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| Unit Title: Support individuals with multiple conditions and/or disabilities | | |
| URN: T/601/5253 |  |  |
| Credit Value: 5 |  |  |
| Level: 5 |  |  |

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|  | **Assessment Method** | **Evidence Ref.**  **Page number, Method** | **Assessor Decision**  **Sign and Date** |
| **You must be able to:** | | | |
| **1 Understand the implications of multiple conditions and/or disabilities for the individual** | | | |
| 1.1 Explain the correlation between conditions and  • disability  • gender  • age  • ethnicity  • socio-economic status |  |  |  |
| 1.2 Explain how multiple conditions and/or disabilities can impact on the individual |  |  |  |
| 1.3 Make recommendations for modifications to service delivery that can result in improved outcomes for individuals with multiple conditions and/or disabilities |  |  |  |
| **2 Be able to support an individual with multiple conditions and/or disabilities** | | | |
| 2.1 Work collaboratively with the individual and/or others to support the individual |  |  |  |
| 2.2 Provide advice and expertise to support the assessment and/or referral of an individual with multiple conditions and/or disabilities |  |  |  |
| 2.3 Use referral processes to secure services for the individual |  |  |  |

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|  | **Assessment Method** | **Evidence Ref.**  **Page number, Method** | **Assessor Decision**  **Sign and Date** |
| **3 Be able to develop others to support the individual with multiple conditions and/or disabilities** | | | |
| 3.1 Advise and inform others about the implications of multiple conditions |  |  |  |
| 3.2 Devise strategies to improve the practice of others  • at and individual level  • at an organisational level |  |  |  |
| **4 Be able to review service provision in respect of individuals with multiple conditions and/or disabilities** | | | |
| 4.1 Reflect on own role in relation to providing a service for individuals with multiple conditions and/or disabilities |  |  |  |
| 4.2 Evaluate, with others, the extent to which provision meets the needs of individuals with multiple conditions and/or disabilities |  |  |  |
| 4.3 Implement actions agreed as a result of evaluation within own role |  |  |  |

**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: