# National end of life qualifications and Six Steps Programme

Core unit mapping tool for learning providers





National end of life qualifications and Six Steps Programme - Core unit mapping tool for learning providers
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#### Introduction

In 2012 a range of national end of life qualifications was developed by Skills for Care in conjunction with employers, learning providers, awarding organisations and people who use services. This was a direct response to the publication of the National End of Life strategy in 2008 and the subsequent framework for social care published by the National End of Life Care Programme in 2010. The framework Supporting people to live and die well (2010) recognises that social care providers are central to the effective delivery of the end of life strategy and highlights the need 'to educate and train social care workers to deliver high quality end of life care'. The qualifications developed are for those working in social care and can equip workers not only to recognise end of life situations but to manage them more effectively, working in partnership with the individuals, their families and carers and other organisations to deliver the best quality of care. The take up of these is increasing as social care workers recognise the important role they have to play.

The Six Steps Programme was originally developed in the North West as a programme of learning for care homes to develop awareness and knowledge of end of life care. It has been implemented in other settings to much acclaimed success and is now being adopted throughout the country as many learning providers have seen the potential for use within their own localities. The programme has since been adapted for a range of different settings and groups across the country, including domiciliary care, secure hospitals and sheltered housing, with 'add ons' around dementia and learning disability. Originally the programme was developed as a tool for 'organisational change' within care settings.

St. Luke's Hospice, Plymouth has adapted the original Six Step Programme to include a path for the individual to ensure that individual workers gained the knowledge and skills as individuals to become the end of life champion within the care setting. In addition due to requests from the pilot programme extra workshops on end of life care for those with dementia and learning disabilities and this is known as the Six Step + Programme. Also St Luke's developed a Six Steps + hospice accreditation for those organisations that had successfully completed the steps and had demonstrated their individual and organisational practice through portfolios and practice visits. This is now a locally recognised end of life quality mark for care homes and other organisations. Managers of organisations and commissioners wanted something that had resonance with the local population, which could demonstrate that their procedures and practices met the relevant end of life quality markers.

#### **End of life qualifications**

The qualifications available are:

- Level 2 Award in Awareness of End of Life Care a single unit award designed to provide a basic understanding of end of life care for those who work in the health and social care sector.
- Level 3 Award in Awareness of End of Life Care made up of three mandatory units to support the learner to develop understanding of how to provide support to individuals and their families in end of life care, and in particular during the last days of life.
- Level 3 Certificate in Working in End of Life Care supports the learner to further develop their understanding of end of life care, especially around advance care planning to develop specific communication skills and to demonstrate competence in managing symptoms and pain in end of life care and supporting individuals with loss and grief before death and in their spirituality.
- Level 5 Certificate in Leading and Managing Services to Support End of Life and Significant Life Events a continuing professional development (CPD) qualification to support managers to demonstrate how they can lead and manage end of life care services that promote positive experiences for individuals and their families at the end of life.

The qualifications are aimed at **all** learners in health and social care with an interest in end of life care and the impact on individuals, their carers and families.

They also build on the Common Core Competences and Principles for End of Life Care, joint work carried out by Skills for Care and Skills for Health to underpin learning and development for health and social care workers in end of life care.

The qualifications can be downloaded at: <a href="https://www.skillsforcare.org.uk/eolquals">www.skillsforcare.org.uk/eolquals</a>.

The end of life care qualifications can attract **funding** from Skills for Care's Workforce Development Fund which will help make the delivery of both the end of life qualifications and the Six Steps Programme more sustainable, promoting good end of life care in health and social care. For more information visit: <a href="https://www.skillsforcare.org.uk/wdf">www.skillsforcare.org.uk/wdf</a>.

## Core units referred to in this mapping tool

Skills for Care unit reference number	Unit title	Knowledge/	Level	Credit size	OfQual* reference	Aw	ard	Certi	ficate
reference number		competence		Size	number	L2	L3	L3	L5
EOL 201	Understand how to work in end of life care	knowledge	2	3	A/503/8085				
EOL 301	Understand how to provide support when working in end of life care	knowledge	3	4	Y/503/8689				
EOL 302	Managing symptoms in end of life care	competence	3	3	Y/503/8644				
EOL 303	Understand advance care planning	knowledge	3	3	A/503/8135				
EOL 304	Support the spiritual wellbeing of individuals	competence	3	3	M/503/8133				
EOL 305	Support individuals with loss and grief before death	competence	3	2	D/503/8645				
EOL 306 (barred combination with EOL 307)	Support individuals during the last days of life	competence	4	5	F/503/8685				
EOL 307 (barred combination with EOL 306)	Understand how to support individuals during last days of life	knowledge	3	3	J/503/8137				
EOL 308	End of life and dementia care	knowledge	3	2	F/503/8704				
HSC 3029	Support individuals with specific communication needs	competence	3	5	T/601/8282				
EOL 501	Lead and manage end of life care services	competence	5	7	T/503/8134				
EOL 502	Lead a service that supports individuals through significant life events	competence	5	4	L/503/8138				

<sup>\*</sup> Register of qualifications: The OfQual database contains all qualifications and units written for the QCF for every sector. Details of these units can be found at: <a href="http://register.ofqual.gov.uk/">http://register.ofqual.gov.uk/</a>



#### How does the Six Steps Programme link to the national end of life qualifications?

Whilst having a quality mark is very useful to commissioners and organisations, learners do not gain any educational credits for working through the Six Steps Programme. In order to address this, St Luke's Hospice Plymouth has been working with Skills for Care to map the Six Steps Programme to the core units in the end of life care qualifications. This publication is the result of this work to support individuals to map their evidence produced during a Six Step programme to the National end of Life qualifications in discussion with their assessors.

The mapping tool will enable organisations to demonstrate how learning outcomes in the programme can produce evidence that could be used for assessment towards core units in end of life qualifications so learners undertaking the programme can gain educational credits.

For each step in the programme the tool demonstrates the mapping for both the individual and the organisational criteria. It also includes the dementia unit that St. Luke's deliver in their Six Steps + programme as this clearly links to two units on the qualifications and credit framework (QCF) - End of Life and Dementia Care and Support individuals with specific communication needs.

In addition the detailed summary in appendix 2 highlights those particular units where evidence produced could be of sufficient standard to fully meet certain assessment criteria during completion of the Six Steps Programme.

#### Six steps supporting the national qualifications in end of life care

The resource demonstrates how evidence produced in the organisational portfolio in the Six Steps Programme may be used to support learning outcomes and assessment criteria within the level 5 certificate when discussed with the awarding assessor. However if only the organisational portfolio is completed evidence towards the level 2 and level 3 qualifications is limited. A worker would need to be able to demonstrate their own practice to gain more evidence for these level 2 and level 3 qualifications. This can be supported through the **individual** portfolio in the Six Steps Programme. Some Six Steps Programme providers only deliver the organisational portfolio so this may not fully support the gaining of evidence for the level 2 nd level 3 qualifications.

This resource tool contains mapping for both the individual and the organisational criteria.

#### Using the mapping to support accreditation

In order to ensure this evidence is acceptable, hospices and learning providers delivering the Six Steps Programme must work in partnership with accredited assessment centres who are registered with awarding organisations. Only assessors registered with these centres can confirm that the evidence produced supports the learning outcomes and assessment criteria within the core units.

It is likely that evidence produced through Six Steps will only be a part of the end of life qualification but it will be a significant part. In some cases, learning providers may decide to add to the Six Steps Programme to support learners achieve all the evidence required for one or more of the end of life qualifications - or agree with an accredited centre what can be delivered by the Six Steps provider and what can be delivered by the accredited centre.

Even if learning providers themselves are not wishing to take the Six Steps Programme further for their learners, it is important that learners themselves are directed towards the national end of life qualifications and are made aware that accreditation may be possible for their learning. This will encourage learners to undertake qualifications to further consolidate their learning.

#### The end of life care pathway: six steps

The National End of Life Strategy (DH 2008) produced the following end of life pathway diagram to highlight the six steps required to provide good end of life care. The Six Steps Programme is based on the steps identified below:

Step 1 Step 2 Step 3 Step 4 Step 5 Step 6 Delivery of high Discussions as Assessment, Co-ordination Care in the last quality services Care after death the end of life care planning days of life of care in a care home approaches and review Co-ordination Recognition that Open, honest Dignified Identification of Conduct end of life care communication. an holistic of working with environment. the dying phase. does not stop Identifying primary and Treat with dignity Review of needs assessment. and preferences at the point of triggers for Agreed care community and respect. plan and regular health services. Access support for place of discussion. death. review of needs ambulance/ from other health Timely death. verification and and preferences. and social care Support for both transport Assessing needs patient and certification of services and services. death or referral social care. Making best use of carers. carer. Recognition of Co-ordination of of resources. to coroner. individual patient wishes regarding • Care and resuscitation and support of care. Create adequate organ donation. carer and family, including communication systems across emotional care settings. and practical bereavement support. Social care Spiritual care services

Support for careers and families

Information for patients and carers

# **STEP 1: Discussions as the end of life approaches**

Six Steps: Step	1 - Individual criteria							
Six	steps programme		National end of life care qualifications					
Learning outcomes	Quality assessment criteria	Core units	Level	Learning outcome	Assessment criteria			
1. Understands the aims, principles and policies of end of life care and can identify when a person is at end of life.	Reflect on an end of life discussion you or a colleague has had with an individual:  how did you/they identify they were at end of life (use end of life triggers)?  how was the conversation/communication	201	2	Know different perspectives on death and dying.	<ul> <li>1.1 Outline the factors that can affect an individual's views on death and dying.</li> <li>1.2 Outline the factors that can affect own views on death and dying.</li> <li>1.3 Outline how the factors relating to views on death and dying can impact on practice.</li> <li>1.4 Define how attitudes of others may influence an individual's choices around death and dying.</li> </ul>			
2. Is able to hold conversations about advance planning for end of life care with clients and their families, demonstrating understanding of the various factors and	<ul> <li>facilitated?</li> <li>identify any relevant cultural/spiritual factors</li> <li>what were they most concerned about?</li> <li>what verbal and non-verbal cues were used?</li> <li>did they express any feelings of loss or grief?</li> <li>how did you or</li> </ul>	301	3	<ul><li>2. Understand the aims, principles and policies of end of life care.</li><li>1. Understand current approaches to end of life care.</li></ul>	<ul> <li>2.1 Explain the aims and principles of end of life care.</li> <li>2.2 Explain why it is important to support an individual in a way that promotes their dignity.</li> <li>1.1 Analyse the impact of national and local drivers on current approaches to end of life care.</li> <li>1.2 Evaluate how a range of tools for end of life care can support the individual and others.</li> <li>1.3 Analyse the stages of the local end of life care pathway.</li> </ul>			
influences that can affect an individual's end of life choices.	others react to this conversation?  how did it shape their end of life care – what did you do after the conversation/recording, registers?	305	3	2. Be able to support individuals and others through their experience of loss and grief.	<ul> <li>2.1 Support individuals and others to identify the losses they may experience.</li> <li>2.2 According to their preferences and wishes support individuals and others to communicate the losses they may experience.</li> <li>2.3 Support the individual and others through each stage of grief they experience.</li> <li>2.4 Support individuals and others experiencing loss and grief to access support services.</li> </ul>			

1. Individual cr	1. Individual criteria continued										
Six	x steps programme		National end of life care qualifications								
Learning outcomes	Quality assessment criteria	Core units	Level	Learning outcome	Assessment criteria						
2. Is able	It is important that the end of	3029	3	3. Be able to interact	3.1 Prepare the environment to facilitate communication.						
to hold conversations about advance	life conversation is holistic and for this reason it may cover a number of criteria.		with individuals using their prefered communication.	3.2 Use agreed methods of communication to interact with the individual.							
planning for end of life care	Training of Gritoria.				3.3 Monitor the individual's responses during and after the interaction to check the effectiveness of communication.						
with clients and their families, demonstrating			301 3 3. Understand factors regarding communication for	3.4 Adapt own practice to improve communication with the individual.							
understanding of the various factors and influences that		301		factors regarding communication for	3.1 Explain the principles of effective listening and information giving, including the importance of picking up on cues and non-verbal communication.						
can affect an individual's end of life choices.					3.2 Explain how personal experiences of death and dying may affect capacity to listen and respond appropriately.						
of the choices.					3.3 Give examples of internal and external coping strategies for individuals and others when facing death and dying.						
						3.4 Explain the importance of ensuring effective channels of communication are in place with others.					
		201	2	3. Understand factors regarding	3.1 Explain how an individual's priorities and the ability to communicate may vary over time.						
				communication in end of life care	3.2 Explain your role in responding to key questions and cues from individuals and others regarding their end of life experience.						
					3.3 Describe how you might respond to difficult questions from individuals and others. 3.4 Outline strategies to manage emotional responses from individuals and others.						
					3.5 Explain the importance of sharing appropriate information according to the principles and local policy on confidentiality and data protection.						

Six Steps: Step	Six Steps: Step 1 - Organisational criteria											
Si	x steps programme			Nat	ional end of life care qualifications							
Learning outcomes	Quality assessment criteria	Core units	Level	Learning outcome	Assessment criteria							
1. Evidence an organisational	Produce a policy which follows the six steps end of	501	5	Be able to apply current legislation	1.1 Summarise current legislation relating to the provision of best practice end of life care services.							
end of life policy.	life pathway and includes a process for including client and others as appropriate			and policy in end of life care in order to develop end of life	1.2 Apply local and national policy guidance for end of life care to the setting in which you work.							
	in advance care planning, mental capacity assessment			services.	1.3 Analyse legal and ethical issues relating to decision making at end of life.							
	and best interest decision making. Policies include staff learning and development,				1.4 Explain how issues of mental capacity could affect end of life care.							
	staff support and policies and procedures to support this.	501 5				staff and others	5.1 Describe how a shared vision for excellent end of life care services can be supported.					
						in the delivery of excellence in the end of life care service.	5.2 Implement strategies to empower staff involved in the delivery of end of life care to ensure positive outcomes for individuals and others.					
					5.3 Support others to use a range of resources as appropriate to manage own feelings when working in end of life care.							
					5.4 Support staff and others to comply with legislation, policies and procedures.							
2. Ensure there are practice	Demonstrate practice systems/tools for identifying	501	5	2. Understand current theory	2.3 Analyse how a range of tools for end of life care can support the individual and others.							
systems/ tools in place	residents at end of life and recording information within			and practice underpinning end of	2.4 Explain the pathway used by your local health authority.							
for identifying individuals in end of life phase.	the organisation (e.g. end of life dashboards/RAG).		life care.	2.5 Critically reflect on how the outcomes of national research can affect your workplace practices.								

# **STEP 2:** Assessment care planning and review

	steps programme		Six Steps: Step 2 - Individual criteria										
•		National end of life care qualifications											
	Quality assessment criteria	Core units	Level	Learning outcome	Assessment criteria								
undertake/ support advanced care planning (ACP)  2. yo	. Produce a completed advanced care plan PCC) and any supporting documentation.  2. Through reflection on rour use of advanced care planning, demonstrate your	303	3	1. Understand the principles of advance care planning.	<ol> <li>1.1 Describe the difference between a care or support plan and an advance care plan.</li> <li>1.2 Explain the purpose of advance care planning.</li> <li>1.3 Identify the national, local and organisational agreed ways of working for advance care planning.</li> <li>1.4 Explain the legal position of an advance care plan.</li> <li>1.5 Explain what is involved in an 'advance decision to refuse</li> </ol>								
en do ad	end of life systems and documentation supporting advance care planning				treatment'.  1.6 Explain what is meant by a 'do not attempt cardiopulmonary resuscitation' (DNACPR) order.								
1.1 Knows how to use systems and documentation supporting ACP (Electronic/ Palliative Care Record Systems, Prefered Priorities of	electronic/palliative care ecord systems, preferred priorities of care, advanced decision to refuse treatment, mental capacity assessments, use of lasting power of attorney or independent mental capacity advocate services).  8. Ensure your reflection demonstrates your knowledge of consent issues to share information.	303	3	2. Understand the process of advance care planning.	<ul> <li>2.1 Explain when advance care planning may be introduced.</li> <li>2.2 Outline who might be involved in the advance care planning process.</li> <li>2.3 Describe the type of information an individual may need to enable them to make informed decisions.</li> <li>2.4 Explain how to use legislation to support decision-making about the capacity of an individual to take part in advance care planning.</li> <li>2.5 Explain how the individual's capacity to discuss advance care planning may influence their role in the process</li> <li>2.6 Explain the meaning of informed consent.</li> <li>2.7 Explain own role in the advance care planning process.</li> <li>2.8 Identify how an advance care plan can change over time.</li> <li>2.9 Outline the principles of record keeping in advance care planning.</li> <li>2.10 Describe circumstances when you can share details of the advance care plan.</li> </ul>								

2. Individual cri	2. Individual criteria continued										
Six	x steps programme			Nat	ional end of life care qualifications						
Learning outcomes	Quality assessment criteria	Core units	Level	Learning outcome	Assessment criteria						
1.1 Knows how to use	It is important that advance care planning is holistic and	303	3	3. Understand the person centred	3.1 Describe the factors that an individual might consider when planning their advance care plan.						
systems and documentation supporting	for this reason it may cover a number of criteria.		approach to advance care planning.	3.2 Explain the importance of respecting the values and beliefs that impact on the choices of the individual.							
ACP (Electronic/					3.3 Identify how the needs of others may need to be taken into account when planning advance care.						
Palliative Care Record Systems, Prefered							3.4 Outline what actions may be appropriate when an individual is unable to or does not wish to participate in advance care planning.				
Priorities of care, advanced decision					3.5 Explain how individual's care or support plan may be affected by an advance care plan.						
to refuse treatment,		301	301 3	)1 3		6. Understand advance care	6.1 Explain the difference between a care or support plan and an advance care plan.				
lasting power of attorney).				planning. 6.2 Identify where to find additional information care planning.	6.2 Identify where to find additional information about advance care planning.						
					6.3 Describe own role in advance care planning.						
					6.4 Explain why, with their consent, it is important to pass on information about the individual's wishes, needs, and preferences for their end of life care.						

2. Individual crite	eria continued						
Six	steps programme		National end of life care qualifications				
Learning outcomes	Quality assessment criteria	Core units	Level	Learning outcome	Assessment criteria		
2. Demonstrates awareness	2. Produces completed documentation showing	304	3	1. Understand the importance	1.1 Outline different ways in which spirituality can be defined.		
of holistic assessment of	assessment and/or review of holistic care needs of client		Individuals.	1.2 Define the difference between spirituality and religion.			
the care needs	at end of life (these should			1.3 Describe different aspects of spirituality.			
of individuals at end of	include completed holistic assessments including an				1.4 Explain how spirituality is an individual experience.		
life including	assessment of spirituality,				1.5 Explain how spirituality defines an individual's identity.		
spirituality, religious needs.	religious needs).				1.6 Outline the links between spirituality, faith and religion.		
Teligious fieeus.					1.7 Explain how an individual's current exploration of spirituality may be affected by their previous experience of spirituality, faith or religion.		
		304	3	2. Be able to assess the spiritual needs of	2.1 Support the individual to identify their spiritual needs and how and by whom these can be addressed.		
						an individual.	2.2 Identify how an individual's emphasis on spirituality may vary at different stages of their life experience.
					2.3 Take action to ensure that the individual's spiritual wellbeing is recognised appropriately in their care plan.		
		304	3	3. Understand the impact of values and beliefs on own	3.1 Analyse how your own values and beliefs may impact on others when communicating about the individual's spiritual wellbeing.		
				and an individual's spiritual wellbeing.	3.2 Identify how the values and beliefs of others may impact on the individual.		
					3.3 Identify the effects on own values and beliefs when meeting the spiritual needs of individuals and others.		
		304	3	4. Be able to support individuals' spiritual wellbeing.	4.1 Access resources and information to support the individual's spiritual wellbeing.		

2. Individual crite	2. Individual criteria continued										
Six	steps programme			Natio	ional end of life care qualifications						
Learning outcomes	Quality assessment criteria	Core units	Level	Learning outcome	Assessment criteria						
2. Understands the main principles of mental capacity assessment and best interest decision making.	Record or reflective account demonstrating consideration of mental capacity issues within the assessment/review process (should include evidence of awareness of how to assess care needs of individual lacking mental capacity).	303	3	2. Understand the process of advance care planning.	<ul><li>2.4 Explain how to use legislation to support decision-making about the capacity of an individual to take part in advance care planning.</li><li>2.5 Explain how the individual's capacity to discuss advance care planning may influence their role in the process.</li></ul>						

Six Steps: Step 2	Six Steps: Step 2 - Organisational criteria.										
Six	steps programme			Natio	nal end of life care qualifications						
Learning outcomes	Quality assessment criteria	Core units	Level	Learning outcome	Assessment criteria						
1. Ensure that all individuals,	access to advanced care	access to advanced care		501	5	3. Be able to lead and manage	3.3 Use effective communication to support individuals at end of life and others.				
especially those who have been identified as 1.2 Demonstrate how			effective end of life care services.	3.4 Use effective mediation and negotiation skills on behalf of the individual who is dying.							
approaching end of life and their families, are involved in advanced care planning	information/events on advanced care planning is available for clients and their families/significant others.	501	5	5. Be able to support staff and others in the delivery of excellence in the end of life care service.	5.6 Access appropriate learning and development opportunities to equip staff and others for whom you are responsible.						
discussions around end of life care, if they so		502	5	1. Be able to implement organisational	1.1 Ensure systems and structures in your setting enable and demonstrate acceptance for cultural diversity, individual wishes, needs and preferences.						
wish.				systems and procedures necessary to	1.2 Ensure organisational systems and procedures uphold person centred approaches.						
				support individuals experiencing	1.4 Implement effective communication systems which promote open, sensitive and appropriate communication.						
				significant life events.	1.9 Explain how to resolve tensions or conflicts that may arise for individuals experiencing significant life events, their families and carers.						

## **STEP 3: Co-ordination of care**

	- Individual criteria									
Six steps programme			National end of life care qualifications							
Learning outcomes	Quality assessment criteria	Core units	Level	Learning outcome	Assessment criteria					
1. Understands and undertakes/	and undertakes/ how you have acted as or supports the role of the key worker clients at end of life, including	302	3	2. Be able to manage symptoms	2.1 Demonstrate a range of techniques to provide symptom relief.					
				of end of life care.	2.2 Describe own role in supporting therapeutic options used in symptom relief.					
of life.	Tarringe, carere.				2.3 Respond to an individual's culture and beliefs in managing their symptoms.					
					2.4 Actively support the comfort and well being in end of life care.					
					2.5 Recognise symptoms that identify the last few days of life may be approaching.					
2. Aware of roles of other health	2.1 Evidence of a Treatment Escalation Plan (TEP) or	302	3	4. Be able to integrate symptom	4.1 Explain how symptom management is an important part of the care planning process.					
and social care professionals involved in the	similar tool.  2.2 Use of RAG (Red, Amber,			management in the care management process.	4.2 Regularly monitor symptoms associated with end of life care.					
care of those at end of life and	Green) system.  2.3 Update end of life status				4.3 Report changes in symptoms according to policies and procedures in own work setting.					
how to contact them as needed.	on end of life register.				4.4 Support the implementation of changes in the care plan.					

3. Individual criter	ria continued									
Six	steps programme		National end of life care qualifications							
Learning outcomes	Quality assessment criteria	Core units	Level	Learning outcome	Assessment criteria					
3. Able to identify and respond	3.1 Reflective account of your involvement and care in	302	3	1. Understand the effects of symptoms	1.1 Identify a range of conditions where you might provide end of life care.					
appropriately when a client's condition is	identifying that an individual's condition was changing as end of life approached			in relation to end of life care.	1.2 Identify common symptoms associated with end of life care.					
changing as end of life approaches,	including:				1.3 Explain how symptoms can cause an individual distress and discomfort.					
including liaison with external agencies.	what change in symptoms did you observe?				1.4 Evaluate the significance of the individual's own perception of their symptoms.					
	what liaison with external agencies occurred?			3. Understand how to manage	3.1 Identify signs that may indicate that an individual is experiencing pain.					
	evidence of relevant assessments e.g. pain scales in order to review			symptoms of pain.	3.2 Describe factors that can influence an individual's perception of pain.					
	and manage symptom control.  describe the non-medical				3.3 Describe a range of assessment tools for monitoring pain in individuals, including those with cognitive impairment.					
	comfort measures used.				3.4 Explain how to maintain regular pain relief.					
		301	3	5. Understand how symptoms might be identified in end of	5.1 Identify a range of symptoms that may be related to an individual's condition, pre-existing conditions and treatment itself.					
				life care.	5.2 Describe how symptoms can cause an individual and others distress and discomfort.					
					5.3 Describe signs of approaching death.					
					5.4 Identify different techniques for relieving symptoms.					

Six Steps: Step 3	Six Steps: Step 3 - Organisational criteria									
Six	steps programme			Natio	onal end of life care qualifications					
Six Steps quality requirements	Quality assessment criteria	Core units	Level	Learning outcome	Assessment criteria					
1. Policy including system for ensuring that all staff members and external health and social care professionals are fully informed of plan of care.	Evidence of RAG system and communication systems in end of life policy.	501	5	4. Be able to establish and maintain key relationships to lead and manage end of life care.	<ul> <li>4.1 Identify key relationships essential to effective end of life care.</li> <li>4.2 Analyse the features of effective partnership working within your work setting.</li> <li>4.3 Implement shared decision making strategies in working with individuals at end of life and others.</li> <li>4.4 Analyse how partnership working delivers positive outcomes for individuals and others.</li> </ul>					
2. Documentation showing that a key worker is identified and involved with all residents approaching end of life.	Key worker role clearly identified in end of life policy.				<ul> <li>4.5 Initiate and contribute to multi-disciplinary assessments.</li> <li>4.6 Explain how to overcome barriers to partnership working.</li> <li>4.7 Access specialist multi-disciplinary advice to manage complex situations.</li> </ul>					

3. Organisational criteria continued							
Six	steps programme			Natio	nal end of life care qualifications		
Six Steps quality requirements	Quality assessment criteria	Core units	Level	Learning outcome	Assessment criteria		
3. Up to date key contact list to enable referral	Evidence of contact list in office or in clients' paper work.	502	5	2. Be able to ensure sufficient and appropriate	2.1 Ensure appropriate staffing and skills levels that would be necessary to respond to individuals experiencing significant life events.		
and information sharing with external health	Evidence of referrals to other services.			resources to support individuals experiencing	2.3 Identify specialist resources that may be required in supporting individuals experiencing significant life events.		
and social care professionals as needed.			significant life events.	2.4 Develop collaborative working partnerships with other key services and resources to support individuals experiencing significant life events.			
					2.5 Implement effective methods for sharing information with other services as appropriate.		
4. Information on systems in place to support communication with external health and social care professionals in response to changes in a client's condition as end of life approaches.	Evidence of systems for updating details of changing status of individual in the palliative care register within the end of life policy.	502	5	1. Be able to implement organisational systems and procedures to support individuals experiencing significant life events	<ul> <li>1.7 Describe how your organisational systems and procedures can respond to the particular and future needs, wishes and preferences of individuals experiencing significant life events.</li> <li>1.8 Analyse how the service operates in ways which promote active participation for those you support, their families and carers.</li> </ul>		

# **STEP 4: Delivery of high quality care**

Six Steps: Step 4	Six Steps: Step 4 - Individual criteria								
Six	steps programme		National end of life care qualifications						
Learning outcomes	Quality assessment criteria	Core units	Level	Learning outcome	Assessment criteria				
1. Understands the importance of privacy, dignity and respect for individual clients and their families.	Illustrate by providing example(s) of how you have acted as End of Life Champion, showing how you have influenced change and promoted dignity for individuals at end of life.	201	2	2. Understand the aims, principles and policies of end of life care.	2.2 Explain why it is important to support an <b>individual</b> in a way that promotes their dignity.				
2. Able to undertake role of End of Life Champion, promoting high quality care for those at end of life.	Illustrate by providing example(s) of acting as End of Life Champion, showing your involvement in facilitating end of life training for a team or individual.	301	3	4. Understand how to support those involved in end of life care situations.	<ul> <li>4.1 Describe possible emotional effects on staff working in end of life care situations.</li> <li>4.2 Evaluate possible sources of support for staff in end of life situations.</li> <li>4.3 Identify areas in group care situations where others may need support in end of life care situations.</li> <li>4.4 Outline sources of emotional support for others in end of life care situations.</li> </ul>				
3. Aware of resources to use to support team and own development needs.	Produce evidence of your involvement with audit, evaluation of services and/ or significant event analysis aimed at improving quality of end of life care.								

Six Steps: Step 4 - Organisational criteria										
Six	steps programme			Natio	nal end of life care qualifications					
Six Steps quality requirements	Quality assessment criteria	Core units	Level	Learning outcome	Assessment criteria					
1. Policy includes commitment to promoting dignity for clients and their families as end of life approaches.	Policy examples of how dignity is promoted for clients at end of life. Examples of dissemination of learning from End of Life Champion to other staff (for instance agenda/minutes of staff meetings, details of training sessions).	501	5	5. Be able to support staff and others in the delivery of excellence in the end of life care service.	<ul><li>5.7 Explain the importance of formal and informal supervision practice to support the staff and volunteers in end of life care.</li><li>5.8 Provide feedback to staff on their practices in relation to end of life care.</li></ul>					
2. System for analysing staff end of life care training needs and accessing resources to address these.	Evidence of training needs analysis/performance development review process (or similar tool) for end of life skills.	502	5	2. Be able to ensure sufficient and appropriate resources to support individuals experiencing significant life events.	2.2 Provide staff and others for whom you are responsible with appropriate learning opportunities to enable them to respond sensitively to individuals experiencing significant life events.					

4. Organisational	I. Organisational criteria continued								
Six	steps programme			Natio	nal end of life care qualifications				
Six Steps quality requirements	Quality assessment criteria	Core units	Level	Learning outcome	Assessment criteria				
3. Evidence of a quality and best practice culture in end of life, with a commitment to auditing standards at end of life.	3.1 Documentation showing how organisation evaluates/ audits end of life care and uses significant event analysis (should include completed pre and post course post death audit).  3.2 Statement signed by manager demonstrating commitment to ongoing support for the role of End of Life Champion.	502	5	1. Be able to implement organisational systems and procedures necessary to support individuals experiencing significant life events.  3. Be able to lead and manage effective end of life care service.	<ul> <li>1.5 Implement reporting and recording systems which safeguard people you support in line with national and local agreed ways of working.</li> <li>1.6 Ensure administrative arrangements for legal or financial issues are in line with legal requirements.</li> <li>3.1 Explain the qualities of an effective leader in end of life care.</li> <li>3.8 Use a range of tools for end of life care to measure standards through audit and after death analysis.</li> </ul>				
		501	5	6. Be able to continuously improve the quality of the end of life care service.	<ul> <li>6.1 Analyse how reflective practice approaches can improve the quality of end of life care services.</li> <li>6.2 Critically reflect on methods for measuring the end of life care service against national indicators of quality.</li> <li>6.3 Use outcomes of reflective practice to improve aspects of the end of life care service.</li> </ul>				

# **STEP 5: Care in the last days of life**

Six Steps: Step 5 - Individual criteria								
Six	steps programme			Natio	nal end of life care qualifications			
Learning outcomes	Quality assessment criteria	Core units	Level	Learning outcome	Assessment criteria			
<ol> <li>Knows how care for someone in the last days of life.</li> <li>Knows how to use end of life pathways to promote the best possible care to those in last days of life.</li> </ol>	care for someone in the last days of life.  2.Knows how to use end of life pathways to promote the best possible care to those in last days  contribution to care of resident and their family while on a pathway, including evidence demonstrating your ability to assess, review and manage client's comfort needs within last days of life (this will usually be completed pathway documentation) and how their advanced care planning needs	306	3	1. Understand the impact of the last days of life on the individual and others  2. Understand how to respond to common symptoms in the last days of life	<ol> <li>1.1 Describe psychological aspects of the dying phase for the individual and others.</li> <li>1.2 Analyse the impact of the last days of life on the relationships between individuals and others.</li> <li>2.1 Describe the common signs of approaching death.</li> <li>2.2 Explain how to minimise the distress of symptoms related to the last days of life.</li> <li>2.3 Describe appropriate comfort measures in the final hours of life.</li> <li>2.4 Explain the circumstances when life-prolonging treatment can be stopped or withheld. Identify the signs that death has occurred.</li> </ol>			
	If you have not been involved with a patient on the a pathway provide a reflective account of how you feel the pathway would have contributed to the care of a dying patient where you were involved in care and how you met their advance care planning needs.			3. Be able to support individuals and others during the last days of life	<ul> <li>3.1 Demonstrate a range of ways to enhance an individual's wellbeing during the last days of life.</li> <li>3.2 Work in partnership with others to support the individual's well-being.</li> <li>3.3 Describe how to use a range of tools for end of life care according to agreed ways of working.</li> <li>3.4 Support others to understand the process following death according to agreed ways of working.</li> </ul>			
			4. Be able to respond to changing needs of an individual during the last days of life	<ul> <li>4.1 Explain the importance of following the individual's advance care plan in the last days of life.</li> <li>4.2 Record the changing needs of the individual during the last days of life according to agreed ways of working.</li> <li>4.3 Support the individual when their condition changes according to agreed ways of working.</li> </ul>				

5. Individual criteria continued									
Six	steps programme		National end of life care qualifications						
Learning outcomes	Quality assessment criteria	Core units	Level	Learning outcome	Assessment criteria				
See previous	See previous	307	3	3. Know how to support individuals	3.1 Describe a range of ways to enhance an individual's wellbeing during the last days of life.				
				and others during the last days of life.	3.2 Explain the importance of working in partnership with key people to support the individual's wellbeing during the last days of life.				
					3.3 Describe how to use an integrated care pathway according to agreed ways of working.				
					3.4 Define key information about the process following death that should be made available to appropriate people according to agreed ways of working.				
3. Is able to Reflective account showing your involvement in supporting families and carers during the	304	3	4. Be able to support individuals' spiritual wellbeing.	4.2 Contribute to the creation of an environment that enables individuals to express aspects of their spiritual wellbeing.					
cultural needs of clients as part of their end of life	clients as part of				4.3 Support the individual to take the opportunities to explore and express themselevs in ways that support their spiritual wellbeing.				
care	their loss and grief reactions				4.4 Support the individual to participate in their chosen activities to support their spiritual wellbeing.				
	<ul> <li>describe your involvement in identifying and responding to</li> </ul>				4.5 Access any additional expertise required to meet the individual's spiritual needs.				
	individuals' spiritual and cultural needs				4.6 Outline the benefits of working in partnership with faith and non-religious communities to support the spiritual needs and preferences of the individual.				
4. Is able to take part in care for	<ul><li>identify how you supported the individual's changing communication</li></ul>	305	3	Understand the impact of loss and	1.1 Describe what is meant by loss and grief before reaching end of life.				
individuals and their families in	individuals and needs			grief on individuals approaching end of life and others.	1.2 Explain how the experience of loss and grief is unique to individuals and others.				
last days of file					1.3 Describe stages of loss and grief commonly experienced by individuals with a life-limiting illness.				
					1.4 Describe the effects of loss and grief on individuals and others.				

5. Individual criter	5. Individual criteria continued						
Six	steps programme	National end of life care qualifications					
Learning outcomes	Quality assessment criteria	Core units	Level	Learning outcome	Assessment criteria		
See previous	See previous See previous	301	3	2. Understand an individual's response to their anticipated death	<ul> <li>2.1 Evaluate models of loss and grief</li> <li>2.2 Describe how to support the individual throughout each stage of grief</li> <li>2.3 Explain the needs to explore with each individual their own specific areas of concern as they face death</li> </ul>		
	305	3	3. Be able to manage own feelings in relation to loss and grief	<ul><li>3.1 Describe how own feelings about loss and grief can impact on the support provided</li><li>3.2 Use support systems to manage own feelings brought on by loss and grief</li></ul>			
5. Can identiy the signs to indentify when an individual has died	If appropriate to role, evidence verification of death training certificate. Otherwise use reflective account to demonstrate understanding of signs and symptoms as someone approaches death.	307	3	1. Understand common features of supprt during the last days of life  2. Understand the impact of the last days of life on the individual and others	<ul> <li>1.1 Describe the commons signs of approaching death</li> <li>1.2 Define the circumstances when life-prolonging treatment can be stopped or withheld</li> <li>1.3 Analyse the importance of any advance care plan in the last days of life</li> <li>1.4 Identify the signs that death has occured</li> <li>2.1 Describe the possible psychological aspects of the dying phrase for the individuals and others</li> <li>2.2 Explain the impact of the last days of life on the relationships between idividuals and others</li> <li>2.3 Possible changing needs of the individual during the last days of life.</li> </ul>		

Six Steps: Step 5	Six Steps: Step 5 - Organisational criteria								
Six	steps programme		National end of life care qualifications						
Six Steps quality requirements	Quality assessment criteria	Core		Learning outcome	Assessment criteria				
End of life     policy including	Documentation showing how clients who are dying are	502	5	3. Be able to ensure staff can respond	3.1 Support staff and others to accept and respect the emotions associated with major life changes and loss.				
use of care pathway.	entered onto a care pathway for the dying			to individuals experiencing significant life events.	3.2 Support staff and others to accept and respond sensitively to individuals wishes, choices and spiritual needs.				
2. All staff receive annual training	Training record of staff attendance at care pathway			significant life events.	3.3 Support staff to monitor individuals emotional, behavioural, psychological or physical changes.				
on use of care pathway for the dying.	for the dying update in last year.				3.4 Support staff and others to communicate effectively in response to individuals experiencing significant life events.				
Gymig.	Processes are in place to review all transfers into and out of home setting for clients				3.5 Implement systems and procedures for staff to be able to seek additional guidance and information where they are faced with a situation which is outside of their own expertise.				
	approaching the end of life.				3.6 Provide appropriate support systems for staff and others to help them to manage the impact of their work on their own emotional and physical needs.				
3. End of life policy includes the process for recording clients'	Documentation recording clients' spiritual or cultural preferences and how they were respected in last days of	502	5	1. Be able to implement organisational systems and procedures necessary to support individuals experiencing	1.1 Describe how your organisational systems and procedures can respond to the particular and future needs, wishes and preferences of individuals experiencing significant life events				
spiritual or cultural preferences and how these are respected in last	life.  Evidence of faith/spiritual leaders on individuals contact				1.2 Analyse how the service operates in ways which promote active participation for those you support, their families and carers				
days of life.  4. End of life policy	list if identified.  Documentary evidence in the			significant life events.	1.3 Explain how to resolve tensions or conflicts that may arise for individuals experiencing significant life events, their families and carers.				
promotes involving families and	policy.				larilles and carers.				
significant others in some aspects of the care giving and in discussions, as death is	Evidence of letter from families with regard to support they have received.								
approaching.									

### **STEP 6: Care after death**

Six Steps: Step 6	Six Steps: Step 6 - Individual criteria							
Six	steps programme			Natio	onal end of life care qualifications			
Learning outcomes	Quality assessment criteria	Core units	Level	Learning outcome	Assessment criteria			
1. Understands how to care for the body after	A reflective account of your involvement in after-death care, including support of	306	3	5. Be able to work according to national guidelines,	5.1 Implement actions immediately after a death that respect the individual's preferences and wishes according to agreed ways of working.			
death in line with cultural and religious	families or others. Ensure your reflection illustrates the following:			local policies and procedures, taking into account	5.2 Provide care for the individual after death according to national guidelines, local policies and procedures.			
preferences.	<ul> <li>how you emotionally supported families and</li> </ul>			preferences and wishes after the death of the	5.3 Explain the importance of following the advance care plan to implement the individual's preferences and wishes for their after-death care.			
2. Able to provide appropriate	important others after the death of a client  how you signposted			individual.	5.4 Follow agreed ways of working relating to prevention and control of infection when caring for and transferring a deceased person.			
support to families and important others after the death of a	them/arranged information on funeral, religious and spiritual and bereavement support				5.5 Explain ways to support others immediately following the death of the individual.			
client, including information on funeral, religious	services  how you cared for the body after death, what procedures you followed include any advanced care plan wishes.	307	3	4. Understand the actions to be taken following an individual's death.	4.1 Explain national guidelines, local policies and procedures relating to care after death.			
and spiritual and bereavement					4.2 Explain the importance of being knowledgeable about an individual's wishes for their after-death care.			
support services.					4.3 Explain the importance of acting in ways that respect the individual's wishes immediately after death.			
					4.4 Describe agreed ways of working relating to prevention and control of infection when caring for and transferring a deceased person.			
					4.5 Describe ways to support others immediately following the death of a close relative or friend.			

6. Individual crite	6. Individual criteria continued								
Six	steps programme		National end of life care qualifications						
Learning outcomes	Quality assessment criteria	Core units	Level	Learning outcome	Assessment criteria				
3. Aware of support needs of other residents (care homes only) and staff after the death of a resident.	Produce evidence on how the residents are involved after the death of another resident – e.g. notices, special memorial coffee mornings, etc.	502	5	1. Be able to implement organisational systems and procedures necessary to support individuals experiencing significant life events.	<ul> <li>1.1 Describe how your organisational systems and procedures can respond to the particular and future needs, wishes and preferences of individuals experiencing significant life events</li> <li>1.2 Analyse how the service operates in ways which promote active participation for those you support, their families and carers</li> <li>1.3 Explain how to resolve tensions or conflicts that may arise for individuals experiencing significant life events, their families and carers.</li> </ul>				
4. Identifies own needs to support and maintain role in end of life care.	Reflective account on how you have coped following the death of a resident/individual you have cared for. Identify any support systems.	306	3	6. Be able to manage own feelings in relation to an individual's dying or death.	<ul><li>6.1 Identify ways to manage own feelings in relation to an individual's death.</li><li>6.2 Use support systems to manage own feelings in relation to an individual's death.</li></ul>				
		307	3	5. Know how to manage own feelings in relation to an individual's dying or death.	<ul><li>5.1 Define possible impact of an individual's death on own feelings.</li><li>5.2 Identify available support systems to manage own feelings in relation to an individual's death.</li></ul>				

Six Steps: Step 6 - Organisational criteria								
Six	steps programme		National end of life care qualifications					
Six Steps quality requirements	Quality assessment criteria	Core units	Level	Learning outcome	Assessment criteria			
1. End of life policy including care of the body after death as appropriate.	Evidence of Last Offices policy.	501	5	1. Be able to apply current legislation and policy in end of life care in order to develop end of life services.	1.2 Apply local and national policy guidance for end of life care to the setting in which you work.			
2. End of life policy includes support of relatives, significant others,	Information available for relatives and significant others on funeral, religious and spiritual and bereavement support services.	501	5	2. Understand current theory and practice underpinning end of life care.	2.1 Describe the theoretical models of grief, loss and bereavement.			
	Examples of provision of suitable support for relatives after death.	501	5	3. Be able to lead and manage effective end of life care services.	3.2 Manage own feelings and emotions in relation to end of life care, using a range of resources as appropriate.			
		502	5	3. Be able to ensure staff can respond to individuals experiencing significant life event.	3.6 Provide appropriate support systems for staff and others to help them to manage the impact of their work on their own emotional and physical needs.			

# Six Steps + Dementia module

Six Steps + Deme	entia module - Individual criter	ia							
Six	steps programme		National end of life care qualifications						
Six Steps quality requirements	Quality assessment criteria	Core units	Level	Learning outcome	Assessment criteria				
1. Understands dementia disease trajectory and how tools can be used to monitor level of cognitive ability.  2. Able to identify when to have advance care planning conversations with clients and their families.	Produce a reflective account of an advanced care planning conversation with an individual with dementia.  demonstrating your understanding of their disease trajectory and level of cognition and end of life dementia triggers.  Produce the advanced care planning documentation illustrating your knowledge of the Mental Capacity Act (2005) demonstrating use of mental capacity assessments, a best interest meeting, including application of best interest principles, use of lasting power of attorney and independent mental capacity advocate services as appropriate.	308	3	1. Understand considerations for individuals with dementia at end of life.  3. Understand how to support carers of individuals with dementia at end of life.	<ol> <li>1.1 Outline in what ways dementia can be a terminal illness.</li> <li>1.2 Compare the differences in the end of life experience of an individual with dementia to that of an individual without dementia.</li> <li>1.3 Explain why it is important that end of life care for an individual with dementia must be person-centred.</li> <li>1.4 Explain why individuals with dementia need to be supported to make advance care plans as early as possible.</li> <li>3.1 Explain why carers may experience guilt and stress at the end of life of an individual with dementia.</li> <li>3.2 Describe ways of supporting carers to understand how the end of life process may differ for individuals with dementia.</li> <li>3.3 Describe how others caring for individuals with dementia may experience loss and grief.</li> <li>3.4 Describe ways of supporting carers when difficult decisions need to be made for individuals with dementia at end of life.</li> <li>3.5 Give examples of how to support carers and others to support an individual with dementia in the final stages of their life.</li> </ol>				

Individual criteria	continued							
Six	steps programme		National end of life care qualifications					
Six Steps quality requirements	Quality assessment criteria	Core units	Level	Learning outcome	Assessment criteria			
3. Able to identify triggers indicating	A reflective account of caring for someone at end of life with		3	1. Understand considerations for	1.1 Outline in what ways dementia can be a terminal illness.			
that a person with dementia may be at end of life.	dementia.			individuals with dementia at end of life.	1.2 Compare the differences in the end of life experience of an individual with dementia to that of an individual without dementia.			
					1.3 Explain why it is important that end of life care for an individual with dementia must be person-centred.			
					1.4 Explain why individuals with dementia need to be supported to make advance care plans as early as possible.			
4. Can use appropriate assessment tools for pain and nutrition for people with dementia.	Provide example(s) of your involvement in assessing and managing pain and/ or nutrition of individual with dementia, including completed assessment tools.	308	3	2. Understand how to support individuals with dementia affected by pain and distress at end of life.	2.1 Explain why pain in individuals with dementia is often poorly recognised and under treated. 2.2 Describe ways to assess whether an individual with dementia is in pain or distress. 2.3 Describe ways to support individuals with dementia to manage their pain and distress at end of life using medication and non-medication techniques.			
5. Knows how to effectively communicate with someone with dementia.	Provide a reflective account of how you have overcome a communication difficulty with a dementia client. Identify the strategies used.	HSC 3029	3	1. Understand specific communication needs and factors affecting them.	<ol> <li>1.1 Explain the importance of meeting an individual's communication needs.</li> <li>1.2 Explain how own role and practice can impact on communication with an individual who has specific communication needs.</li> <li>1.3 Analyse features of the environment that may help or hinder communication.</li> <li>1.4 Analyse reasons why an individual may use a form of communication that is not based on a formal language system.</li> <li>1.5 Identify a range of communication methods and aids to support individuals to communicate.</li> <li>1.6 Describe the potential effects on an individual of having unmet communication needs.</li> </ol>			

Individual criteria	a continued								
Six	steps programme		National end of life care qualifications						
Six Steps quality requirements	Quality assessment criteria	Core units	Level	Learning outcome	Assessment criteria				
See previous		HSC 3029	3	<ul> <li>2. Be able to contribute to establishing the nature of specific communication needs of individuals and ways to address them.</li> <li>3. Be able to interact with individuals using their preferred communication.</li> </ul>	<ul> <li>2.1 Work in partnership with the individual and others to identify the individual's specific communication needs.</li> <li>2.2 Contribute to identifying the communication methods or aids that will best suit the individual.</li> <li>2.3 Explain how and when to access information and support about identifying and addressing specific communication needs.</li> <li>3.1 Prepare the environment to facilitate communication.</li> <li>3.2 Use agreed methods of communication to interact with the individual.</li> <li>3.3 Monitor the individual's responses during and after the interaction to check the effectiveness of communication.</li> <li>3.4 Adapt own practice to improve communication with the</li> </ul>				
				4. Be able to promote communication between individuals and others.  =6. Be able to	individual.  4.1 Support the individual to develop communication methods that will help them to understand others and be understood by them.  4.2 Provide opportunities for the individual to communicate with others.  4.3 Support others to understand and interpret the individual's communication.  4.4 Support others to be understood by the individual by use of agreed communication methods.				
				review an individual's communication needs and the support provided to address them.	<ul> <li>6.1 Collate information about an individual's communication and the support provided.</li> <li>6.2 Contribute to evaluating the effectiveness of agreed methods of communication and support provided.</li> <li>6.3 Work with others to identify ways to support the continued development of communication.</li> </ul>				

## Appendix 1: Summary of Six Steps/end of life core units mapped to learning outcomes

This table provides an overview of the core unit learning outcomes which relate to the Six Steps + programme. For detailed mapping, refer to appendix 2 which maps core unit assessment criteria against the Six Steps + programme

	Ste	p 1	Ste	p 2	Ste	p 3	Ste	ep 4	Ste	o 5	Ste	ep 6	+ dem	entia
Core unit	Individual	Organisation												
EOL 201	1,2,3						2							
EOL 301	1,3		6		5		4		2					
EOL 302					1,2,3,4									
EOL 303			1,2,3											
EOL 304			1,2,3,4						4					
EOL 305	2								1,3					
EOL 306									1,2,3,4		5,6			
EOL 307									1,2,3		4,5			
EOL 308													1,2,3	
HSC 3029	3												1,2,3,4,6	
EOL 501		1,2,5		3,5		4		3,5,6		2		1,2,3		
EOL 502				1		1,2		1,2		1,3		3		

# Appendix 2: Detailed summary of Six Steps/end of life core unit criteria mapping

	STEP 1: Discussion as end of life approaches									
	Individual		Organisational							
CORE unit	Learning outcome	Assessment criterion	CORE unit	Learning outcome	Assessment criterion					
201	1	Fully mapped	501	1	Fully mapped					
	2 Fully mapped			2	3,4,5					
	3	Fully mapped		5	1,2,3,4					
301	1,3	Fully mapped								
305	2	Fully mapped								
3029	3	Fully mapped								

STEP 2: Assessment, care planning								
	Individual		Organisational					
CORE unit	Learning outcome	Assessment criterion	CORE unit	Learning outcome	Assessment criterion			
301	6	Fully mapped	501	3	3,4			
303	1	Fully mapped		5	6			
	2	Fully mapped	502	1	1,2,4,9			
	3	Fully mapped						
304	1	Fully mapped						
	2	Fully mapped						
	3	Fully mapped						
	4	Fully mapped						

	STEP 3: Co-ordination of care									
	Individual			Organisational						
CORE unit	Learning outcome	Assessment criterion	CORE unit	Learning outcome	Assessment criterion					
301	5	Fully mapped	501	4	Fully mapped					
302	1	Fully mapped	502	1	7,8					
	2	Fully mapped		2	1,3,4,5					
	3	Fully mapped								
	4	Fully mapped								

STEP 4: Assessment, care planning								
	Individual Organisational							
CORE unit	Learning outcome	Assessment criterion	CORE unit	Learning outcome	Assessment criterion			
201	2	2	501	3	1,8			
301	4	Fully mapped		5	7,8			
				6	Fully mapped			
			502	1	5,6			
				2	2			

	STEP 5: Care in last few days of life								
	Individual		Organisational						
CORE unit	Learning outcome	Assessment criterion	CORE unit	Learning outcome	Assessment criterion				
301	2	Fully mapped	502	1	Fully mapped				
304	4	Fully mapped		3	Fully mapped				
305	1	Fully mapped							
	3	Fully mapped							
306	1	Fully mapped							
	2	Fully mapped							
	3	Fully mapped							
	4	Fully mapped							
307	1	Fully mapped							
	2	Fully mapped							
	3	Fully mapped							

STEP 6: Care after death									
	Individual		Organisational						
CORE unit	Learning outcome	Assessment criterion	CORE unit	Learning outcome	Assessment criterion				
306	5	Fully mapped	501	1	2				
	6	1,2		2	1				
307	4	Fully mapped		3	2				
	5	1,2	502	3	6				
502	1	Fully mapped							

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