appropriate support mechanisms put in place.

Methods of Assessment

Centres must ensure that all internally assessed evidence is generated by each individual candidate. Where candidates do work in groups, it is important that the assessor is able to make an accurate assessment of each individual's contribution to the group.

Minimum requirements when assessing this unit

Certa expects that staff will be appropriately qualified to assess learners against the outcomes and criteria within the units. Generally teaching staff should be qualified and/or vocationally experienced to at least a level above that which they are teaching.

Evidence of Achievement

This unit has no prescribed assessment methods. Evidence for this unit may include, but is not limited to:

- Case study
- Written questions and answers
- Oral question and answer
- Report
- Professional discussion

It is good practice to use a range of assessment methods appropriate to meet the assessment criteria and the candidate's needs.

All evidence must be clearly signposted and made available for external moderation upon request.

Any photographic evidence must be appropriately annotated to clearly demonstrate the candidates' role and how it meets the assessment criteria.

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Additional Information

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8. Supervision and Professional Support

Unit Reference	R/617/0702
Level	3
Credit Value	3
Guided Learning	21 hours
Unit Summary	This unit has seven learning outcomes.

Learning Outcomes The learner will:	Assessment Criteria The learner can:
1. Understand the boundary, ethical and confidentiality issues involved in supervision.	1.1. Identify appropriate issues and factors which affect the supervision process. 1.2. Explain the importance of confidentiality and when it may need to be broken. 1.3. Identify basic safeguarding principles and the benefits to both the Social Prescriber and the client.
2. Understand the different forms of supervision available.	2.1. Identify the different forms of supervision available. 2.2. Evaluate the differences between them taking into account the various models and structures.
3. Understand the differences between group and one-to-one supervision.	3.1. Evaluate own and others experiences in group and individual supervision.
4. Know own personal development needs in regard to supervision.	4.1. Evaluate own personal development needs with regard to supervision.

<p>5. Know the value of discussion and feedback in supervision.</p>	<p>5.1. Evaluate the value of discussion and feedback in supervision.</p> <p>5.2. Explain the term transactional analysis and how it can affect the value of discussion and feedback.</p>
<p>6. Understand Reflective Practice.</p>	<p>6.1. Explain the meaning of Reflective Practice and the various methods that can be used to put this into practice.</p> <p>6.2. Explain how this can be used to benefit future Social Prescribing work.</p>
<p>7. Know the limitations and boundaries of the link worker role in relation to the social prescribing cases brought to supervision.</p>	<p>7.1. Identify the range of issues brought to supervision.</p> <p>7.2. Evaluate the appropriateness and boundaries of the social prescribing cases brought to supervision.</p>

Supporting Unit Information

Supervision and Professional Support – R/617/0702 – Level 3

Indicative Content

Note: Indicative content provides an indication of the scope for the Learning Outcomes and Assessment Criteria. It is intended as a resource to help guide the delivery and assessment of the unit. Indicative content is not a statement of material which must be covered and evidenced for assessment.

Learning Outcome 1: Understand the boundary, ethical and confidentiality issues involved in supervision.

1.1 Issues and factors which affect the supervision process: trust, timing, planning, rapport, privacy, roles and responsibilities, understanding of the supervision role and function, previous experiences, issues to raise, confidence in supervisor, conflict, complexity of issues brought to supervision.

1.2 The importance of confidentiality and when it may need to be broken: maintenance and storage of personal information, safeguarding, non-disclosure. Confidentiality may need to be broken if: threat to self, threat to others, suspicion of abuse, legal duty.

1.3 Basic safeguarding principles and the benefits to both the Social Prescriber and the client: duty of care, monitoring, reporting and recording, observing, safety, security, consistency of approach, issues around consent, Deprivation of Liberty Safeguards, safety and security on both sides.

Learning Outcome 2: Understand the different forms of supervision available.

2.1 The different forms of supervision available: traditional, hierarchical, with team leader, with shared leadership, with coach or mentor, individual supervision, group supervision, clinical, line management, academic.

2.2 The differences between them taking into account the various models and structures: planning, outcomes, focus of supervision, sharing, issues to be discussed, boundaries, confidentiality, confidence in disclosing, the setting and meeting of aims and objectives.

Learning Outcome 3: Understand the differences between group and one-to-one supervision.

3.1 Own and others experiences in group and individual supervision: successful outcomes, confidence, achievement, feelings of being empowered, anxiety re: issues to be discussed/confidentiality, rapport with group, timings if some issues take longer than others, feedback, monitoring, evaluation.

Learning Outcome 4: Know own personal development needs in regard to supervision.

4.1 Own personal development needs with regard to supervision: areas of strength and areas for development, specific roles and responsibilities: supervision, accountability, maintaining competence, knowledge and skills, support networks and professional registration, quality procedures and outcomes, monitoring and evaluation of service, identification of roles and responsibilities, the requirement for qualifications, skills and competence.

Learning Outcome 5: Know the value of discussion and feedback in supervision.

5.1 The value of discussion and feedback in supervision: identifying and agreeing boundaries, interaction, exploration, debate, clarity, currency, review, evaluation, monitoring, forward planning.

5.2 The term transactional analysis and how it can affect the value of discussion and feedback: a definition of the term transactional analysis. The impact it can have on discussion and feedback: based around themes, solution focussed, spontaneity, collaboration, trust, commitment to change.

Learning Outcome 6: Understand Reflective Practice.

6.1 The meaning of Reflective Practice and the various methods that can be used to put this into practice: Gibbs (1998) reflective cycle, Johns (2000) Model for Structured Reflection, Rolfe's Framework for Reflective Practice, Kolb's experiential learning framework, Schon's reflection in action and reflection on action. Used for understanding the self, values, attitudes, approaches and behaviours against those required to carry out work role, to work with and collaborate effectively with others, to influence and change own and other's values, attitudes, approaches and behaviours, for evaluating and revising own practice and influencing organisational change, to keep current with knowledge and practice, operates as a continuous cycle.

6.2 How this can be used to benefit future Social Prescribing work: professional development and progression in career pathway, recognising own development and learning, building confidence in skills, keeping up to date with latest incentives, legislation, policy and best practice, contributing to developing a proficient and professional workforce, enabling the provision of quality services, meeting individual needs, safeguarding individuals, promoting dignity, diversity and inclusion.

Learning Outcome 7: Know the limitations and boundaries of the link worker role in relation to the social prescribing cases brought to supervision

7.1 The range of issues brought to supervision: knowledge, skills, competency, expertise, own values and feelings, identification of individual's needs, empowerment, inclusion, access to resources/activities, health and wellbeing benefits, reduction in need for services, resource allocation, effective and efficient use of resources, integration, engagement, case load management, patient feedback.

7.2 The appropriateness and boundaries of the social prescribing cases brought to supervision: confidentiality, safeguarding, opportunity for reflection/review, increased/reduced service provision and access, participation, inclusion, reduction in attendance at health services, reduction in demand for social services, roles and responsibilities, level of competence, remit of job role, support required by patient.

Resources

Armstrong, M. and Taylor, S. (2017) *Armstrong's Handbook of Human Resource Management Practice*. London: Sterling, V.A. Kogan Page.

Banks, S. (2012) *Ethics and Values in Social Work (Practical Social Work Series, 2012)*, 4e. Palgrave Macmillan.

Connor, M. and Pokora, J. (2012) *Coaching and Mentoring at work: Developing Effective Practice*. Open University Press.

Gopee, N. (2015) *Mentoring and Supervision in Healthcare (3rd Edition)*. Sage Publications.

Imison C, Castle-Clarke S and Watson R (2016) *Reshaping the workforce to deliver the care patients need*. Research Report. Nuffield Trust.

NHS Health Education England (2016). *Social prescribing at a glance*. NHS.

Scott, I and Spouse, J. (2013) Practice Based Learning in Nursing, Health and Social Care: Mentorship, Facilitation and Supervision (Advanced Healthcare Practice). Wiley–Blackwell.

Woolnough, H.M. and Fielden, S.L. (2017) Mentoring in Nursing and Healthcare: Supporting Career and Personal Development. Wiley-Blackwell.

Teaching Strategies and Learning Activities

Centres should adopt a delivery approach which supports the development of their particular learners. The aims and aspirations of all learners, including those with identified special needs, including learning difficulties/disabilities, should be considered and appropriate support mechanisms put in place.

Methods of Assessment

Centres must ensure that all internally assessed evidence is generated by each individual candidate. Where candidates do work in groups, it is important that the assessor is able to make an accurate assessment of each individual's contribution to the group.

Minimum requirements when assessing this unit

Certa expects that staff will be appropriately qualified to assess learners against the outcomes and criteria within the units. Generally teaching staff should be qualified and/or vocationally experienced to at least a level above that which they are teaching.

Evidence of Achievement

This unit has no prescribed assessment methods. Evidence for this unit may include, but is not limited to:

- Case study
- Written questions and answers
- Oral question and answer
- Professional discussion
- Reflective log/diary

It is good practice to use a range of assessment methods appropriate to meet the assessment criteria and the candidate's needs.

All evidence must be clearly signposted and made available for external moderation upon request.

Any photographic evidence must be appropriately annotated to clearly demonstrate the candidates' role and how it meets the assessment criteria.

Witness and observation statements must be specific and contain the name, signature and role of the witness / observer.

Additional Information

Additional guidance for delivering and assessing Certa qualifications and information about Internal Quality Assurance is available on the Certa Awards Website.

9. Working with Vulnerable Adults to provide Holistic Support

Unit Reference	Y/615/4601
Level	3
Credit Value	3
Guided Learning	21 hours
Unit Summary	This unit has three learning outcomes.

Learning Outcomes The learner will:	Assessment Criteria The learner can:
1. Understand how to support vulnerable adults.	1.1. Define the term 'vulnerable adult'. 1.2. Explain the roles and responsibilities involved in supporting a vulnerable adult. 1.3. Describe the barriers a vulnerable adult may experience in receiving support.
2. Understand legislation and policy informing the safeguarding of vulnerable adults.	2.1. Outline the legislative framework and policy guidance underpinning the safeguarding of vulnerable adults. 2.2. Explain the role of safeguarding when working with a vulnerable adult. 2.3. Identify sources of information and advice about safeguarding and protecting an individual from abuse.
3. Understand how to facilitate holistic support for vulnerable adults.	3.1. Define the term 'holistic support'. 3.2. Explain the holistic support a vulnerable adult might need in relation to their health and well-being. 3.3. Describe how to identify the most appropriate routes for support.

	<ul style="list-style-type: none">3.4. Explain how to establish an individual's needs in relation to their health and well-being.3.5. Identify sources of support in relation to any identified communication or access needs.3.6. Explain how to monitor and review the holistic support provided.
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Supporting Unit Information

Working with Vulnerable Adults to provide Holistic Support – Y/615/4601
– Level 3

Indicative Content

Note: Indicative content provides an indication of the scope for the Learning Outcomes and Assessment Criteria. It is intended as a resource to help guide the delivery and assessment of the unit. Indicative content is not a statement of material which must be covered and evidenced for assessment.

Learning Outcome 1: Understand how to support vulnerable adults.

1.1 The term 'vulnerable adult': a definition of the 'vulnerable adult'.

1.2. The roles and responsibilities involved in supporting a vulnerable adult: safeguarding, duty of care, risk management, inclusion, participation, involvement, autonomy, person-centred services, link person, case manager, carer, advocate.

1.3. The barriers a vulnerable adult may experience in receiving support: lack of services, limited support, ineffective communication, access to services, anxiety, knowledge.

Learning Outcome 2: Understand legislation and policy informing the safeguarding of vulnerable adults.

2.1 The legislative framework and policy guidance underpinning the safeguarding of vulnerable adults: the Care Act 2014, the Equality Act 2010, Safeguarding Vulnerable Groups Act 2006, the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DOLS), the Protection of Freedoms Bill, Public Interest Disclosure Act 1998, Government Statement of Policy on Adult Safeguarding (HM Government, 2013).

2.2. The role of safeguarding when working with a vulnerable adult: protection, risk management, harm reduction, reporting, recording, observation, monitoring, self-management, identification of risk.

2.3. Sources of information and advice about safeguarding and protecting an individual from abuse: social services, council, Safeguarding Adults Boards (SABs), advocates, inspectorate, police, health services.

Learning Outcome 3: Understand how to facilitate holistic support for vulnerable adults.

3.1 The term 'holistic support': a definition of 'holistic support'.

3.2. The holistic support a vulnerable adult might need in relation to their health and wellbeing: emotional support, psychological support, assessment, and support with access, effective communication, reporting, recording, continuity of service, consistency.

3.3. How to identify the most appropriate routes for support: assessment, communication, planning, review, evaluation, access to resource, empowerment, choice, flexibility.

3.4. How to establish an individual's needs in relation to their health and well-being: planning, assessment, effective communication, review of needs, observation, and carer input.

3.5. Sources of support in relation to any identified communication or access needs: use of aids/adaptations, augmentative and alternative communication, interpreter, translator, sign language, Braille.

3.6. How to monitor and review the holistic support provided: agreed ways of working, organisational policies and procedures, observation, collaboration, feedback, measurement of outcomes, achievement, access to support.

Resources

Personalised care and support planning handbook (NHS England and Coalition for Collaborative Care)

<https://www.england.nhs.uk/wp-content/uploads/2016/04/core-info-care-support-planning-1.pdf>

A guide to community-centred approaches for health and wellbeing (Public Health England and NHS England)

<https://www.gov.uk/government/publications/health-matters-health-and-wellbeing-community-centred-approaches/health-matters-community-centred-approaches-for-health-and-wellbeing>

National Voices (2013) Guide to care and support planning

www.nationalvoices.org.uk/what-care-and-support-planning

National Voices (2013) The narrative for person centred coordinated care

www.nationalvoices.org.uk/defining-integrated-care

Teaching Strategies and Learning Activities

Centres should adopt a delivery approach which supports the development of their particular learners. The aims and aspirations of all learners, including those with identified special needs, including learning difficulties/disabilities, should be considered and appropriate support mechanisms put in place.

Methods of Assessment

Centres must ensure that all internally assessed evidence is generated by each individual candidate. Where candidates do work in groups, it is important that the assessor is able to make an accurate assessment of each individual's contribution to the group.

Minimum requirements when assessing this unit

Certa expects that staff will be appropriately qualified to assess learners against the outcomes and criteria within the units. Generally teaching staff should be qualified and/or vocationally experienced to at least a level above that which they are teaching.

Evidence of Achievement

This unit has no prescribed assessment methods. Evidence for this unit may include, but is not limited to:

- Case study
- Written questions and answers
- Oral question and answer
- Report
- Professional discussion

It is good practice to use a range of assessment methods appropriate to meet the assessment criteria and the candidate's needs.

All evidence must be clearly signposted and made available for external moderation upon request.

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Additional Information

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Appendices

Recognition of Prior Learning, Exemption and Credit Transfer

Certa's policy enables learners to avoid duplication of learning and assessment in a number of ways:

- Recognition of Prior Learning (RPL) – a method of assessment that considers whether a learner can demonstrate that they can meet the assessment requirements for a unit through knowledge, understanding or skills they already possess and do not need to develop through a course of learning.
- Exemption - Exemption applies to any certificated achievement which is deemed to be of equivalent value to a unit within a Certa qualification but which does not necessarily share the exact learning outcomes and assessment criteria. It is the assessor's responsibility, in conjunction with the Internal Moderator, to map this previous achievement against the assessment requirements of the Certa qualification to be achieved in order to determine its equivalence.
- Any queries about the relevance of any certificated evidence, should be referred in the first instance to your centre's internal moderator and then to Certa.
- It is important to note that there may be restrictions upon a learner's ability to claim exemption or credit transfer which will be dependent upon the currency of the unit/qualification and a learner's existing levels of skill or knowledge.
- Where past certification only provides evidence that could be considered for exemption of part of a unit, learners must be able to offer additional evidence of previous or recent learning to supplement their evidence of achievement.
- Credit Transfer – Certa may attach credit to a qualification, a unit or a component. Credit transfer is the process of using certificated credits achieved in one qualification and transferring that achievement as a valid contribution to the award of another qualification. Units / Components transferred must share the same learning outcomes and assessment criteria along with the same unit number. Assessors must ensure that they review and verify the evidence through sight of:
 - original certificates OR
 - copies of certificates that have been signed and dated by the internal moderator confirming the photocopy is a real copy and make these available for scrutiny by the External Moderator.
- Equivalencies – opportunities to count credits from the unit(s) from other qualifications or from unit(s) submitted by other recognised organisations towards the place of mandatory or optional unit(s)

specified in the rule of combination. The unit must have the same credit value or greater than the unit(s) in question and be at the same level or higher.

Certa encourages its centres to recognise the previous achievements of learners through RPL, Exemption and Credit Transfer. Prior achievements may have resulted from past or present employment, previous study or voluntary activities.

Centres should provide advice and guidance to the learner on what is appropriate evidence and present that evidence to the external moderator in the usual way.

Further guidance can be found in 'Delivering and Assessing Qualifications' which can be downloaded from the Certa Awards Website.

Certification

Learners will be certificated for all units and qualifications that are achieved and claimed.

Certa's policies and procedures are available on the Certa Awards Website.

Glossary of Terms

Guided Learning (GL)

GL is where the learner participates in education or training under the immediate guidance or supervision of a tutor (or other appropriate provider of education or training). It may be helpful to think – 'Would I need to plan for a member of staff to be present to give guidance or supervision?'

GL is calculated at the unit/component level and added up at the qualification level.

Examples of guided learning include:

- Face-to-face meeting with a tutor
- Telephone conversation with a tutor
- Instant messaging with a tutor
- Taking part in a live webinar
- Classroom-based instruction
- Supervised work
- Taking part in a supervised or invigilated formative assessment
- The learner is being observed as part of a formative assessment.

TQT (Total Qualification Time)

'The number of notional hours which represents an estimate of the total amount of time that could reasonably be expected to be required, in order for a learner to achieve and demonstrate the achievement of the level of attainment necessary for the award of a qualification.' The size of a qualification is determined by the TQT.

TQT is made up of the GL plus all other time taken in preparation, study or any other form of participation in education or training but not under the direct supervision of a lecturer, supervisor or tutor.

TQT is calculated at qualification level and not unit/component level.

Examples of unsupervised activities that could contribute to TQT include:

- Researching a topic and writing a report
- Watching an instructional online video at home/e-learning
- Watching a recorded webinar
- Compiling a portfolio in preparation for assessment
- Completing an unsupervised practical activity or work
- Rehearsing a presentation away from the classroom
- Practising skills unsupervised
- Requesting guidance via email – will not guarantee an immediate response.