|  |  |  |
| --- | --- | --- |
| Unit Title: Assessment, implementation and review of assistive technology in social care | | |
| URN: L/506/8160 |  |  |
| Credit Value: 4 |  |  |
| Level: 4 |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Assessment Method** | **Evidence Ref.**  **Page number, Method** | **Assessor Decision**  **Sign and Date** |
| **You must be able to:** | | | |
| **1 Understand how legislation and regulatory procedures impact on the provision of assistive technology** | | | |
| 1.1 Analyse how assistive technology provision is affected by:  •legislation  •mental capacity  •regulatory procedures |  |  |  |
| **2 Understand how assistive technology can support independent living and individual wellbeing** | | | |
| 2.1 Critically compare assistive technology solutions for each of the following:  •communications  •wellbeing  •employment  •finance  •keeping safe  •travel  •social networking |  |  |  |
| 2.2 Research developments in assistive technology |  |  |  |
| 2.3 Compare how assistive technology can improve outcomes for different individuals including:  •independence  •wellbeing |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Assessment Method** | **Evidence Ref.**  **Page number, Method** | **Assessor Decision**  **Sign and Date** |
| **3 Be able to carry out assessment for assistive technology** | | | |
| 3.1 Support an individual and others to review assistive technology in relation to their:  •strengths  •needs  •options |  |  |  |
| 3.2 Use assessment to identify assistive technology solutions which preserve dignity for an individual |  |  |  |
| 3.3 Support an individual to express their informed choice about assistive technology considering:  •merits of different solutions  •impact of different solutions  •concerns an individual has |  |  |  |
| 3.4 Assess the suitability of the home emvironment for assistive technology |  |  |  |
| 3.5 Undertake risk assessment for the assistive technology to cover:  •social  •safeguarding  •financial  •operability  •data protection |  |  |  |
| 3.6 Use agreed processes to establish consent when an individual is not able to express informed consent for themselves |  |  |  |
| 3.7 Record outcomes of assessment according to agreed ways of working |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Assessment Method** | **Evidence Ref.**  **Page number, Method** | **Assessor Decision**  **Sign and Date** |
| **4** **Be able to support an individual and others to implement assistive technology** | | | |
| 4.1 Offer advice and guidance in relation to assistive technology procurement including:  •solution options  •cost  •availability  •sourcing  •funding options |  |  |  |
| 4.2 Support an individual and others to measure impact of assistive technology |  |  |  |
| 4.3 Support an individual and others to understand roles and responsibilities regarding contractual obligations |  |  |  |
| 4.4 Evaluate support measures available to individuals using assistive technology to maintain their independence |  |  |  |
| 4.5 Establish contingency plans for assistive technology provision to address areas identified in risk assessment |  |  |  |
| 4.6 Develop a strategy for on-going assessment and review according to agreed ways of working |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Assessment Method** | **Evidence Ref.**  **Page number, Method** | **Assessor Decision**  **Sign and Date** |
| **5** **Be able to work in partnership with an individual and others to review provision of assistive technology** | | | |
| 5.1 Review the provision of assistive technology with an individual and others including:  •feedback from an individual and others  •assessed risk |  |  |  |
| 5.2 Record review process and outcomes according to agreed ways of working |  |  |  |

**Learner declaration of authenticity:**

I declare that the work presented for this unit is entirely my own work.

Learner signature: Date:

**Assessor sign off of completed unit:**

I confirm that the learner has met the requirements for all assessment criteria demonstrating knowledge and skills for this unit.

Assessor name:

Signature: Date: