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| Unit Title: Support others to understand models of disability and their effects on working practice with children and young people | | |
| URN: R/506/8158 |  |  |
| Credit Value: 2 |  |  |
| Level: 4 |  |  |

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|  | **Assessment Method** | **Evidence Ref.**  **Page number, Method** | **Assessor Decision**  **Sign and Date** |
| **You must be able to:** | | | |
| **1 Understand models of disability.** | | | |
| 1.1 Identify conditions, impairments and difficulties commonly subsumed under the term disability. |  |  |  |
| 1.2 Compare theoretical models of disability. |  |  |  |
| 1.3 Explain how the application of different models of disability can be experienced in the lives of children and young people. |  |  |  |
| 1.4 Explain how different models of disability shape organisational structures and outcomes. |  |  |  |
| **2 Be able to review how models of disability underpin organisational practice with children and young people.** | | | |
| 2.1 Explain how policies, procedures and working practices are underpinned by a model of disability. |  |  |  |
| 2.2 Review the effectiveness of current policies, procedures and working practices in actively promoting empowerment and participation. |  |  |  |
| 2.3 Use the review to propose improvements to policies, procedures and working practices. |  |  |  |

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|  | **Assessment Method** | **Evidence Ref.**  **Page number, Method** | **Assessor Decision**  **Sign and Date** |
| **3 Be able to develop others’ awareness of models of disability.** | | | |
| 3.1 Plan activities that increase others’ understanding of  •models of disability  •how they are experienced by children and young people  •how models of disability shape organisational structure and ways of working |  |  |  |
| 3.2 Implement planned activities. |  |  |  |
| 3.3 Review the outcomes of planned activities. |  |  |  |

**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: