

YMCA Level 3 Award in Supporting Participation in Physical Activity:

- Disability and Impairment (610/1559/3)
- Older Adult (610/1668/8)
- Perinatal (610/0829/1)

Operational start date: 01/04/2023

Qualification Specification



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YMCA Level 3 Award in Supporting Participation in Physical Activity:

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Qualification Specification

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Introduction

Y Awards Ltd, has a long and respected history as the first UK awarding organisation to specialise in health and fitness qualifications, launching in 1998 as CYQ.

We're experts in education, health, and wellbeing with over 25 years of experience developing UK-regulated and globally recognised qualifications.

We work closely with industry experts, employers, and training providers to make sure that our products and services deliver life-changing opportunities. With over half a million qualifications awarded, 400,000 people have advanced their careers with the Y Awards Ltd.

Aim

YMCA Level 3 Award in Supporting Participation in Physical Activity: Disability and Impairment

The aim of this qualification is to provide learners with the knowledge and skills necessary to support inclusive working in a physical activity setting. These essential elements are required for industry recognition as an instructor of physical activity and exercise for individuals with disabilities and impairments.

This qualification will enable learners to recognise the challenges that individuals with disabilities and impairments experience when attending a physical activity setting and when participating in physical activity and exercise.

YMCA Level 3 Award in Supporting Participation in Physical Activity: Older Adults

The aim of this qualification is to provide learners with the knowledge to support healthy ageing through the engagement with physical activity and exercise. This includes building knowledge of other services available to support the diverse health and wellbeing needs of the ageing population.

This qualification will develop knowledge to plan and adapt exercise and physical activity to meet the diverse needs of older adults who are already active and healthy and those at early stages of transitioning/declining health.

Please note: To work with individuals at later stages of 'transitioning', such as those with declining health, multiple health conditions, 'frailer' older adults with mobility and functional limitations and/or a risk of falling, then additional training and qualifications are recommended.

Information regarding scope of practice and screening tools that can be used as a **guide** to help identify individuals whose needs are within scope of practice and those who have needs beyond scope are provided in appendix 2.

YMCA Level 3 Award in Supporting Participation in Physical Activity: Perinatal

The aim of this qualification is to provide learners with the knowledge to support exercise, physical activity, health, and wellbeing during the perinatal period (pregnancy and postnatal). This includes when and how to signpost to other services (when necessary).

It will also allow the learner to programme exercise and physical activity sessions appropriate for healthy perinatal participants without complications.

Progression opportunities

This qualification can lead to further training at the same and/or higher levels in a range of qualifications. For example:

- YMCA Level 2 Award in Supporting Participation in Physical Activity: Chair-Based Exercise (600/5924/2)
- YMCA Level 3 Award in Supporting Participation in Physical Activity: Older adults (610/1668/8)
- YMCA Level 3 Award in Supporting Participation in Physical Activity: Disability and Impairment (610/1559/3)
- YMCA Level 3 Award in Supporting Participation in Physical Activity: Perinatal (610/0829/1)
- YMCA Level 3 Award in Emergency First Aid at Work (603/1902/1)
- YMCA Level 3 Award in First Aid at Work (603/1903/3)
- YMCA Level 3 Diploma in Exercise Referral (603/3103/3).

Stakeholder engagement

These qualifications are mapped and endorsed against the following Chartered Institute for the Management of Sport and Physical Activity (CIMSPA) professional standards:

Qualification	CIMSPA Professional standard(s)
YMCA Level 3 Award in Supporting Participation in Physical Activity: Disability and Impairment (610/1559/3)	Working inclusively (working with disabled people) There are two routes through this qualification. To fully meet the requirements of the working inclusively (working with disabled people) professional standard, learners must complete three units (one from Group A, one from Group B and one from Group C). Safeguarding adults and adults at risk All learners completing Group B, will fully meet the requirements of the safeguarding adults and adults at risk professional standard.
YMCA Level 3 Award in Supporting Participation in Physical Activity: Older adults (610/1668/8)	CIMSPA Endorsed CPD (no professional standard) Learners will meet the requirements for CIMSPA Awarding Organisation Partner Endorsed CPD.
YMCA Level 3 Award in Supporting Participation in Physical Activity: Perinatal (610/0829/1)	Working with antenatal and postnatal clients There are two routes through this qualification. Both routes fully meet the requirements of the working with antenatal and postnatal clients professional standard.

Entry requirements, prerequisites, and availability

This qualification has been designed for learners who:

- Are 16+ years old.
- Hold an appropriate sport/exercise or fitness qualification mapped to a CIMSPA occupational professional standard.
- Are able to communicate effectively with individuals and groups.

In order to have developed teaching skills and confidence, it is recommended that learners have at least six months experience planning and delivering exercise sessions before taking this qualification.

Learners can take these qualifications in:

Location	Regulated by
England	Ofqual
Northern Ireland	CCEA Regulation
Wales	Qualifications Wales
Other UK regions and outside of the UK	Ofqual

Grading and structure

YMCA Level 3 Award in Supporting Participation in Physical Activity: Disability and Impairment (610/1559/3)

This qualification is graded Pass or Refer.

To achieve a pass, learners must complete the following:

- One unit from Group A: Underpinning knowledge.
- One unit from Group B: Safeguarding adults and adults at risk.

To **fully** meet the requirements of the CIMSPA working inclusively (working with disabled clients) professional standard, learners must also complete:

- One unit from Group C: Optional unit.

Group A: Underpinning knowledge

UN	Unit title	Level	GLH
R/650/4351	Principles of working inclusively with individuals with disabilities and impairments	3	13

Group B: Safeguarding adults and adults at risk

UN	Unit title	Level	GLH
T/650/2408	Category 1: A basic awareness of safeguarding adults and adults at risk	2	7
Y/650/2409	Category 2: An essential understanding of safeguarding adults and adults at risk for anyone with responsibilities for participants' welfare	2	10
F/650/2410	Category 3: A strategic understanding of safeguarding adults and adults at risk	2	11

Group C: Optional unit

Learners completing this unit will be acknowledged with the addition of the term 'practitioner' on their certificate to confirm that they have demonstrated relevant skills delivering exercise for this population.

UN	Unit title	Level	GLH
T/650/4352	Planning and delivering exercise for individuals with disabilities and impairments	3	15

Choosing the right safeguarding category for your role

The table below outlines the appropriate category based on the level of contact with adults and adults at risk aligned with different roles and responsibilities within the sector.

Role	Category 1: A basic awareness of safeguarding adults and adults at risk	Category 2: An essential understanding of safeguarding adults and adults at risk for anyone with responsibilities for participants' welfare	Category 3: A strategic understanding of safeguarding adults and adults at risk
Minimal contact with adults and adults at risk for anyone in a sport or activity organisation.	X		
Anyone with the responsibilities for participants' welfare, and who has contact with adults and adults at risk.		X	
Anyone with the responsibilities for receiving concerns and making safeguarding referrals.		X	
Managerial/board/senior level of employment or role with responsibility for recruitment decisions.			X

The guided learning hours (GLH) and total qualification time (TQT) for this qualification are:

	GLH	TQT
YMCA Level 3 Award in Supporting Participation in Physical Activity: Disability and Impairment (Groups A and B)	21-25	43-50
YMCA Level 3 Award in Supporting Participation in Physical Activity: Disability and Impairment (Practitioner) (Group A, B and C)	36-40	88-95

YMCA Level 3 Award in Supporting Participation in Physical Activity: Older Adults (610/1668/8)

This qualification is graded Pass or Refer.

To achieve a pass, learners must complete the following:

- Two units from Group A: Underpinning knowledge.

Learners may also complete an optional unit to demonstrate their delivery skills:

- One unit from Group B: Optional unit.

Group A: Underpinning knowledge

UN	Unit title	Level	GLH
T/650/4640	Healthy ageing and role of physical activity and exercise	3	10
Y/650/4641	Programming and adapting exercise for older adults	3	9

Group B: Optional unit

Learners completing this unit will be acknowledged with the addition of the term ‘practitioner’ on their certificate to confirm that they have demonstrated relevant skills delivering exercise for this population.

UN	Unit title	Level	GLH
A/650/4642	Delivering exercise for older adults	3	6

The guided learning hours (GLH) and total qualification time (TQT) for this qualification are:

	GLH	TQT
YMCA Level 3 Award in Supporting Participation in Physical Activity: Older Adults (Group A)	19	48
YMCA Level 3 Award in Supporting Participation in Physical Activity: Older Adults (Practitioner) (Groups A and B)	25	60

YMCA Level 3 Award in Supporting Participation in Physical Activity: Perinatal (610/0829/1)

This qualification is graded Pass or Refer.

To achieve a pass, learners must complete the following:

- Two units from Group A: Underpinning knowledge.

Learners may also complete an optional unit to demonstrate their delivery skills:

- One unit from Group B: Optional unit.

Group A: Underpinning knowledge

UN	Unit title	Level	GLH
K/650/2431	Supporting perinatal physical activity, exercise, health, and wellbeing	3	17
L/650/2432	Programming exercise and physical activity for perinatal participants	3	13

Group B: Optional unit

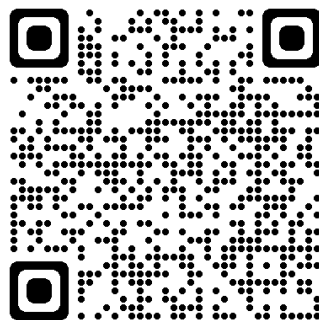
Learners completing this unit will be acknowledged with the addition of the term ‘practitioner’ on their certificate to confirm that they have demonstrated relevant skills delivering exercise for this population.

UN	Unit title	Level	GLH
K/650/4296	Delivering exercise for perinatal participants	3	4

The guided learning hours (GLH) and total qualification time (TQT) for this qualification are:

	GLH	TQT
YMCA Level 3 Award in Supporting Participation in Physical Activity: Perinatal (Group A)	36	73
YMCA Level 3 Award in Supporting Participation in Physical Activity: Perinatal (Practitioner) (Groups A and B)	40	85

Find out more about GLH and TQT on our website:



ymcaawards.co.uk/qualifications/glh-and-tqt

Using this document

The following pages provide the unit content for this qualification. Each unit includes learning outcomes, assessment criteria and relevant content for delivery. These are set out below.

Learning outcome ('The learner will')	
Assessment criteria (‘the learner can’) What a learner is expected to know, understand or be able to do following their learning.	Relevant content (additional delivery guidance) Suggestions on depth and breadth of content to cover.

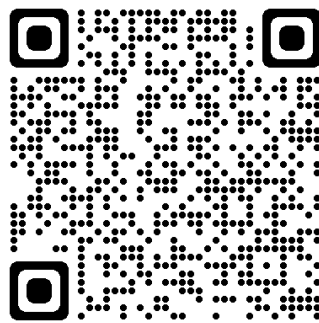
Assessment overview

These qualifications are designed to be assessed in stages with learners demonstrating the knowledge, skills and behaviours outlined in one stage before proceeding to the next stage.

Recognition of prior learning (RPL) can be accepted where learners hold existing qualifications endorsed against the relevant:

- CIMSPA professional standard(s)
- National Occupational Standard(s) (REPs/SkillsActive)
- European Standards (EuropeActive/EREPs).

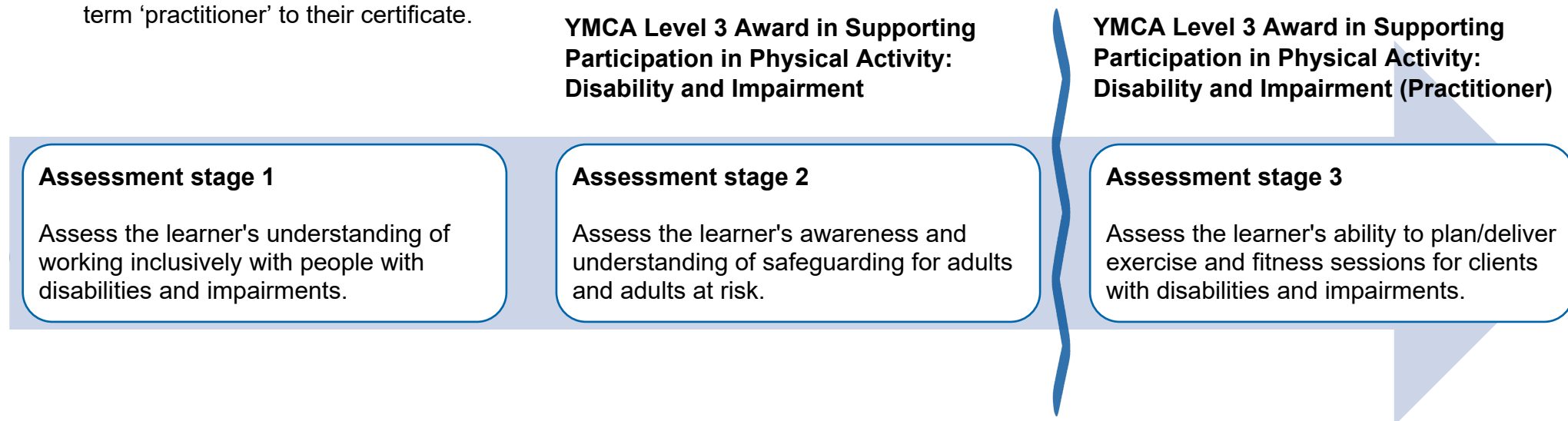
More information on applying RPL can be found in our Recognition of Prior Learning and Exemption Policy:



ymcaawards.co.uk/centres/policies-and-procedures

YMCA Level 3 Award in Supporting Participation in Physical Activity: Disability and Impairment

- Learners completing assessment stages one to two will:
 - Fully meet the requirements of the CIMSPA safeguarding adults and adults at risk professional standard.
 - Partially meet the requirements of the CIMSPA working inclusively (working with disabled people) professional standard.
- Learners completing assessment stages one to three will:
 - Fully meet the requirements of the CIMSPA safeguarding adults and adults at risk professional standard.
 - Fully meet the requirements of the CIMSPA working inclusively (working with disabled people) and professional standard.
 - Receive recognition that they have demonstrated relevant skills delivering exercise for this population through the addition of the term 'practitioner' to their certificate.



The table on the next page provides details of the tasks within each assessment stage.

Assessment task	Details	Unit(s) assessed
1.1 Questions/ answers	Learners need to answer questions designed to assess their knowledge of: • equality, equity and inclusivity • disability and impairment • scope of practice. All questions must be answered correctly. The assessment workbook is available: • Digitally (auto-marked) through the Y Awards Ltd online system • In print (centre-marked) from our web shop. Centres wishing to create their own questions or use their own platform must seek prior approval from Y Awards Ltd.	Principles of working inclusively with individuals with disabilities and impairments (R/650/4351)
1.2 Creation of information resources	Learners will create an information resource to outline the benefits of physical activity and exercise for people with disabilities and impairments. These information resources should: • Use a format that is appropriate for the target audience, e.g. poster, handout, information leaflet, social media page, podcast, Facebook recording or presentation (as appropriate). • Be clear and concise: ○ Written resources: - A maximum of two A4 pages (or equivalent) of information each. - Use short sentences and bulleted lists (as appropriate). ○ Video or audio resources:	Principles of working inclusively with individuals with disabilities and impairments (R/650/4351)

	- maximum of 10 minutes (as appropriate) - supporting written resources (as above). • Use appropriate language and images to promote exercise, physical activity and wellbeing initiatives to the client group. • Provide credible and evidence-based information. Information resources will be centre assessed by an assessor. Learners must complete their own work, and group completion is not permitted.	
1.3 Applied case study questions	Learners will apply their knowledge and conduct additional independent research to answer a series of questions relating to three realistic case studies. The pass mark is 100% and responses will be centre assessed by an assessor. Learners must complete their own work, and group completion is not permitted. Questions for this activity can be found in the YMCA Level 3 Award in Supporting Participation in Physical Activity: Disability and Impairment learner assessment record (LAR).	Principles of working inclusively with individuals with disabilities and impairments (R/650/4351) Principles of working inclusively with individuals with disabilities and impairments (R/650/4351)
2.1 Questions and answers	Categories 1, 2 or 3 Learners will complete safeguarding knowledge questions relevant to the unit they are studying: • Category 1: A basic awareness of safeguarding adults and adults at risk (T/650/2408). • Category 2: An essential understanding of safeguarding adults and adults at risk for anyone with responsibilities for participants' welfare (Y/650/2409). • Category 3: A strategic understanding of safeguarding adults and adults at risk (F/650/2410).	Category 1: A basic awareness of safeguarding adults and adults at risk (T/650/2408) or Category 2: An essential understanding of safeguarding adults and adults at risk for anyone with responsibilities for participants' welfare (Y/650/2409) or

	The pass mark is 100% and responses will be centre assessed by an assessor. Learners must complete their own work, and group completion is not permitted. Questions for this activity can be found in the YMCA Level 2 Award in Safeguarding Adults and Adults at Risk (610/0822/9) learner assessment record (LAR).	Category 3: A strategic understanding of safeguarding adults and adults at risk (F/650/2410)
2.2 Applied case study questions	Categories 1 and 2 only Learners will apply their knowledge and conduct additional independent research to answer a series of questions relating to three realistic case studies. The pass mark is 100% and responses will be centre assessed by an assessor. Learners must complete their own work, and group completion is not permitted. Questions for this activity can be found in the YMCA Level 2 Award in Safeguarding Adults and Adults at Risk (610/0822/9) learner assessment record (LAR).	Category 1: A basic awareness of safeguarding adults and adults at risk (T/650/2408) Category 2: An essential understanding of safeguarding adults and adults at risk for anyone with responsibilities for participants' welfare (Y/650/2409)
2.3 Witness testimony	Category 2 only Learners will be observed demonstrating good practice and appropriate behaviour with adults and adults at risk. The observation can be completed by a tutor/assessor as part of a practical observation if this unit is being taken as part of or alongside another Y Awards Ltd qualification. Paperwork for this activity can be found in the YMCA Level 2 Award in Safeguarding Adults and Adults at Risk (610/0822/9) learner assessment record (LAR).	Category 2: An essential understanding of safeguarding adults and adults at risk for anyone with responsibilities for participants' welfare (Y/650/2409)
2.4 Portfolio and professional discussion	Category 3 only Learners will produce a portfolio of evidence to: Show how they contributed to the development of an organisation's safeguarding and protection policies and procedures.	Category 3: A strategic understanding of safeguarding adults and adults at risk (F/650/2410)

	• Show how they have maintained and reviewed an organisation's safeguarding and protection policies and procedures. • Articulate an organisation's vision and processes in regard to safeguarding and protecting adults and adults at risk. • Demonstrate the management of risk in relation to safeguarding and the protection of adults and adults at risk. • Show how they have worked collaboratively and have attempted to influence other agencies to promote and share best practice on safeguarding adults and adults at risk. Suitable form(s) of evidence could include: • Work products • Witness testimonies • Reflective accounts. Learners will also participate in a planned, in-depth, two-way professional discussion with a centre assessor, to further ascertain their knowledge and understanding of: • How to implement, review and evaluate an organisation's safeguarding policies and procedures. • Manage risk and be able to work with others to share best practice. The portfolio and professional discussion will be centre assessed by an assessor. Learners must complete their own work, and group completion is not permitted. Guidance for this activity can be found in the YMCA Level 2 Award in Safeguarding Adults and Adults at Risk (610/0822/9) learner assessment record (LAR). The professional discussion must be recorded to support internal and external quality assurance activity.	
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3.1 Session planning and delivery (on-course)	Learners will plan, deliver, and review an exercise session for a 'realistic' participant: • Gregor, aged 41 ○ Profoundly deaf ○ Can lip read but prefers to use British Sign Language (BSL) ○ Overweight ○ No mobility issues ○ No other health conditions identified on PAR-Q+. Learners are expected to conduct additional independent research to understand the above individual's needs. The activities planned and delivered must be within the learner's scope of practice/skillset. They do not need to complete a PAR-Q+ with this plan. The session plan must cover a full session including the warm up, main activities and cooldown with activities for all components of fitness. The session must be planned for 45 minutes in duration as a minimum. Learners can use the session plan template provided in the YMCA Level 3 Award in Supporting Participation in Physical Activity: Disability and Impairment learner assessment record (LAR) or create their own. This practical delivery will take place on the course and will be observed by an assessor (who may also be the tutor). Although it has been planned as a whole session, it may be assessed in component parts, i.e. warm up, main activity, cooldown. This session can be delivered using a peer(s) from the course. Communication and instructional skills used must be appropriate to the needs of the participant. Please note: It is not expected that the learner or participant will use British Sign Language (BSL). Learners will be assessed against the on-course observation checklist in the LAR.	Planning and delivering exercise for individuals with disabilities and impairments (T/650/4352)
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3.2 Case study and 12-week exercise programme	Learners will develop a 12-week exercise programme for a real individual with a disability or impairment(s) that: • Affects at least two of the categories of disability (sensory, physical, intellectual). • Affects two or more of the following: ○ communication ○ concentration and behaviour ○ movement and/or balance. Learners are expected to conduct additional independent research to understand individual needs. The case study developed must be within the learner's scope of practice and other qualifications held, e.g. circuit training or gym-based, exercise referral qualification held (where needed). Further guidance and paperwork to support this activity can be found in the YMCA Level 3 Award in Supporting Participation in Physical Activity: Disability and Impairment learner assessment record (LAR).	Planning and delivering exercise for individuals with disabilities and impairments (T/650/4352).
3.3 Practical teaching log and observations of practical teaching	Learners will deliver and evaluate a minimum of six practical sessions (minimum of 30 minutes per session) from the case study and 12-week exercise programme (Assessment task 3.2). The delivery and review of the six sessions should take place with real participants with disabilities and impairments, and in a suitable environment, e.g. in a sport and physical activity setting. This could include community centres, sports halls, swimming pools, outdoors, or in other permitted and appropriate spaces. It is recommended that the delivered sessions are observed/supervised by an experienced disability and impairment instructor who has overall responsibility for the session.	Planning and delivering exercise for individuals with disabilities and impairments (T/650/4352).

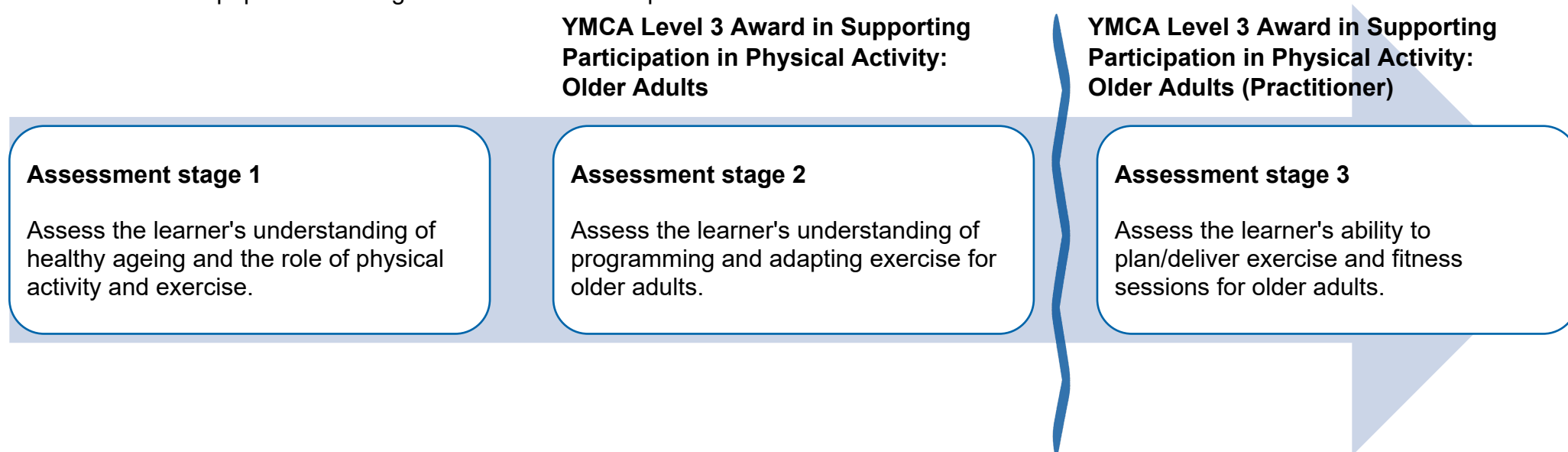
	Learners must keep a log of the sessions delivered and gain feedback from the participants/supporters or carers and have a witness testimony from the instructor who has overall responsibility for leading the session. A minimum of two of the six sessions must be observed by a centre assessor and must clearly show the learner teaching aspects of each component of the session. The assessor will need to provide suitable feedback on the learner's progress. A timeframe of a minimum of 12-weeks must be allowed between delivery of these two sessions. The exercise genre delivered (such as circuit training or gym-based) must be within the learner's scope of practice, i.e. appropriate qualifications must be held.	
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Due to the synoptic nature of task 2.3, learners may generate evidence for this task alongside 'Planning and delivering exercise for individuals with disabilities and impairments (T/650/4352)' or any other Y Awards Ltd plan and deliver unit. The minimum requirements for assessment are outlined below.

UN	Unit title	Assessment task									
		1.1	1.2	1.3	2.1	2.2	2.3	2.4	3.1	3.2	3.3
R/650/4351	Principles of working inclusively with individuals with disabilities and impairments	x	x	x							
T/650/2408	Category 1: A basic awareness of safeguarding adults and adults at risk				x	x					
Y/650/2409	Category 2: An essential understanding of safeguarding adults and adults at risk for anyone with responsibilities for participants' welfare				x	x	x				
F/650/2410	Category 3: A strategic understanding of safeguarding adults and adults at risk				x			x			
T/650/4352	Planning and delivering exercise for individuals with disabilities and impairments						x		x	x	x

YMCA Level 3 Award in Supporting Participation in Physical Activity: Older Adult

- Learners completing assessment stages one to two will meet the requirements for CIMSPA awarding organisation partner endorsed continuing professional development (CPD).
- Learners completing assessment stages one to three will also receive recognition that they have demonstrated relevant skills delivering exercise for this population through the addition of term 'practitioner' to their certificate.



The table below provides details of the tasks within each assessment stage.

Assessment task	Details	Unit(s) assessed
1.1 Questions/ answers	Learners need to answer questions designed to assess their knowledge of: • definitions relevant to the 'older adult' population and ageing • the effects of ageing and physical inactivity	Healthy ageing and role of physical activity and exercise (T/650/4640)

	• scope of practice. All questions must be answered correctly. The assessment workbook is available: • Digitally (auto-marked) through the Y Awards Ltd' online system • In print (centre-marked) from our web shop. Centres wishing to create their own questions or use their own platform must seek prior approval from Y Awards Ltd.	
1.2 Creation of information resource	Learners will create an information resource to outline the benefits of physical activity and exercise for older adults. The information resource should: • Use a format that is appropriate for the target audience, e.g. poster, handout, information leaflet, social media page, podcast, Facebook recording or presentation (as appropriate). • Be clear and concise: ○ Written resources: - A maximum of two A4 pages (or equivalent) of information each. - Use short sentences and bulleted lists (as appropriate). ○ Video or audio resources: - A maximum of 10 minutes (as appropriate). - Supporting written resources (as above). • Use appropriate language and images to promote exercise, physical activity and wellbeing initiatives to the client group. • Provide credible and evidence-based information.	Healthy ageing and role of physical activity and exercise (T/650/4640)

	The content included should cover: • An outline of the Chief Medical Officers' (CMO) physical guidelines for older adults. • An outline of general lifestyle recommendations for ageing well and healthily. • A summary of the benefits of, and motivators for physical activity and exercise for older adults. • A list of possible solutions and suggestions to overcome the potential barriers to physical activity and exercise for older adults. • An outline of the importance of regular attendance to exercise and regular participation in activities for older adults. Information resources will be centre assessed by an assessor. Learners must complete their own work, and group completion is not permitted.	
2.1 Applied case study questions	Learners will apply their knowledge and conduct additional independent research to answer a series of questions relating to three realistic case studies. The pass mark is 100% and responses will be centre assessed by an assessor. Learners must complete their own work, and group completion is not permitted. Questions and further guidance for this activity can be found in the YMCA Level 3 Award in Supporting Participation in Physical Activity: Older Adult learner assessment record (LAR).	Healthy ageing and role of physical activity and exercise (T/650/4640) Programming and adapting exercise for older adults (Y/650/4641)
2.2 Case study and exercise programme (scenario-based)	Learners will develop an exercise programme for a scenario selected by their assessor. For the case study provided learners will provide: • A rationale for the programme designed. • Outline of additional screening and assessment information.	Programming and adapting exercise for older adults (Y/650/4641)

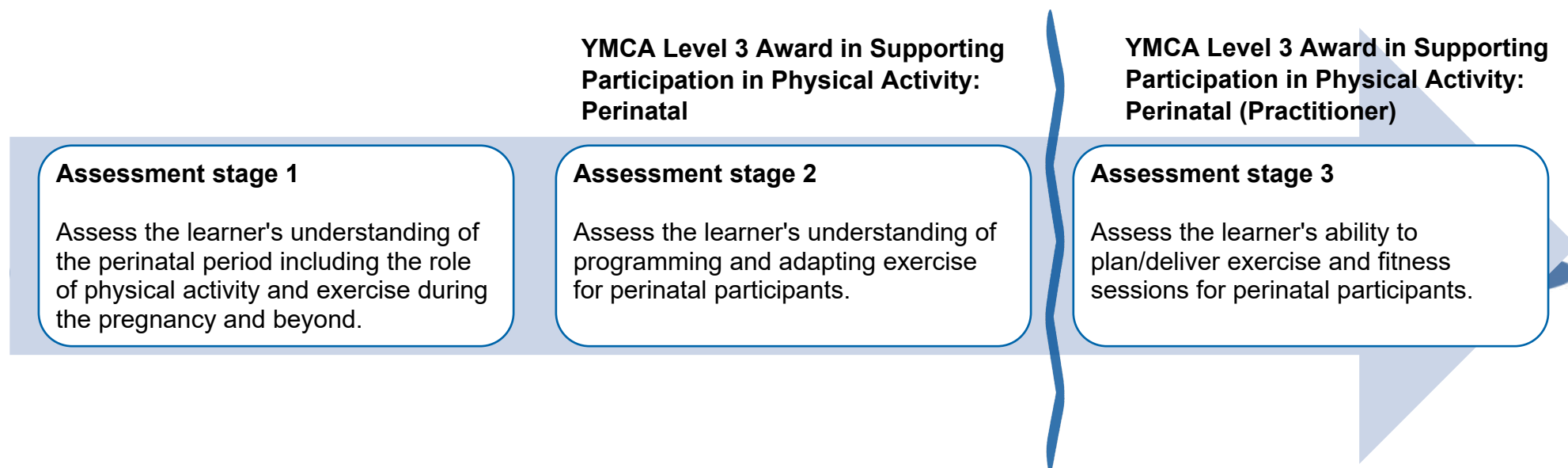
	• Risk assessment. • Session plan for the first session. • Programme changes over a six-week period. Learners are expected to conduct additional independent research to understand individual needs. The case study developed must be within the learner's scope of practice and other qualifications held, e.g. circuit training or gym-based, exercise referral qualification held (where needed). Further guidance and paperwork to support this activity (including the case study scenarios) can be found in the YMCA Level 3 Award in Supporting Participation in Physical Activity: Older Adult learner assessment record (LAR).	
3.1 Observation of practical teaching	Learners will deliver and evaluate a minimum of one practical session (minimum of 30 minutes) designed specifically for older adults including those who are: • Already active and healthy. • At the early stages of transitioning/declining health. The delivery and review of the session should take place with real older adult participants in a suitable environment, e.g. in a sport and physical activity setting. This could include community centres, sports halls, swimming pools, outdoors, or in other permitted and appropriate spaces. It is recommended that the delivered sessions are observed/supervised by an experienced older adult instructor who has overall responsibility for the session. The exercise genre delivered (such as circuit training or gym-based) must be within the learner's scope of practice, i.e. appropriate qualifications must be held. The session must be observed by a centre assessor.	Delivering exercise for older adults (A/650/4542)

The minimum requirements for assessment are outlined below.

UN	Unit title	Assessment task				
		1.1	1.2	2.1	2.2	3.1
T/650/4640	Healthy ageing and role of physical activity and exercise	x	x	x		
Y/650/4641	Programming and adapting exercise for older adults			x	x	
A/650/4542	Delivering exercise for older adults					x

YMCA Level 3 Award in Supporting Participation in Physical Activity: Perinatal

- Learners completing assessment stages one to two will fully meet the requirements of the CIMSPA working with antenatal and postnatal clients professional standard.
- Learners completing assessment stages one to three will also receive recognition that they have demonstrated relevant skills delivering exercise for this population through the addition of term 'practitioner' to their certificate.



The table below provides details of the tasks within each assessment stage.

Assessment task	Details	Unit(s) assessed
1.1 Questions/ answers	Learners need to answer questions designed to assess their knowledge of: • Definitions of perinatal and related terms. • Anatomical, physiological, and biomechanical changes during pregnancy.	Supporting perinatal physical activity,

	• Contraindications to exercise and physical activity. • Scope of practice. All questions must be answered correctly. The assessment workbook is available: • Digitally (auto-marked) through the Y Awards Ltd' online system. • In print (centre-marked) from our web shop. Centres wishing to create their own questions or use their own platform must seek prior approval from Y Awards Ltd.	exercise, health, and wellbeing (K/650/2431)
1.2 Creation of information resources	Learners will create information resources to outline the importance of healthy eating and benefits of physical activity during the perinatal period. These information resources should: • Use a format that is appropriate for the target audience, e.g. poster, handout, information leaflet, social media page, podcast, Facebook recording or presentation (as appropriate). • Be clear and concise: ○ Written resources: - A maximum of two A4 pages (or equivalent) of information each. - Use short sentences and bulleted lists (as appropriate). ○ Video or audio resources: - A maximum of 10 minutes (as appropriate). - Supporting written resources (as above). • Use appropriate language and images to promote exercise, physical activity and wellbeing initiatives to the client group.	Supporting perinatal physical activity, exercise, health, and wellbeing (K/650/2431)

	• Provide credible and evidence-based information. The content should include: 1. Healthy eating during the perinatal period: • The importance of regular nutrition and hydration. • Foods, drinks, and supplements to avoid during pregnancy and which to limit the intake of to a minimum in accordance with evidence. • Foods, drinks, and supplements to help support a healthy pregnancy and birth. • The calorie requirements during the three trimesters and the postnatal period, with reference to the different requirements of breastfeeding and non-breastfeeding mothers. 2. Physical activity during the perinatal period. • The benefits of physical activity and exercise during pregnancy and the postnatal period. • The recommendations for physical activity and exercise during pregnancy and postnatal period in accordance with Chief Medical Officers' (CMO) guidance and the importance of following this guidance. • Common myths associated with physical activity before, during and after pregnancy. • Barriers to physical activity and exercise. • Suitable and unsuitable types of exercise and activity for antenatal and postnatal. • The importance of the six-week check for postnatal participants. • Other support services/initiatives available locally or nationally and when these services may be needed. • Considerations that need to be accounted for when participating in activity, e.g. clothing, temperature, hydration etc.	
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	Information resources will be centre assessed by an assessor. Learners must complete their own work, and group completion is not permitted.	
2.1 Applied case study questions	Learners will apply their knowledge and conduct additional independent research to answer a series of questions relating to two realistic case studies (one antenatal and one postnatal). The pass mark is 100% and responses will be centre assessed by an assessor. Learners must complete their own work, and group completion is not permitted. Questions and further guidance for this activity can be found in the YMCA Level 3 Award in Supporting Participation in Physical Activity: Perinatal learner assessment record (LAR).	Supporting perinatal physical activity, exercise, health, and wellbeing (K/650/2431) Programming exercise and physical activity for perinatal participants (L/650/2432)
2.2 Case study and exercise programme (scenario-based)	Learners will develop two exercise programmes for scenarios selected by their assessor. One will be for the antenatal period and one for the postnatal period (the latter commencing eight weeks post birth). For the case study provided, learners will provide: • A rationale for the programme designed. • Outline of additional screening and assessment information. • Risk assessment. • Session plan for the first session. • Programme changes over a six-week period. Learners are expected to conduct additional independent research to understand individual needs. The case study developed must be within the learner's scope of practice and other qualifications held, e.g. circuit training or gym-based; exercise referral qualification held (where needed).	Programming exercise and physical activity for perinatal participants (L/650/2432)

	Further guidance and paperwork to support this activity (including the case study scenarios) can be found in the YMCA Level 3 Award in Supporting Participation in Physical Activity: Perinatal learner assessment record (LAR).	
3.1 Observation of practical teaching	Learners will plan, deliver and evaluate a minimum of two practical sessions (minimum of 30 minutes) designed specifically for: - antenatal participants - postnatal participants. The delivery and review of the session should take place with real perinatal participants and in a suitable environment, e.g. in a sport and physical activity setting. This could include community centres, sports halls, swimming pools, outdoors, or in other permitted and appropriate spaces. It is recommended that the delivered sessions are observed/supervised by an experienced perinatal instructor, who has overall responsibility for the session, or midwife. The exercise genre delivered (such as circuit training or gym-based) must be within the learner's scope of practice (appropriate qualifications held). The session must be observed by a centre assessor.	Delivering exercise for perinatal participants (K/650/4296)

The minimum requirements for assessment are outlined below.

UN	Unit title	Assessment task				
		1.1	1.2	2.1	2.2	3.1
K/650/2431	Supporting perinatal physical activity, exercise, health, and wellbeing	x	x	x		
L/650/2432	Programming exercise and physical activity for perinatal participants			x	x	
K/650/4296	Delivering exercise for perinatal participants					x

Qualification content: YMCA Level 3 Award in Supporting Participation in Physical Activity: Disability and Impairment

Principles of working inclusively with individuals with disabilities and impairments (R/650/4351)

Unit aim

This unit develops the learner's knowledge and awareness of how to work inclusively in a physical activity setting to meet the needs of individuals with disabilities and impairments.

Content

1. Understand disability and inclusive working.

1.1. Explain what is meant by the terms 'disability', 'impairment', 'equality', 'equity' and 'inclusive'.

- Definitions and differences between the terms:
 - Disability - the outcome of the interaction between a person with an impairment and the environmental and attitudinal barriers they may face (CIMSPA. 2020).
 - Equality – being equal in status, rights, and opportunities; ensuring people have equal opportunities to make the most of their life.
 - Equity/equitable – being fair or impartial:
 - NB: Equality means people are treated the same, i.e. receive the same treatment, whereas equity respects difference and diversity and promotes fairness, e.g. to ensure equal outcomes, some people need different resources, treatment, and services (reasonable adjustments) allocated to support equity/fairness (Milton Institute 2022).
 - Inclusion/inclusive – a situation is inclusive if all individuals participate in the same activity with equal opportunity to do so (CIMSPA. 2020).
 - Impairment - the loss or limitation of physical, mental, or sensory function on a long term or permanent basis (CIMSPA. 2020).
 - Functional ability - an individual's functional ability is their range of physical competency within a sport and physical activity setting. As a model it is the focus on what an individual can do, rather than what they can't. Everyone's physical competency will be different – sometimes this difference is linked to impairment. Therefore, a focus on functional ability means that the workforce must understand from the person what they

	can do, rather than based on assumptions of the implications of an impairment (CIMSPA. 2020). • Legislation and policies relating to inclusion and individuals with disabilities (all home countries): ○ Disability Discrimination Act and amendments (1995 and 2005). ○ The Equality Act 2010. ○ UNESCO Rights of a Child. ○ UN CRPD (Convention on Right for Persons with Disabilities). ○ Fire safety risk assessment and management for individuals with disabilities. • Legislation linked to safeguarding: ○ Care Act 2014. ○ Care and support statutory guidance. ○ Ann Craft Trust. ○ Wales legislation. ○ Scotland legislation. ○ Northern Ireland legislation. • Inclusive fitness Initiative: ○ history and evolution: – project areas – inclusion versus segregation. <u>Information sources are listed at the end.</u>
1.2. Identify the social demographics related to disability and physical activity levels.	• The diverse range of impairments: ○ Sensory – vision and hearing loss. ○ Physical – movement and mobility, wheelchair users. ○ Intellectual and cognitive – thinking, remembering, learning, communicating, social relationships. • Percentage of population with disabilities. • Percentage of population with disabilities who are active/inactive. • Factors affecting participation. <u>Information available from: Activity Alliance (listed at end)</u>
1.3. Explain how to create an inclusive environment and culture.	• The importance of providing an inclusive environment and positive experience: ○ Examples of inclusive settings in different environments, e.g. leisure centres and community settings.

- Types of adaptation needed to support inclusivity, e.g. accessibility, communication, support, reasonable adjustments etc. (see below).
- The key principles of inclusive learning and participation to enable all participants to access and make decisions regarding their participation:
 - identify participant needs, e.g. screening
 - communicating with participants
 - making teaching accessible
 - diversifying teaching approach.
- The key elements of creating an inclusive environment and their importance, including appropriate behaviours and communication:
 - Respect diversity.
 - Identification of functional needs to enable and support participation, e.g. the importance of screening and getting to know the person and their specific needs to enable adjustments and ensure inclusivity.
 - Promote equity and belonging.
 - Engage and enthuse individuals with disabilities to take part in sport and physical activity.
 - Reasonable adjustments, when required.
 - Remove barriers and promote accessibility.
 - Non-discrimination.
 - Inclusive marketing.
 - Tailored individual support:
 - Equipment (including assistive devices).
 - Venue.
 - Screening and understanding the person.
 - Barriers and how to overcome them.
 - Ongoing assessment of needs for impairments.
 - Effective communication with participants and supporters before, during and after a session.
 - AIM and STEP models and how they apply to ALL populations.
- Awareness of 'strands' of equality:
 - disability
 - age
 - race
 - religion or belief (including lack of belief)

	○ gender reassignment ○ sex ○ sexual orientation ○ marriage and civil partnership ○ pregnancy and maternity. <u>Information sources for AIM and STEP models are listed at the end.</u>
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2. Understand impairments and disabilities and their effect on participation in activity.

2.1. Describe the defining characteristics and features of a range of disabilities and impairments.	• Characteristics of Intellectual/learning disabilities, including: ○ Behavioural problems – need for routine and structure, tantrums, aggressive behaviour. ○ Communication and learning – delayed speech, hearing problems, difficulty remembering things, delayed/slower learning (including learning to walk). ○ Mood and anxiety disorders. ○ Seizures. • Intellectual/learning disabilities conditions including, but not limited to: ○ Down's syndrome ○ Autism spectrum disorder (ASD) ○ Asperger's syndrome. • Characteristics of physical/mobility disabilities, including: ○ Difficulty with fine or gross motor skills, coordination, balance and agility. ○ Limb loss, paralysis and changes to limb use and strength. ○ Energy limitations and fatigue. ○ Pain and its effects on energy expenditure e.g. energy expended when managing pain on a daily basis is higher than when not experiencing pain. • Physical/mobility disabilities, including, but not limited to: ○ cerebral palsy ○ spina bifida ○ spinal cord injury, tetraplegia, paraplegia ○ limb amputation/limb difference
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	○ dwarfism. • Characteristics of sensory disabilities, such as: ○ Communication and processing information, including challenges communicating and socialising with others, e.g. ASD. ○ Coordination, balance, and movement impacted. ○ Sight, hearing, taste, smell, touch may all be impacted. • Sensory disabilities, including, but not limited to: ○ visual – sight loss – partial or blindness ○ hearing loss – partial or deafness ○ sensory processing disorder. • Different types of assistive devices or equipment to support a participant's additional needs to enable participation. ○ hearing aids ○ mobility aids ○ vision aids. <u>Information source: Center for Disease Control and Prevention (USA) (listed at end).</u>
2.2. Explain the effects and implications of different disabilities and impairments for participants taking part in physical activity and exercise.	• Factors that may affect the ability of participants to acquire relevant skills to enable these to be addressed in the planning and delivery of the sessions: ○ Participant motivation. ○ Individual differences and needs. ○ Functional ability: – independence – dependence – need for support – mobility – range of motion – balance – strength – visual acuity – hearing acuity – cognition. • Different types of assistive devices or equipment to support participation and enable activities to be adapted.

- Changes to the body systems that may be affected, e.g. skeletal, neuromuscular, cardiovascular, sensory, cognitive etc.
- Specific disabilities and related chronic health conditions that affect functioning of the body systems – linked with inactivity and some conditions.
- Awareness of risk stratification and when individuals' needs are within or exceed scope of practice.
- Exercise programming guidelines – ACSM.
- Implications on:
 - Suitability of specific types of activity and exercise:
 - standing
 - seated – chair-based
 - floor based
 - specific exercise genres.
 - Session planning and design.
 - Session delivery.
 - Level of instruction and supervision, including the need for specialist support and supervision.
 - Instructor qualifications and working within scope of practice.
 - Communication methods – visual, verbal and adapting for specific needs (sensory/intellectual).
 - Components of fitness:
 - cardiovascular
 - muscular strength and endurance
 - flexibility and mobility
 - motor skills – balance and coordination
 - body composition.
- Effects of any medications on exercise response and programming.
- Include reference to CMO reports over last decade in addition to ACSM guidelines.
- Impact on current and future quality of life:
 - health
 - longevity
 - dependence/independence
 - inclusion/exclusion.

	• Adult social care and support needs that may influence participation: ○ care pathways ○ values and principles of adult social care ○ principles of diversity within adult social care ○ safeguarding. • Benefits system including disability living allowance, e.g. how people choose to spend their allowance.
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3. Understand the benefits and effects of physical activity and exercise for individuals with disabilities and impairments.

3.1. Explain the effects and benefits of physical activity and exercise for individuals with disabilities and impairments.	• Benefits of regular participation in a range of activities that promote inclusion. • Differentiate sport and physical activity provision where appropriate for the individual participants: ○ Physical activity – any activity that moves the skeletal muscles and raises energy expenditure above resting levels (can include activities of daily living, active travel and exercise). ○ Exercise – structured and planned to train one or more components of fitness. ○ Sport – an activity that requires exertion and competition (various types of sport). • Reference to the current CMO guidance. • Holistic benefits – physical, mental, emotional, social etc. • Effects of physical activity and exercise on all body systems (positive and negative effects): ○ Short-term and immediate effects – increase to heart rate and breathing rate, body temperature, blood pressure (BP) etc.: – Control of BP and body temperature can be very complex for some, e.g. spinal cord injury, multiple sclerosis (MS) where nervous system is affected. – Overuse injuries to shoulder rotator cuff for independent wheelchair users. ○ Long term effects – stronger heart, increased stroke volume, regulate blood pressure, increase bone density etc. ○ Effects associated with different types of exercise and components of fitness.
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	• Longer term benefits: ○ Maintaining independence ○ Improving fitness and maintaining ability to perform activities of daily living and continue leisure pursuits. ○ Reducing the risk of chronic health conditions. ○ Supporting the management of existing health conditions. ○ Maintaining psychological well-being. • Maintaining and building social connections.
3.2. Identify the barriers to physical activity and exercise for individuals with disabilities and impairments.	• Potential challenges to participation for a range of different impairments. • Pathways to participation, e.g. Get Out Get Active (GOGA). • Real and perceived barriers: ○ Psychological barriers – personal perceptions and perceptions of others, lack of confidence, self-efficacy, self-esteem, mental health (depression, anxiety), individual fears and carer fears (such as accidental harm or medical emergencies), lack of role models 'people like me' (NB: those in the media tend to have self-managed and not complex conditions). ○ Social and logistical barriers – accessibility and availability, cost, location, transport links, family circumstances, support of others (such as to travel and access facilities, e.g. getting to a facility, access through the facility, getting into and out of swimming pool), communication (including resources used to communicate information like posters, tannoy systems and inaccessibility for sensory impaired), suitability of exercise sessions, suitability of instructors and other recreational staff (provision of training of staff to support diverse needs). ○ Physical barriers/concerns – facility, e.g. wheelchair access and reasonable adjustments for hearing, visual impairments, people trained to use hoists, health and safety, equipment (availability of suitable equipment, and/or cost of equipment), lack of interpreters and lack of staff trained in different locations. ○ Medical conditions, e.g. diabetes, osteoarthritis etc. ○ Functional impairments, e.g. strength and balance, mobility issues, vision, and hearing. ○ Cognitive and learning impairments, e.g. memory, responding to instructions etc. <u>Information available from Activity Alliance (listed at the end).</u>

3.3. Identify motivators for physical activity and exercise.	• Specific motivators: ○ recommendation of GP ○ support of family and friends ○ personal motivators – self-determination, gender ○ positive mental health as a motivator ○ maintaining independence and functioning ○ reduce risk of chronic health conditions ○ management of chronic health conditions ○ socialisation and structure for day – getting out of the house. • Linking with behaviour change models. • Motivational strategies: ○ inclusivity ○ goal setting ○ social support systems ○ education and learning.
3.4. Outline appropriate methods to promote inclusive exercise, physical activity, and wellbeing initiatives.	• Communicating the promotion of sessions and its importance. • Creating a positive experience and an environment to allow for opportunities to develop. • Awareness of organisations that exist to support engagement and delivery with all participants: ○ How to access support from local delivery partners and clubs to develop your own physical activity and provide further opportunities for participants. ○ Organisations supporting engagement outwards to support the inclusivity of all individuals into facilities, e.g. GP, charities, exercise referral services, leisure services. • Range of promotional and marketing strategies: ○ Link to motivators – wellbeing and health. ○ Inclusive promotion of a session that is accessible by all participants. ○ Appropriate images – positive, inclusive. ○ Helpful language and messages: – Consider targeted and specific marketing for different sub-groups such as gender, ethnicity, socio-economic status, health status, identity and how those individuals identify themselves. <u>Information from: gov.UK (listed at the end).</u>

4. Know the contra-indications to exercise for individuals with disabilities and impairments.

4.1. Identify the absolute contraindications to exercise.

- Reference to the current American College of Sports Medicine guidelines for specific conditions (PAR-Q+ and Algorithm).
- Use of information to guide recommendations on participation/deferral/referral and referral sources, e.g. GP.
- Absolute contraindications for exercise (general) - use ACSM guidelines for exercise testing and prescription, such as:
 - Any uncontrolled or unstable condition, e.g. not managed by medication.
 - Resting systolic blood pressure at (or above) 180mmHg / DBP 100mmHg.
 - Uncontrolled resting tachycardia at or above 120 bpm.
 - Experiences a negative change or increase in pain during exertion.
 - Dizziness or excessive breathlessness during exertion.
- Absolute contraindications specific to different disabilities and conditions.
- Use ACSM reference source – ‘Exercise management for persons with chronic diseases and disabilities’.

5. Understand guidelines for best practice when working with individuals with disabilities and impairments.

5.1. Identify a range of resources, support strategies and evidence-based information sources to support working with individuals with disabilities and impairments.

- Organisations that exist to support engagement and delivery with all participants, for example:
 - Activity Alliance
 - National disability sport organisations:
 - British Blind Sport
 - Cerebral Palsy Sport
 - Dwarf Sports Association UK
 - LimbPower
 - Special Olympics Great Britain
 - UK Deaf Sport
 - WheelPower.
- How to access support from local delivery partners and clubs to develop your own physical activity and provide further opportunities for participants.

	• Organisations supporting engagement outwards to support the inclusivity of all individuals into facilities: ○ GP and other health and social care services. ○ Individual and supporters/carers. ○ Specialist support groups. ○ Local and national charities. ○ The benefits of working with other services to support participation in physical activity. • Evidence based information sources: ○ National Institute for Health and Care Excellence (NICE) ○ World Health Organisation) ○ CMO guidance ○ American College of Sports Medicine (ACSM) ○ research studies. • How to research a range of conditions using information sources and resources. • The importance of research on planning and delivering exercise. <u>Information sources are listed at the end.</u>
5.2. Explain the importance of only working within scope of practice and the boundaries of personal and occupational competence.	• Professional and ethical practice. • Work within own level of competence – exercise genre and participants need (risk stratification). • Alternative sources of advice and support to whom you can defer/refer the individual. • How and when to make referrals into the leisure industry and how this can support those with a disability or impairment. • Scope of practice – see inclusion and exclusion criteria for this qualification.
5.3. Outline the importance of having the correct insurance cover when working with individuals with disabilities and impairments.	• To ensure correct level of cover for any accidents and emergencies that may present. • Information must be checked with specific insurance provider, for example: ○ How to inform insurance companies of the specialist qualification and to include cover of this population under existing policy. ○ Specific checks: – Are insurance requirements appropriate and sufficient for working with individuals with disabilities. – When insurance cover may be insufficient.

5.4. Outline the importance of holding a current and valid first aid certificate when working with individuals with disabilities and impairments.	• Know how to respond in the event of accidents and/or emergencies. • Provide first aid.
5.5. Explain the importance of regular continuous professional development (CPD) relevant to working with individuals with disabilities and impairments.	• Maintaining professional competence and membership of organisations. • Keeping skills and knowledge up to date with current guidance and recommendations. • Professional practice. • CPD opportunities to support work with this population such as reading, workshops, additional training, and qualifications etc.

Category 1: A basic awareness of safeguarding adults and adults at risk (T/650/2408)

Unit aim

This unit provides a basic awareness of safeguarding adults and adults at risk. This category applies to all staff and volunteers working in sport and physical activity who have limited contact with (but no responsibility for) adults and adults at risk and who will not be providing instruction, e.g. coaching. Example roles could include parents, parent helpers, participants, administrators, recreation assistant, grounds people and other support staff or volunteers.

Content

1. Understand safeguarding of adults and adults at risk.

1.1. Outline what is meant by safeguarding adults and adults at risk.

Definitions:

- Adult: aged 18 years and over.
- At risk: may be in need of community care services due to mental or other disability, age or illness; and who is or may be unable to take care of themselves, or unable to protect themselves against significant harm or exploitation.

See references: Safeguarding adults. NHS England.

- An adult at risk is a person aged 18 or over who:
 - Has needs for care and support (whether or not the local authority is meeting any of those needs), and
 - Is experiencing, or is at risk of, abuse or neglect, and
 - As a result of those care and support needs is unable to protect themselves from either the risk of or the experience of, abuse or neglect.

See references: The Care Act 2014.

- Safeguarding adults is about the safety and wellbeing of all adults but providing additional measures for those who are least able to protect themselves from harm or abuse, this includes:
 - Protection from harm, abuse and/or neglect.
 - Prevention of harm to wellbeing or development.
 - Ensuring healthy and safe provision of care.

	○ Taking action to enable adults and adults at risk to have the best outcomes.
1.2. Outline what is meant by appropriate behaviour in relation to adults and adults at risk.	• Upholding the organisations code of behaviour. • Follow the organisation's safeguarding adults and adults at risk policy and e-safety policy and procedures at all times and report any breaches. • Listen to and respect adults and adults at risk at all times. • Avoid favouritism. • Treat adults and adults at risk fairly and without prejudice or discrimination. • Value and take contributions seriously, actively involving adults and adults at risk in planning activities wherever possible. • Always ensure language is appropriate and not offensive or discriminatory. • Always ensure equipment is used safely and for its intended purpose. • Provide examples of good conduct you wish adults and adults at risk to follow. • Challenge unacceptable behaviour and report all allegations/suspensions of abuse. • Ensure that whenever possible, there is more than one responsible adult present during activities with adults and adults at risk or if this isn't possible, that you are within sight or hearing of other responsible adults.
1.3. Identify factors that could influence the behaviour of adults and adults at risk.	• Family/guardian/caring relationships/changes to circumstance. • Abuse. • Life and social experiences - culture, family and friends. • The adult and adult at risk of emotional development and temperament. • Transitions and life events, including ageing, loss of independence, frailty, disabilities, chronic health conditions, and palliative care. • Physical factors - age, health, illness, pain, the influence of a substance or medication, lack of sleep, hunger. • Personal and emotional - personality, beliefs, expectations, emotions, mental health. • Individual needs and wants.

1.4. Outline the difference between abuse and poor working practices when working with adults and adults at risk.	• Abuse and poor practice are closely linked, and poor practice may become abuse. • One-off incidents of poor practice differ from abuse in that they: ○ May be unintentional. ○ May not cause lasting harm and most short-term harm can be quickly put right.
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2. Understand the different types and indicators of abuse.	
2.1. Outline the different types of child abuse, including: • Physical. • Emotional. • Bullying. • Sexual. • Neglect and acts of omission, or self-neglect, e.g. personal hygiene, hoarding. • Modern slavery and trafficking. • Domestic violence, which may include physical, emotional and bullying. • Financial or material.	• Provide definitions of each.

2.2. Outline possible indicators of abuse including: • Physical. • Emotional. • Bullying. • Sexual. • Neglect and acts of omission, or self-neglect, e.g. personal hygiene, hoarding. • Modern slavery and trafficking. • Domestic violence, which may include physical, emotional and bullying. • Financial or material.	• Physical signs and indicators. • Behavioural signs and indicators.
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3. Understand how to respond to reports or suspicions of abuse.

3.1. Describe what to do when concerned that an adult and adult at risk may be being abused or that someone may pose a risk to an adult or adult at risk.	• Report any concerns to the designated colleague or manager. • Follow workplace policies and procedures in terms of reporting procedures within the scope of own role and responsibilities. • 4 R's (applies to adults and adults at risk): ○ Recognise ○ Respond ○ Report ○ Record.
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3.2. Identify the statutory agencies responsible for safeguarding and protecting adults and adults at risk.	• Ofsted (children and young people) • Office of the Public Guardian • Healthcare Inspectorate Wales • Department for Health and Social Care • Disclosure and Barring Service (DBS) • Care Quality Commission • Local authority (social services) • Police • Local Safeguarding Adults Boards (LSABs) • Independent Safeguarding Authority (ISA) • National Crime Agency (trafficking). Source: tinyurl.com/bd9j6c5f.
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4. Be able to recognise and respond to potential indicators of abuse and poor practice.	
4.1. Identify different indicators of abuse and poor practice.	• Poor practice takes place whenever staff fail to provide a good standard of care and support. • It occurs when staff ignore the rights of the adults and adults at risk or deny them the chance to enjoy and access their rights. • Poor practice which is allowed to continue can cause harm and can become abuse.
4.2. Identify suitable sources for advice and support in response to suspicion of abuse or poor practice.	• See 3.2. • Own organisation whistleblowing policy (and Public Interest Disclosure Act 1998). • The National Institute for Health and Care Excellence (NICE). • Local Safeguarding Adult Boards (LSABs). • Government legislation.
4.3. Follow the correct procedure(s) regarding safeguarding concern(s).	• Refer to workplace policies and procedures in terms of reporting procedures within the scope of own role and responsibilities.
4.4. Demonstrate how a safe environment could be created for adults and adults at risk.	• See 4.1-4.3.

Category 2: An essential understanding of safeguarding adults and adults at risk for anyone with responsibilities for participants' welfare (Y/650/2409)

Unit aim

This unit provides an essential understanding of safeguarding adults and adults at risk. This category applies to all staff and volunteers working in sports and physical activity who have the potential to provide supervised or unsupervised instruction to adults and adults at risk. Example roles could include welfare officers, team managers, coaches, and gym instructors with direct responsibility for participants' welfare.

Content

1. Understand safeguarding of adults and adults at risk.

1.1. Outline what is meant by safeguarding adults and adults at risk.

Definitions:

- Adult: aged 18 years and over.
- At risk: may be in need of community care services due to mental or other disability, age or illness; and who is or may be unable to take care of themselves, or unable to protect themselves against significant harm or exploitation.

See references: Safeguarding Adults. NHS England.

- An adult at risk is a person aged 18 or over who:
 - Has needs for care and support (whether or not the local authority is meeting any of those needs), and
 - Is experiencing, or is at risk of, abuse or neglect, and
 - As a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of, abuse or neglect.

See references: Care Act 2014.

- Safeguarding adults is about the safety and wellbeing of all adults but providing additional measures for those who are least able to protect themselves from harm or abuse, this includes:
 - Protection from harm, abuse and/or neglect.
 - Prevention of harm to wellbeing or development.

	○ Ensuring healthy and safe provision of care. ○ Taking action to enable adults and adults at risk to have the best outcomes.
1.2. Outline what is meant by appropriate and inappropriate behaviour in relation to adults and adults at risk.	Appropriate behaviour: • Upholding the organisations' code of behaviour. • Follow the organisation's safeguarding adults and adults at risk policy and e-safety policy and procedures at all times and report any breaches. • Listen to and respect adults and adults at risk at all times. • Avoid favouritism. • Treat adults and adults at risk fairly and without prejudice or discrimination. • Value and take contributions seriously, actively involving adults and adults at risk in planning activities wherever possible. • Always ensure language is appropriate and not offensive or discriminatory. • Always ensure equipment is used safely and for its intended purpose. • Provide examples of good conduct you wish adults and adults at risk to follow. • Challenge unacceptable behaviour and report all allegations/suspicions of abuse. • Ensure that whenever possible, there is more than one responsible adult present during activities with adults and adults at risk or if this isn't possible, that you are within sight or hearing of other responsible adults. Inappropriate behaviour: • Patronise or treat adults and adults at risk as if they are silly. • Allow allegations to go unreported. • Develop inappropriate relationships such as contact with adults and adults at risk that is not part of the work or agreed with the manager or leader. • Conduct a sexual relationship with an adult or adult at risk or indulge in any form of sexual contact. Any such behaviour between an adult member of staff or volunteer and an adult or adult at risk represents a serious breach of trust on the part of the staff member or volunteer and is not acceptable under any circumstances. • Letting adults or adults at risk have your personal contact details (mobile number or address).

	• Make sarcastic, insensitive, derogatory or sexually suggestive comments or gestures to or in front of adults and adults at risk. • Act in a way that can be perceived as threatening or intrusive. • Make inappropriate promises to adults and adults at risk, particularly in relation to confidentiality. • Jump to conclusions about others without checking facts. • Either exaggerate or trivialise abuse issues. • Rely on your reputation or that of the organisation to protect you. See also: Section 4.4. – The six principles of safeguarding adults and adults at risk.
1.3. Identify factors that could influence the behaviour of adults and adults at risk.	• Family/guardian/caring relationships/changes to circumstance. • Abuse. • Life and social experiences - culture, family and friends. • The adult and adult at risks emotional development and temperament. • Transitions and life events, including ageing, loss of independence, frailty, disabilities, chronic health conditions, and palliative care. • Physical factors - age, health, illness, pain, the influence of a substance or medication, lack of sleep, hunger. • Personal and emotional - personality, beliefs, expectations, emotions, mental health. • Individual needs and wants.
1.4. Outline the difference between abuse and poor working practices when working with adults and adults at risk.	• See also section 1.2. • Abuse and poor practice are closely linked, and poor practice may become abuse. • One-off incidents of poor practice differ from abuse in that they: ○ May be unintentional. ○ May not cause any lasting harm and most short-term harm can be quickly put right.

2. Understand the different types and indicators of abuse.

2.1. Outline the different types of child abuse, including:

- Physical.
- Emotional.
- Neglect and acts of omission, or self-neglect, e.g. personal hygiene, hoarding.
- Bullying.
- Sexual.
- Modern slavery and trafficking.
- Domestic violence, which may include physical, emotional and bullying.
- Financial or material.

- Provide definitions of each.

2.2. Outline possible indicators of abuse including: • Physical. • Emotional. • Neglect and acts of omission, or self-neglect, e.g. personal hygiene, hoarding. • Bullying. • Sexual. • Modern slavery and trafficking. • Domestic violence, which may include physical, emotional and bullying. • Financial or material.	• Physical signs and indicators. • Behavioural signs and indicators.
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3. Understand how to respond to reports or suspicions of abuse.	
3.1. Describe what to do when concerned that an adult or adult at risk may be being abused or that someone may pose a risk to an adult or adult at risk.	• Report any concerns to the designated colleague or manager. • Follow workplace policies and procedures in terms of reporting procedures within the scope of own role and responsibilities. • 4 R's (applies to adults and adults at risk): ○ Recognise ○ Respond ○ Report ○ Record.

3.2. Describe how to appropriately react and respond to an adult and/or adult at risk should they make a disclosure.	Follow workplace policies and procedures in terms of reporting procedures within the scope of own role and responsibilities.
3.3. Identify the statutory agencies responsible for safeguarding adults and adults at risk.	- Ofsted (children and young people) - Office of the Public Guardian - Healthcare Inspectorate Wales - Department for Health and Social Care - Disclosure and Barring Service (DBS) - Care Quality Commission - Local authority (Social Services) - Police - Local Safeguarding Adults Boards (LSABs) - Independent Safeguarding Authority (ISA) - National Crime Agency (trafficking). Source: Strategy for dealing with safeguarding issues in charities.

4. Understand the key principles of safeguarding adults and adults at risk.	
4.1. Outline key government legislation in relation to safeguarding adults and adults at risk.	- Care Act 2014 - Mental Capacity Act 2019 - The Deprivation of Liberty Safeguards 2009 (DoLS) - Office of the Public Guardian safeguarding policy (2015) - Safeguarding Vulnerable Groups Act 2006 - Disclosure and Barring Service (DBS) - prevent strategy - Female Genital Mutilation Act 2003 – FGM is also part of Serious Crime Act 2015 - Human Rights Act 1998 - Health and Safety at Work 1974.
4.2. Describe what constitutes good working practices for safeguarding adults and adults at risk.	- Reflecting on own practice. - Understanding boundaries. - Disclosure and barring service (DBS) – recruitment checks. - Being aware of policies and procedures internally.

4.3. Describe the scope of your own role and that of others in safeguarding adults and adults at risk.	Refer to workplace policies and procedures in terms of reporting procedures within the scope of own role and responsibilities.
4.4. Describe the six principles of safeguarding adults and adults at risk.	- The importance of each principle within the Care Act 2014: - Empowerment – person-led decisions and informed consent. - Prevention – act before harm occurs (follow procedures). - Proportionality – least intrusive response to manage risk. - Protection – support and representation. - Partnership – local solutions. - Accountability – accountable and transparent. - How to apply the principles to create a safe environment for adults and adults at risk.
4.5. Outline the importance of sharing information appropriately.	- Confidentiality. - Data protection and GDPR regulations.
4.6. Outline the correct recruitment procedure for working with adults in sport when a Disclosure and Barring Service (DBS) check is required.	

5. Be able to recognise and respond to potential indicators of abuse and poor practice when working with adults or adults at risk practice.

5.1. Identify different indicators of abuse and poor practice.	- Poor practice takes place whenever staff fail to provide a good standard of care and support. - It occurs when staff ignore the rights of the adults and adults at risk or deny them the chance to enjoy and access their rights. - Poor practice which is allowed to continue can cause harm and can become abuse.
5.2. Identify suitable sources for advice and support in response to suspicion of abuse or poor practice.	- Own organisation whistleblowing policy. - Local Safeguarding Adults Boards (LSABs). - Department for Health and Social Care. - Disclosure and Barring Service (DBS).

	• Care Quality Commission. • Office of the Public Guardian (mental capacity). • The National Institute for Health and Care Excellence (NICE). • See AC 3.3.
5.3. Follow the correct procedure(s) regarding safeguarding concern(s).	• Refer to workplace policies and procedures in terms of reporting procedures within the scope of own role and responsibilities.
5.4. Demonstrate good practice and appropriate behaviour with adults and adults at risk.	• Witness statements. • Practical observation. • Reflective practice. • Working within workplace and government policies and procedures. • Application of the six principles of safeguarding.
5.5. Demonstrate accurate report writing.	• With consideration to confidentiality and information sharing (see 4.6).
5.6. Apply the six key principles for safeguarding adults and adults at risk.	• See 5.4 and 4.5.

Category 3: A strategic understanding of safeguarding adults and adults at risk (F/650/2410)

Unit aim

This unit provides a strategic understanding of safeguarding adults and adults at risk. This category applies to staff and volunteers with senior operational management responsibilities. Example roles include board members and senior management.

Content

1. Understand the importance of a safeguarding and protection policy in relation to organisation requirements.	
1.1. Describe the strategic benefits of embedding safeguarding processes into your organisation.	• Staying within the law, and meeting legislation requirements. • Staff are kept up to date and trained. • Compliance. • Protection of the company and the staff within, as well as the children and families.
1.2. Explain the risks to the organisation of not embedding safeguarding practice into policy and procedure.	• Individual and company level consequences including fines and imprisonment. • Risk to the adults and adults at risk outside of the organisation if appropriate training is not offered. • Poor practice from staff.
1.3. Describe how to develop risk management systems and how this is informed by best practice.	• A structured approach to the identification, assessment and management of risk and the review of incidents is essential as the total elimination of risk is unrealistic. • It is vital that staff use the guidance, procedures and risk assessment/management tools that have been adopted by their organisation.
1.4. Explain how to access information on the latest best practice to keep children safe and respond to concerns.	• Government documentation updates. • Department for Health and Social Care • Disclosure and Barring Service (DBS) • Care Quality Commission • Office of the Public Guardian (mental capacity). See Category 2 AC 5.2.

Source: www.gov.uk/government/publications/strategy-for-dealing-with-safeguarding-issues-in-charities/safeguarding-the-role-of-other-agencies.

2. Understanding the organisation's vision in relation to safeguarding and protection.

2.1. Describe how to plan a vision in relation to safeguarding adults and adults at risk for your organisation.	• The six principles of safeguarding adults and adults at risk (Care Act 2014). • Vision should reflect the arrangements in place to ensure the importance of safeguarding and promotion of the welfare of adults and adults at risk through all aspects of the provision.
2.2. Explain how to apply, assess and evaluate the effectiveness of safeguarding policies and procedures across your organisation.	• Correct recruitment – DBS checks. • Clear lines of accountability to manage safeguarding cases. • Monitoring of staff and volunteers and how they implement safeguarding responsibilities. • Senior leaders with clear knowledge and expertise. • Whistleblowing procedures. • Escalation policies. • Supervision. • Application of the six principles of safeguarding adults and adults at risk. • Culture of safety and equality.

3. Understand the key legislation in relation to safeguarding adults and adults at risk and its impact on organisational policy.

3.1. Identify the key legislation and six principles of safeguarding in relation to safeguarding adults and adults at risk.	• Care Act 2014 and the six principles of safeguarding. • Mental Capacity Act 2005. • The Deprivation of Liberty Safeguards 2009 (DoLS). • Office of the Public Guardian Safeguarding Policy (2015). • Safeguarding Vulnerable Groups Act (2006). • Prevent strategy. • Female Genital Mutilation Act (2003) – FGM is also part of the Serious Crime Act (2015). • Human Rights Act (1998). • Health and Safety at Work (1974).
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3.2. Explain how to communicate safeguarding strategies and messages across your organisation in an effective manner.	• verbal and written strategies • policy updates • meetings and briefings.
3.3. Identify ways in which an effective safeguarding culture can be implemented.	• Recruitment (DBS). • Training. • Monitoring and review of staff and volunteers and how they implement safeguarding responsibilities. • Sharing of values. • Open communication. • Promotion of equality.
3.4. Describe the following processes in relation to safeguarding: • disciplinary • complaints.	• Whistleblowing (including protection under the Public Interest Disclosure Act 1998).

4. Be able to contribute to, implement, review and evaluate own organisation's safeguarding policies and procedures.

4.1. Contribute to the development of own organisation's safeguarding and protection policies and procedures.	
4.2. Maintain and review own organisation's safeguarding and protection policies and procedures.	• See 2.2.
4.3. Evaluate the effectiveness of own organisation's policies and procedures in relation to safeguarding and protection, taking steps to make	• See 2.2. • Implementation of correct recruitment procedure for working with adults in sport, when DBS checks are required and correct referral of positive DBS disclosures. • Monitoring and review of staff and volunteers' implementation of their safeguarding responsibilities.

appropriate changes and apply these as necessary.	• Embedding of the six principles of safeguarding adults and adults at risk. • Understanding of the full referral process and responsibilities of specific roles, e.g. senior management.
4.4. Articulate the organisation's vision and processes regarding safeguarding and protecting adults and adults at risk.	• See 2.1.

5. Be able to demonstrate the management of risk in relation to safeguarding adults and adults at risk within own role.

5.1. Demonstrate the management of risk in relation to safeguarding adults and adults at risk.	• See 1.3 and 2.2.
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6. Be able to work with others to share best practices in safeguarding adults and adults at risk.

6.1. Work collaboratively and influence other agencies to promote and share best practices on safeguarding adults and adults at risk.	
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Planning and delivering exercise for individuals with disabilities and impairments (T/650/4352)

Unit aim

This unit provides the knowledge and skills to plan, deliver and review exercise and physical activity sessions for individuals with a range of disabilities and impairments.

Content

1. Understand how to screen and assess individuals with disabilities and impairments prior to participation in physical activity and exercise.

1.1. Explain the

importance of appropriate pre-activity screening and assessment when working with individuals with disabilities and impairments.

- To provide appropriate advice and guidance such as inclusion, signposting, referral, or deferral:
 - Enable risk stratification - inclusion or exclusion of participants.
 - Work within scope of practice and role boundaries, competence, confidence, and qualifications.
- To identify the needs and functional ability of the participants.
- To adapt activity to meet the needs of the individual and ensure they can participate safely:
 - Types of adaptation that can be applied to make activity inclusive.
 - Factors that may affect the ability of participants to acquire relevant skills and enable these to be addressed in planning and delivery e.g. functional ability, participant motivation, individual differences, and needs.
 - Different types of assistive devices or equipment to support a participant's additional needs to enable activities to be adapted.
- To know alternative sources of advice and support to whom you can refer the individual:
 - How and when to make referrals into the leisure industry.
 - How this can support those with a disability or impairment.
- Use of person-centred communication to gather information, e.g. core conditions – empathy, positive regard, congruence.

1.2. Summarise the information that should be obtained when pre-screening individuals prior to physical activity and exercise.	• Sources for gathering information: ○ individual ○ supporters or carers. • Adhere to principles of confidentiality and data protection in all interactions. • Primary screening with informed consent: ○ PAR-Q+ and follow-on questionnaires if chronic health conditions present. ○ Functional assessments (as appropriate). ○ Importance for determining session content. ○ Medications – and awareness of effects that may impact exercise response, e.g. blood pressure, balance, energy levels, urinary urgency, concentration etc. ○ EQ-5D – overall wellbeing • Verbal screening at start of every session: ○ Health and wellbeing checks. ○ Changes to health status or any medications. ○ Observation and use of questions throughout the session, including communication with supporters, e.g. care not to become overly reliant on initial form filling and then miss all the bits in between.
1.3. Outline some of the risks associated with participation in exercise for individuals with disabilities and impairments.	• See absolute contraindications – unit 1. • General risks associated with participation in exercise, e.g. strains and sprains etc. • Effects of specific impairments that affect ability to perform specific exercises or achieve specific workloads and energy levels effort required to complete specific tasks: ○ Proprioception, postural and balance challenges, risk of falling. ○ Memory and cognition ○ Joint pain. ○ Functional limitations that effect mobility, range of motion, grip, strength, reaction time. ○ Motivation. • Effects of specific medication(s) on the exercise response: ○ Medication specific, but may include effects on: – alertness, concentration, posture, balance and falls risk – proprioceptive feedback

	– exercise intensity and heart rate – coordination and reaction time – urinary urgency and access to toilets. • The need for contingency planning to manage any identified risks, which may include deferral or referral of exercise.
1.4. Explain when to signpost or refer participants to other healthcare professionals prior to participation in exercise sessions.	• Positive response to PAR-Q+ and follow-on questions. • Contraindications. • Risk stratification beyond scope of practice and qualifications: ○ Level of risk and needs exceed professional competence/qualifications and type of session being offered. • When written consent should be sought from healthcare providers prior to commencing a physical activity session programme: ○ The importance of participant /carer consent before exchanging physical activity information with other professionals. ○ The principles of confidentiality and data protection are adhered to in interactions.
1.5. Explain how the goals for a diverse range of individuals with disabilities and impairments may differ.	• The importance of conversations and tailoring communication to support person-centred goal setting and ensuring goals are realistic and challenging for all participants. • Specificity and diversity of goals (including challenges of goal setting for this demographic) according to different needs: ○ impairment(s) and individual specific ○ independent ○ dependent. • Using information to plan appropriate activity and exercise programmes specific to individual goals. • Use of supporters and helpers to assist goal setting discussions. • Process, behavioural and outcome goals. • How goals can support motivation. • The effect of goals on session and programme planning and delivery. • Reviewing and checking goals and monitoring progress – including functional assessment reviews.
1.6. Describe how to record and store information.	• Principles of confidentiality and data protection: ○ Storage.

	○ Consent. ○ The transfer and uses of information. ● General data protection regulations (GDPR). ● Data Protection Act (2018).
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2. Know how to plan and adapt exercise and physical activities for Individuals with disabilities and impairments.

2.1. Describe planning considerations for delivering exercise and physical activity sessions for individuals with disabilities and impairments.	● Participant's needs and the importance of researching specific conditions to understand their impact on planning and delivering exercise: ○ information sources – see unit 1 - 5.1 ○ consideration of – screening and health, clothing, footwear, hydration, functional limitations, effects of medication, support needs, assistive devices. ● Design of inclusive, safe, effective, and fun sport and physical activity programmes: ○ Relevant activity or sport-specific knowledge (scope of practice) to enable effective planning for the development of relevant skills. ○ Environment considerations – accessibility, temperature, floor surface, layout etc. ○ Equipment – availability and suitability, lifting and handling, maintenance, hygiene, different types of equipment (portable, fixed, sports specific, exercise genre specific). ● Application of the principles of AIM and STEP models to adapt activity to meet individual needs: ○ AIM - open activities, modified activities, specific activities, parallel activities ○ STEP modifications – space, task, equipment, people. Information (AIM and STEP) available from: ● CIMSPA professional standard (2020) working inclusively – working with disabled people) ● UK Coaching ● England Athletics.
2.2. Describe how to assess and manage the risks in the exercise environment.	● Screening and risk stratification of participants: ○ Exercise recommendations and modifications. ○ How and when to make referrals into the leisure industry and how this can support those with a disability or impairment.

	○ Own level of competence in dealing with participants needs. ○ Alternative sources of advice and support to whom you can refer the individual. ○ Effects of functional impairments, chronic health conditions, specific medication(s). ● Risk assessment of environment and equipment. ● Checks needed: ○ prior to physical activity ○ during physical activity – dynamic risk assessment, observation ○ post physical activity. ● The importance of contingency plans and how to ensure activities are creative, fun, and engaging and pitched at the appropriate level.
2.3. Describe a range of safe, effective and inclusive physical activities / exercises for individuals with disabilities and impairments.	● Application of the principles of AIM and STEP models to adapt activity to meet individual needs. ● Session structure: ○ warm up ○ cardiovascular ○ muscular ○ cooldown and stretch. ● Activities / exercises: ○ evidence-based guidelines (where available) ○ different impairments and disabilities. ● Alternative activities that may be more appropriate for specific needs: ○ chair-based and chair/external support assisted ○ water-based ○ Tai Chi ○ physical activity ○ sport ○ specialist sessions ○ when to recommend these alternatives. ● All components of fitness: ○ cardiovascular fitness ○ muscular fitness – functional, posture and pelvic floor ○ flexibility (and relaxation)

	○ skill-related, e.g. balance, coordination etc. • Activities of daily living (ADL): ○ Move more often and sit down less. • Types of session/programme: ○ one to one – personal trainer or gym-based ○ group exercise – different genres.
2.4. Identify a range of modifications and adaptations that may be applied to ensure the physical activity and exercise sessions are accessible and inclusive.	• AIM and STEP models. • Modification of frequency, intensity, time, and type. • Modification of intensity variables: ○ range of motion ○ repetitions ○ resistance – including weight-bearing ○ rate or speed ○ impact. • Balance and level of support. • Music speed – appropriateness of speed and when not appropriate. • Adaptations according to specific needs for a positive outcome on each and every occasion.
2.5. Outline the importance of regular participation in physical activity and exercise to support participants achieving their goals.	• The importance of regular attendance for individual development. • Analysis of the participant's level of development, actual and potential performance to inform goal setting. • Physical activity – CMO guidance: ○ Activities of daily living – sit down less and move more often. • Structured exercise: ○ frequency, intensity, time, type, volume, and progressions (FITT-VP) ○ evidence-based recommendations.
2.6. Explain how to utilise communication and instructional skills to create a positive and inclusive experience.	• To create a positive experience and an environment to allow for opportunities to develop. • Effective communication with all participants, e.g. for participants who have sensory or intellectual disabilities. • Use of appropriate language and tone when communicating with participants, before, during and after the session. • Effective communication with supporters during the session (as needed).

	• Instructor skills: ○ Accurate and effective own demonstration, including movement speed and posture. ○ Clarity of instruction and cues to support transitions between exercises: – visual cues – verbal cues and use of body language – use of voice – volume, intonation, projection, enunciation – step-by- step instructions. ○ Timing: – Planning time for transitions. – Time to get into and out of position. – Set up of start position. – Time to set up equipment. ○ Observation and use of effective teaching position. ○ Presentation – including clothing, footwear. • Adaptation of skills to meet specific needs: ○ intellectual/learning ○ sensory ○ physical.
2.7. Explain when to regress physical activities for individuals with disabilities and impairments.	• Specific to individual and type of disability. • Chronic health conditions and progression. • To ensure correct intensity and technique. • Safety, effectiveness, manage behaviour/attention etc.
2.8. Explain how to use the information gathered to create a positive instructor mindset for planning exercises.	• Uses - see LO3 planning and adaptation. • Mindset – to support and promote inclusivity. • Researching ways to engage and support individuals.

3. Be able to plan and adapt exercise and physical activities for individuals with disabilities and impairments.

3.1. Collect and record information from participants to inform session structure, programme objectives and goal setting.	• Use all screening (LO1) information: ○ Inclusion, signposting, referral, or deferral – as appropriate ○ Adaptation, progression and regression of session content. Liaise with participant support personnel, if relevant. • Communicate sensitively to explore individual participant's wants and needs to be active. • Use inclusive verbal, non-verbal and written communication. • Use different methods of communication to suit the individual participant's needs. • Use appropriate and respectful language and terminology.
3.2. Identify, assess, and manage risks in the exercise environment.	• All screening (LO1) and planning considerations (LO2): ○ Identifying equipment and resources needed for programme and individual sessions. ○ Risk assessment of participants, environment, and equipment. • Management of risks and contingency plans.
3.3. Use information gathered to design a safe and effective exercise session for individuals with disabilities and impairments.	• All screening (LO1) and planning considerations (LO2). • Inclusive, safe, and effective session design. • Use of appropriate equipment and methods. • Recommendations for other activities such as activities of daily living, home-based exercise, other exercise sessions appropriate to needs. • Consideration of the implications of different disabilities on the planning and delivering of physical activity and exercise – unit 1 – LO2.
3.4. Provide a rationale for the activities used in the session.	• Inclusive, safe, and effective for individuals with disabilities. • Use of appropriate equipment and methods. • Supports future participant development relevant to their goals, outlining their next steps for retention and/or progression.
3.5. Plan a range of adaptations and modifications for the exercise session specific to participants needs and goals.	• See 2.4. • Regressions of exercises as appropriate. • Progressions of exercise as appropriate. • Enables future participant development relevant to their goals, outlining their next steps for retention and/or progression.

3.6. Record the session and programme in an appropriate format.	• Use of appropriate screening records. • Use of appropriate planning records – lesson plan and progressive plan. • Adherence to GDPR and data protection guidelines.
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4. Know how to review and evaluate exercise and activity sessions.

4.1. Outline the importance of regular reviews of the participant's progress.	• To evaluate the effectiveness of the programme and ensure it is engaging, varied, and progressive to meet the participant's needs/goals and increase and enthuse further engagement. • Inclusion of participants and support staff within the evaluation process. • Analysis of the participant's level of development, actual and potential performance to inform goal setting. • Use of self-reflection and management skills to evaluate own work.
4.2. Identify opportunities to collect feedback from participants.	• Before, during and after sessions. • Information needed – extent to which session met needs, found difficult or easy etc. • Methods of gathering information – verbal, written, assessment. • Participant and support staff feedback.
4.3. Describe how to use the information gathered from participants and supporters to promote motivation.	• To review and evaluate session (see 4.1). • To make modifications to improve inclusion and outcomes for all participants. • To confirm continued suitability of sessions and programme – safety and effectiveness. • Awareness of need for progression and regression.
4.4. Explain how to reflect on your own practice to inform future sessions.	• Kolb model. • Importance of reflective practice. • Reflection on action and inaction. • Use of feedback from participants and supporters. • Consideration to session content, structure, instructional and communication skills, safety, effectiveness, inclusivity etc. • Use of reflective practice to identify CPD needs.

5. Be able to deliver and review inclusive exercise sessions for individuals with disabilities and impairments.

5.1. Create an inclusive, equitable and welcoming environment to engage individuals with disabilities in sport and physical activity.	• Builds rapport and relationships with all participants. • Engage with each individual participant in a safe and inclusive way. • Use different methods of communication to suit the individual participant's needs and promote inclusion. • Positively manage participant behaviour. • Check and challenge understanding among all participants. • Use appropriate and respectful language and terminology.
5.2. Assess, monitor, and manage risk to the participants throughout the session.	• Evaluate risk and make appropriate reasonable adjustments when required. • Apply appropriate elements of legislation when needed. • Use contingency plans when needed.
5.3. Deliver an inclusive, safe, and effective session for individuals with disabilities and impairments, using appropriate equipment and methods and liaising with helpers when appropriate.	• Delivery of safe exercise that is suitable for the participant. • Plan for future participant development relevant to their goals, outlining their next steps for retention and/or progression. • Engage with each individual participant in a safe and inclusive way. • Build rapport and relationships with all participants.
5.4. Utilise communication and instructional skills to deliver an engaging and inclusive session.	• See 2.6. • Create a positive experience and an environment. • Communicate effectively with supporters during the session. • Engage with each individual participant in a safe and inclusive way. • Build rapport and relationships with all participants. • Check and challenge understanding among all participants. • Instructor skills: ○ Accurate and effective own demonstration, including movement speed and posture. ○ Clarity and effectiveness of communication, instruction and: – Visual cues and use of body language.

	– Verbal cues – use of voice – respectful language and terminology, volume, intonation, projection, enunciation. – Step by step instructions. – Effective communication for different needs, e.g. sensory, intellectual. ○ Timing and cues to support transitions between exercises: – Planning time for transitions. – Time to get into and out of position. – Set up of start positions. – Time to set up equipment, e.g. use of resistance bands. ○ Observation and use of effective teaching position. ○ Presentation – including clothing, footwear. ● Adaptation of communication skills to meet specific needs: ○ intellectual ○ sensory ○ physical/mobility.
5.5. Adapt activities and delivery method to meet the needs of the participants.	● See 2.4.
5.6. Evaluate the effectiveness of the session to ensure it is engaging, varied, and progressive and meets participants' needs/goals.	● To evaluate the effectiveness of the programme and ensure it is engaging, varied, and progressive to meet participants' needs/goals and increase and enthuse further engagement. ● To make modifications to improve inclusion and outcomes for all participants. ● Inclusion of participants and support staff within the evaluation process. ● Analysis of the participants' level of development, actual and potential performance to inform goal setting. ● Use of self-reflection and management skills to evaluate own work.

Qualification content: YMCA Level 3 Award in Supporting Participation in Physical Activity: Older Adults

Healthy ageing and the role of physical activity and exercise (T/650/4640)

Unit aim

This unit develops the learner's knowledge of the anatomical and physiological changes that occur in response to ageing and inactivity. It looks at the different stages of the ageing process and the role of physical activity and exercise to support healthy ageing. This unit also outlines scope of practice for exercise professionals working with the older adult population.

Content

1. Understand ageing and the effects of the ageing process.

1.1. Describe the diversity of the older adult population.

- ACSM definitions – older adults:
 - Aged over 65.
 - Aged over 50 with chronic health conditions.
- Different stages of the ageing process and definitions and characteristics of different stages.
- Chief Medical Officers' CMO report. (2019) definitions:
 - Independent – already active, healthy, and functional
 - Transitioning:
 - In transition – function declining due to too much sedentary time, generally healthy.
 - Noticeable changes affecting mobility, functioning, strength and balance, sight, and vision.
 - Progressive loss of independence – diagnosis of health condition and/or changes to vision/hearing which impacts functioning.
 - Health conditions.
 - Frailty – being frail or loss of physical or cognitive function due to chronic health conditions or old age, loss of mobility, strength, balance which affects daily functioning including getting dressed, using the bath, climbing stairs (see also refer to clinical frailty scales and guidance).
 - Dependent – care and support needs:
 - care pathway
 - values and principles of adult social care
 - principles of diversity within adult social care.

	• Centre for ageing better definitions from ‘Raising the bar’ (2019): ○ High and stable capacity – already active, may benefit from more activity or focusing on specific fitness aspects. ○ Declining capacity – due to inactivity (largest sub-group). ○ Significant loss of capacity – low physical/cognitive function – therapeutic approaches and falls prevention. See appendix 3 for information sources.
1.2. Describe successful and healthy ageing.	• Successful /healthy ageing – defined as the number of years lived without chronic health conditions and with the ability to maintain activities of daily living. • Awareness of lifestyle behaviours that support healthy and successful ageing, e.g. physical activity and healthy lifestyles. • Brief overview of other models of ageing, such as: ○ Chronological – numerical age. ○ Physiological – progressive decline of physical functioning which can be managed, including other natural physiological changes such as menopause for women. ○ Biological – genetic and biological factors that cannot be controlled. ○ Functional – rate at which an individual ages according to their ability to perform specific tasks or activities. ○ Psychological – lifespan psychological development models (Erikson), models that view successful ageing as ability to maintain a sense of control and ability to cope, including self-efficacy, self-esteem, resilience, attitude to ageing. ○ Pathological – effect of chronic health conditions and their impact on quality of life, functioning and independence. ○ Usual ageing – rate of ageing in the absence of disease, excluding positive factors such as physical activity and social competence.
1.3. Identify social demographics related to the older adult population and physical activity levels.	• Please refer to the most current statistics and information sources. • Percentage of population in different age groups: ○ aged over 50 ○ aged over 65 ○ aged over 75 ○ aged over 85. • Percentage of population who are physically active across different age groups.

	• Percentage of older population in employment and working. • Percentage of older adult population with chronic health conditions. • Percentage of older adult population with mental health conditions. • Percentage of older adult population who are dependent. • Including differences and diversity of populations: ○ gender ○ ethnic groups ○ disabilities – physical, visual, hearing. • Key points: ○ The ageing population in the UK is increasing. ○ Multiple health conditions increase the risk of frailty, which can lead to loss of independence, reduced quality of life and increased risk of hospital admissions and death. ○ The number of years (chronological age) lived without a chronic health condition has reduced. ○ More people have more than one health condition. See appendix 3 for information sources: • Age UK • Centre for ageing better • Later life training.
1.4. Describe the effects of ageing and physical inactivity on the anatomical and physiological systems.	• The risks of physical inactivity: ○ Physical inactivity – one of the top ten causes of disease and disability in England and responsible for one-in-six deaths in the UK (Sport England. 2022). • The effects of inactivity and ageing, including changes to the following systems (progressive and over time): ○ Skeletal – bone density, joint mobility, range of motion (ROM) alignment and posture. ○ Neuromuscular – posture, pelvic floor, power, strength, endurance, sarcopenia, heat production, immune function, fine motor control, coordination, balance and falls risk, reaction time (including ability to respond to instructions), movement speed, sight and hearing, short term memory. ○ Cardiovascular – reduced anaerobic threshold, reduced exercise tolerance and ability to sustain activity. ○ Respiratory – breathlessness.

	○ Cognitive – short-term memory. ○ Psychosocial – depression, anxiety, fear of falling. ● Chronic health conditions that effect functioning of the body systems – linked with inactivity and ageing: ○ musculoskeletal – osteoarthritis, osteopenia, osteoporosis, low back pain, postural changes ○ autoimmune – rheumatoid arthritis, frozen shoulder ○ endocrine/metabolic – diabetes, obesity ○ neurological – Parkinson’s, Multiple Sclerosis ○ cardiovascular – cardiovascular disease (CVD) and associated risk factors – hypertension, high cholesterol, stroke, angina ○ respiratory – chronic obstructive pulmonary disease, asthma ○ cognitive – Alzheimer’s, dementia ○ other: – cancer – consideration to effects of menopause for women. ● Consider for all conditions, age of onset, management, attitude, and response to diagnosis (locus of control). ● Include reference to CMO reports over last decade. See appendix 3 for information sources.
1.5. Explain the implications of the different stages of ageing for participants taking part in physical activity and exercise.	● Level of functioning (stage) will affect the type of exercise and guidance provided: ○ independence – high and stable capacity ○ transitioning – declining capacity – varying levels of decline ○ frailty – declining capacity ○ dependence – significant loss of capacity. ● <u>NB: Briefly discuss higher levels of decline and frailty, so that learners can identify when the needs of participants would be outside of scope.</u> ● Implications of stages on: ○ Suitability of specific types of activity and exercise. ○ Session planning, design and delivery. ○ Risk stratification – see screening and assessment (unit 2) and impact on: – Level of instruction and supervision, including the need for specialist support and supervision, for:

	▪ transitioning/declining (moderate risk) – L3 exercise referral/long-term conditions qualification/physio ▪ significant loss of capacity (higher risk) – postural stability instructor (PSI)/physiotherapy teams/specialist teams. ○ Instructor qualifications – minimum L3 exercise referral for transitioning/declining (moderate risk) and higher level qualifications for when dealing with those with significant loss of capacity. ○ Exercise settings – clinical, leisure facilities, care homes. ○ Adult social care.
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2. Understand healthy ageing.

2.1. Identify guidelines and recommendations for ageing well and healthily.	• Physical activity guidelines for older adults (current CMO guidelines). • Healthy eating – Eatwell guide recommendations, adequate hydration, alcohol use. • Overview of other relevant information, such as: ○ foot care ○ eye care and vision ○ mouth care and dentistry ○ hearing tests ○ home safety and heating ○ medical care – discussing medications, vaccinations, preventing falls, bladder and bowel care, brain care, mental health ○ self-care – for carers. See appendix 3 for information sources: • Age UK guidance – ‘A practical guide to healthy ageing (70+)’.
2.2. Explain the benefits of physical activity and exercise for older adults.	• All stages – see 1.1 definitions. • Difference between physical activity and exercise. • Reference to the current CMO guidance. • Effects of physical activity and exercise on all body systems: ○ Short-term and immediate effects – increase to heart rate and breathing rate, muscle temperature, blood pressure etc.

	○ Long term effects – stronger heart, increased stroke volume, regulate blood pressure, increase bone density etc. ○ Effects associated with different types of exercise and components of fitness. • Longer term benefits include: ○ Maintaining independence. ○ Improving fitness and maintaining ability to perform activities of daily living and continue leisure pursuits. ○ Reducing the risk of chronic health conditions. ○ Supporting the management of existing health conditions and minimising effect on functioning. ○ Maintaining psychological well-being. ○ Maintaining and building social connections. • Refer to most current CMO report. See appendix 3 for information sources.
2.3. Identify the barriers to physical activity and exercise for older adults.	• Real and perceived barriers for different stages – independent, transitioning, frailty, dependent. • Psychological barriers – lack of confidence, self-efficacy, self-esteem, mental health (depression, anxiety), fear of falling, fear of making health conditions or injuries worse, fear of being too old to participate in some sessions, not fit enough etc. • Physical/environmental barriers – accessibility and availability of appropriate activities, cost, location, method of booking sessions, e.g. use of apps etc., transport links, lack of transport, suitability of exercise sessions, suitability of instructors. • Barriers /concerns linked with health: ○ medical diagnosis and conditions, e.g. osteoarthritis etc, ○ functional, strength and balance – falls risk and fear of falling, mobility issues, vision, and hearing ○ cognitive impairments – memory, responding to instructions etc.
2.4. Identify motivators for physical activity and exercise for older adults.	• At all stages – see 1.1 definitions. • Consideration to behaviour change models – transtheoretical model (stages and processes) and COM-B (capability, opportunity, motivation, behaviour). • Motivational strategies: ○ goal setting

	○ social support systems ○ education and learning ○ role models. ● Specific motivators: ○ The usual motivators that may continue to apply, despite ageing. ○ Recommendation of GP. ○ Support of family and friends. ○ Personal motivators – self-determination, gender, life stage. ○ Positive mental health as a motivator. ○ Maintaining independence and functioning. ○ Reduce risk of chronic health conditions. ○ Management of chronic health conditions. ● Socialisation and structure for day – getting out of house.
2.5. Outline appropriate methods to promote exercise, physical activity, and wellbeing initiatives to older adults.	● At all stages – see 1.1 definitions. ● Range of promotional and marketing strategies – stage appropriate. ● Link to motivators – (see above – 2.5) – wellbeing and health. ● Appropriate images to promote activity – positive, inclusive. ● Helpful language and messages: ○ Focus on stage not age. ○ Consider targeted and specific marketing for different sub-groups, e.g. gender, ethnicity, socio-economic status, health status. Identity and how individuals identify. ● Peer mentoring. ● Support services – GP, charities, exercise referral services, leisure services.

3. Know the risks and contraindications to exercise.

3.1. Identify the contraindications to exercise.	● Reference to the current American College of Sports Medicine guidelines for specific conditions (PAR-Q+ and algorithm). ● Use of information to guide recommendations on participation/deferral/referral and referral sources, e.g. GP. ● Absolute contraindications for exercise (general) – use ACSM guidelines for exercise testing and prescription/NCSEM (exercise referral toolkit), such as:
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	○ Any uncontrolled or unstable condition, e.g. not managed by medication. ○ Resting systolic blood pressure at (or above) 180mmHg / DBP 100mmHg. ○ Uncontrolled resting tachycardia at or above 120 bpm. ○ Experiences a negative change or increase in pain during exertion. ○ Dizziness or excessive breathlessness during exertion. ○ Significant postural hypotension. ● Absolute contraindications specific to different conditions: ○ Inability to maintain balance while seated. ○ Noticeable pain of a known origin. ○ Current injury. ○ Current wound. ○ Latex allergy (for the use of exercise bands). See appendix 3 for information sources: ● American College of Sports Medicine (ACSM) guidelines for exercise testing and prescription. ● ACSM exercise management for persons with chronic diseases and disabilities. ● Centre for ageing better – ‘Raising the bar on strength and balance’ report. ● National Centre for Sports and Exercise Medicine (exercise referral toolkit).
3.2. Outline the risks associated with participation in exercise for older adults.	● General risks – for all populations, e.g. strains and sprains. ● Specific risks for different stages: ○ Healthy and active without health conditions risk of participation is low. ○ Declining/transitioning – risk stratification for participation will increase amongst those with one or more chronic health condition. ○ Frail/dependent – the risk of participation is higher for this population and specialist training is required, e.g. postural stability instructor. ● Specific risks associated with chronic health conditions: ○ hypoglycaemia ○ strains and sprains ○ breathlessness ○ joint pain and discomfort

- loss of balance, falls risk, fractures
- cardiac incidents – angina, heart attack
- dizziness and fainting.
- Effects of specific medication(s) on:
 - alertness
 - posture
 - balance
 - falls risk
 - proprioceptive feedback
 - exercise intensity and heart rate
 - urinary urgency and frequency
 - postural hypotension
 - masked pain levels
 - coordination and reaction time.
- Effects of common functional impairments that increase risk of participation:
 - Risk of falling or fear of falling.
 - Hearing, speech, and sight impairments.
 - Memory or cognitive decline.
 - Proprioception.
 - Soft tissue injury.
 - Joint pain.
 - Grip.
 - Range of motion.
 - Motivation.
 - Muscle strength.
 - Reaction time.
 - Ability to transition from floor to stand.
 - Ability to perform certain exercises.
 - Ability to achieve specific workloads.
 - Energy levels and effort required to complete specific tasks.
- The importance of contingency planning to manage any identified risks, which may include deferral or referral of exercise and signposting to specialist services, e.g. falls prevention service or other services, such as exercise referral.

4. Understand guidelines for best practice when delivering physical activity and exercise with older adults.

4.1. Identify a range of evidence-based information sources to support working with older adults.

- Evidence based information sources:
 - CMO guidance – most current – 2019.
 - American College of Sports Medicine (ACSM).
 - Research studies on specific types of activity and programming for older adults at different stages.
 - Centre for ageing better (see definitions from ‘Raising the Bar’ (2019)).
- Support organisations:
 - GP and other healthcare services, e.g. physiotherapists.
 - Local and national charities – Age UK, Age Concern, Mind etc.
- The benefits of working with other services to support participation in physical activity.
- See appendix 3 for information sources.

4.2. Explain the importance of only working within scope of practice and the boundaries of personal and occupational competence.

- Centre for ageing better guidance – from ‘Raising the bar’ (2019):
 - High and stable capacity – fitness specific qualifications and leadership awards for community settings.
 - Declining capacity – additional qualifications may be required, e.g. Level 3 Exercise Referral/Long-term conditions.
 - Significant loss of capacity (frail/dependent) – for falls prevention – Otago and Postural Stability Instructor (L4).
- Inclusions in this qualification:
 - Working with independent and already active and apparently healthy older adults – high and stable capacity – some may be suitable for mainstream sessions depending on type of session.
 - Individuals with positive responses to PAR-Q+ who answer ‘no’ to follow-on questions not requiring medical clearance, low risk on other stratification models, e.g. Irwin and Morgan.
- Exclusions in this qualification:
 - Requirement for additional qualifications – exercise referral, long-term conditions, falls, strength and balance, cardiac rehab, chair-based exercise etc.:
 - Older adults with chronic health conditions – moderate risk rating – declining capacity (exercise referral).

	– Frailer older adults – falls and fracture risk – significant loss of capacity (PSI). – Dependent older adults – care homes – significant loss of capacity. • NB: If in doubt, such as not being clear about the individuals risk stratification or any health conditions they present, or lacking confidence regarding own skills and knowledge to work with an individual or feeling unsure of the suitability of session content and structure, then this may also be reason for exclusion. • See appendix 3 for information sources.
4.3. Outline the importance of having the correct insurance cover for working with older adults.	• How to check insurance arrangements are sufficient. • Correct insurance requirements for working with older adults with chronic health conditions (declining and significant loss of capacity). • Examples of when insurance cover may be insufficient, e.g. declining, and significant loss of capacity, depending on qualifications held. • How to inform insurance companies of the specialist qualification and to include cover of this population under existing policy.
4.4. Outline the importance of holding a current and valid First Aid certificate when working with older adults.	• Know how to respond in the event of accidents and/or emergencies. • Provide first aid.
4.5. Explain the importance of regular continuous professional development (CPD) relevant to older adults.	• Maintaining professional competence and membership of organisations. • Keeping up to date with guidance and recommendations. • Best practice and working within scope of practice. • Continuing professional development (CPD) opportunities to support work with this population, including specialist organisations and training providers.

Programming and adapting exercise for older adults (Y/650/4641)

Unit aim

This unit develops the knowledge that an exercise and fitness instructor will need to programme and adapt exercise and physical activity to meet the needs of adults who are healthy and active and those at early stages of transitioning. This unit looks at methods of screening to assess individual suitability for participation in exercise and whether individuals require signposting to other services, including different types of activity and exercise that may better support some needs, e.g. exercise referral services and falls prevention.

The unit also looks at specific exercise and session structure adaptations and modifications required to support older adults, including adaptation of instructional and communicational skills to support participants needs.

Content

1. Know how to screen and assess older adults prior to participation in physical activity and exercise.

1.1. Explain the importance of appropriate pre-activity screening and assessment for older adults.

- Screening and risk stratification – inclusion or exclusion of participants:
 - ACSM model – algorithm
 - PAR-Q+ with follow-on questions
 - Irwin and Morgan model.
- Appropriate advice and guidance – deferral, signposting, and referral.
- Working within scope of practice and role boundaries, including competence, confidence and qualifications – see unit 1/AC4.2.

See appendix 3 for information sources.

1.2. Summarise the information that should be obtained when pre-screening older adults prior to physical activity and exercise.

- Screening tools and informed consent.
- PAR-Q+ and follow-on questionnaires for individuals with chronic health conditions:
 - Medical clearance required for those who answer yes to follow-on questions.
- Benefit of functional assessments, such as three minute walk and assessments sometimes used for those at risk of falls, e.g. sit to stand, timed up and go, single leg balance, functional reach, internal and external rotation, seated hamstring stretch. **NB: Learners are not expected to conduct**

	<u>these assessments, just have awareness of their value and uses. This information may be available from health care professionals and would be part of more specialist qualifications, e.g. postural stability instructor.</u> • Importance for identifying suitability of sessions and identifying individuals who need specialist support (physiotherapy). • Importance for determining session content, e.g. if unable to stand on one leg for a set duration, this will affect ability to perform some mainstream exercises like knee lifts/leg curls. • Importance for determining functional capacity, e.g. if unable to transfer to and from the floor (capacity or confidence) this will affect exercise selection and suitability of some exercise sessions. • Medications and awareness of their effects, including effects that may impact exercise response, e.g. blood pressure, balance, energy levels etc. • Verbal screening at start of every session: ○ Health and wellbeing checks. ○ Changes to health status or any medications. • Observation and use of questions throughout session. • Other questionnaires that can be useful to identify needs: ○ EQ-5D – to assess overall wellbeing (see appendix 3 for sources). ○ For frailer older adults at risk of falls (the value of additional assessments, such as functional assessments listed earlier and other specific questionnaires indicating potential falls risk).
1.3. Explain when to signpost or refer participants to other healthcare professionals prior to participation in exercise sessions.	• When written consent/medical clearance should be sought from healthcare providers prior to commencing a physical activity session programme for older adults: ○ Positive response to PAR-Q+ and follow-on questions. • Risk stratification beyond scope of practice and qualifications: ○ Level of risk and needs identified exceeds professional competence/qualifications and type of session being offered. • Contraindications. • The importance of participant consent before exchanging physical activity information with other professionals, which may include contacting a healthcare professional to gather more information, such as the outcomes of any functional or other assessments completed by the healthcare professional.

1.4. Explain how the goals for a diverse range of older adults may differ and the importance of regular participation in physical activity and exercise.	• Specificity and diversity of goals according to different stages: ○ independent – already active ○ transitioning – declining ○ frailer – loss of physical/cognitive functioning ○ dependent – carer or care home. • The importance of person-centred goal setting. • Process, behavioural and outcome goals. • How goals can support motivation. • The effect of goals on session and programme planning and delivery. • Reviewing and checking goals and monitoring progress – including functional assessment reviews. • The importance of regular participation in physical activity and exercise to support older adults achieving their goals. ○ Physical activity – CMO guidance: – Activities of daily living and messages: ▪ Sit down less and move more often. ▪ Some is good, more is better. ▪ Break up sedentary times. ○ Structured exercise: – Frequency, intensity, time, type, volume, and progression (FITT-VP). – Evidence-based recommendations for specific populations, e.g. frailer older adults. – Linked home-based exercise programmes.
1.5. Describe how to record and store information.	• Principles of confidentiality and data protection. • General data protection regulations (GDPR) • Data Protection Act 2018.

2. Know how to plan and adapt exercise for older adults.

2.1. Describe planning considerations for delivering exercise sessions for older adults.	• Participants – different stages of ageing: ○ Screening and informed consent. ○ Appropriate clothing and footwear. ○ Hydration. ○ Functional limitations and impairments. ○ Chronic health conditions.
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	○ Marked differences in ability between the left and right sides of the body. ○ Medications and effects. ● Environment: ○ Temperature, space, floor surface, room layout. ● Equipment: ○ Suitability of different equipment for: – specific older adult populations – specific types of session. ○ Maintenance of equipment. ○ Lifting and handling. ○ Types of equipment: – small portable equipment – resistance bands, chairs, hand weights/dumbbells, ankle weights, steps. ● Fixed equipment – gym-based (CV machines etc.).
2.2. Describe how to assess and manage the risks in the exercise environment.	● Screening and risk stratification of participants (stages of ageing): ○ Exercise recommendations and modifications. ○ Referral or deferral as needed. ● Effects of common functional impairments – see unit 1 – AC 3.2. ● Effects of chronic health conditions – see unit 1 – AC 3.2. ● Effects of specific medication(s) – see unit 1 – AC 3.2. ● Risk assessment of environment and equipment: ○ layout of environment ○ equipment used and layout – chairs, resistance bands. ● Checks needed: ○ prior to physical activity ○ during physical activity – dynamic risk assessment, observation ○ post physical activity.

2.3. Describe how the effects of ageing, inactivity and/or health conditions on the body systems may have implications for planning and delivering exercise for older adults.	• All identified effects – see unit 1 – AC 1.4. • All identified risks – see unit 1 – AC 3.2. • Motor skills – balance, coordination, reaction time to instruction and cues. • Pelvic floor – inclusion of specific exercises to target this area. • Transitions: ○ Between movements. ○ From standing to floor and floor to standing and individuals ability and confidence to transition. ○ Planning and allowing time for transitions. ○ Clearer instructions to manage transitions. ○ use of teaching position to manage transitions. • Slower movement speed (including music speed where appropriate). • Intensity variables – repetitions, resistance, range of motion, rate/speed, sets • Modifications for functional impairments: ○ joint and mobility ○ cognitive ○ cardiovascular ○ sensory – vision and hearing.
2.4. Describe a safe and effective session structure and appropriate activities for older adults.	• Stage specific – healthy, declining health, or frailer individuals will have different needs. • Session structure considerations, such as: ○ Warm up – longer duration, more progressive and gradual increase, more targeted and isolated joint mobility for specific joints (such as ankles or wrist), lower intensity and impact, transitions, and speed manageable. ○ Cardiovascular – lower impact, less intense, progressive, and gradual build up and cooldown, interval approaches, during peak slower pace, and less complex and less arm movements (if included). Transitions are less complex. ○ Muscular – whole body approach, functional focus and related to daily activities, fracture site focus, full range of motion and of sufficient intensity to be effective (not gentle!), avoidance of isometric exercises. ○ Cooldown and stretch – stretch positions appropriate, support and balance available (walls, chairs), use of aids to assist range of motion or comfort (pillows, cushions). • Activities / exercises:

	○ Evidence-based guidelines appropriate to stage. ○ Different older adult populations and specific qualifications to work with some, e.g. exercise referral and postural stability instructor. ○ All components of fitness: – cardiovascular fitness – muscular fitness – functional, for bone density, posture and pelvic floor – flexibility – motor skills, e.g. balance, coordination, reaction time, speed etc – relaxation. ○ Activities of daily living (ADL): – Move more often and sit down less. • Types of session: ○ One to one – sessions and programmes. ○ Group-settings – sessions and programmes. ○ The relationship between programme design and activity delivery in engaging older adults .
2.5. Identify a range of modifications and adaptations that may be applied to ensure the exercise session is accessible and inclusive to older adults.	Modification of: • Frequency, intensity, time, and type. • Intensity variables (to affect modification) and prioritisation of them for increasing/decreasing intensity and/or functional movement: ○ range of motion ○ repetitions ○ resistance ○ rate or speed of movement ○ impact. • Weight-bearing • Balance and level of support. • Music speed – appropriateness of speed and when <u>not</u> appropriate. Adaptations according to specific needs and stage: • Independent – some modifications may be needed to meet individual needs. • Transitioning – greater consideration to all variables to meet specific needs, including chronic health conditions and medications (<u>continuum of transitioning and decline</u>).

	• Frailer – need for <u>specialist instruction</u> and <u>significant modification</u> to enable participation. • Dependent – as above (frailer). • Awareness of requirements and adaptations that exceed knowledge and skills and are outside of scope of practice. Adaptations for (as appropriate): • Joint impairments – shoulder, hip, spine, finger, toes, knees, wrist: ○ pain, reduced range of motion (ROM), stiffness, lack of strength, alignment and posture. • Cardiorespiratory – reduced tolerance and capacity, lower muscle mass, breathlessness. • Sensory impairment – visual, vestibular, hearing, proprioception. • Cognitive/mental – mild dementia, low mood, mild depression/anxiety, decline in cognitive ability, short-term memory, decline in ability to follow instructions safely, decline in ability to sequence tasks. • How to use the principles of training to progress the programme: ○ Progressive planning for a programme delivered over several weeks. ○ Application of: – frequency – intensity – resistance, repetitions, rate, range of motion, sets, rest – time – type – specificity – overload. • Volume.
2.6. Analyse the suitability of a range of alternative types of activity to meet the diverse needs and requirements of older adults at different stages of transitioning/decline.	• Types of activity and who they may be suitable or unsuitable for. • Walking programmes (including the risk assessment of some outdoor environments, e.g. uneven walking surface may increase risk of falls. • Chair-based exercise. • Water-based exercise. • Tai Chi. • Specialist sessions:

	○ exercise referral ○ cardiac rehabilitation sessions ○ pulmonary rehabilitation ○ strength and balance (postural stability Instructor). ● When to recommend these alternatives: ○ To maintain scope of practice and competence. ○ Safety and effectiveness for individuals. ● When to regress physical activities for older adults. ● With consideration to: ○ Stages – transitioning, declining (continuum). ○ Chronic health conditions and disease progression. ○ Individual needs – range of motion, strength, balance, coordination. ● To ensure correct intensity and technique.
2.7. Describe how to use and adapt communication and instructional skills to monitor and improve older adults' performance.	● Adaptation of instructional and communication skills according to stage and specific needs: ○ healthy/independent – high and stable ○ transitioning – declining ○ frailty – declining ○ dependent – significant loss of capacity. ● The importance of correct technique during physical activity and exercise for older adults. ● Instructor skills: ○ Accurate own demonstration, including movement speed and posture. ○ Clarity of instruction and cues to support transitions between exercises: – visual cues – verbal cues and use of body language – use of voice – volume, intonation, projection, enunciation – step by step instructions. ○ Timing: – Planning time for transitions. – Time to get into and out of position. – Set up of start positions. – Time to set up equipment, e.g. use of resistance bands.

	○ Observation and use of effective teaching position. ○ Presentation – including clothing, footwear. ● The importance of rapport and relationship established between instructor and participants on engagement and adherence. ● Adaptation of skills to meet specific needs: ○ cognitive impairment ○ sensory impairment ○ joint impairment ○ cardiorespiratory impairment.
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3. Be able to plan and adapt exercise for older adults.

3.1. Collect and record information from participants to inform session structure, programme objectives and goal setting.	● See 2.1-2.7. ● Written (PAR-Q+) and verbal. ● Participant screening, functional assessment(s), and risk stratification. ● Signposting, referral, or deferral – as appropriate. ● Adaptation of session or content. ● Progression and regression of session content.
3.2. Assess and manage risks in the exercise environment.	● See 2.1-2.7. ● Identifying equipment and resources needed for programme and individual sessions. ● Risk assessment of participants, environment, and equipment. ● Management of risks and contingency plans.
3.3. Analyse and use information gathered to design a safe and effective exercise session for older adults.	● See 2.1-2.7. ● Safe and effective session and content/exercise selection structure: ○ Warm up exercises. ○ Cardiovascular exercises. ○ Muscular fitness exercises – including pelvic floor. ○ Cooldown and flexibility exercises – relaxation. ○ Motor skills, including balance, coordination. ○ Functional considerations – ability and confidence to transition, e.g. stand to floor, crawl or move across floor. ○ Application of progressive principles and variables (FITT-VP) – see AC 2.10.

	Recommendations for other activities – activities of daily living, home-based exercise, other exercise sessions appropriate to needs.
3.4. Provide a rationale for the session structure and activities used in the session/programme.	Extent to which the session designed meets the needs and aims of the participant(s).
3.5. Plan a range of adaptations and modifications for the exercise session specific to participants needs.	- Regressions of exercises as appropriate. - Progressions of exercises as appropriate.
3.6 Record the session and programme in an appropriate format.	- Use of appropriate screening records, risk assessment. - Use of appropriate planning records – lesson plan and progressive plan. - Adherence to GDPR and data protection guidelines.

4. Know how to review the planned programme.

4.1. Explain the importance of regular reviews of the participant's progress.	- To confirm continued suitability of sessions and programme – safety and effectiveness. - Awareness of need for progression and regression.
4.2. Identify opportunities to collect feedback from participants.	- Before, during and after sessions. - Information needed – extent to which session met needs, individuals found it difficult or easy etc. - Methods – verbal, written, reassessment.
4.3. Explain how to use the information gathered from participant feedback to promote motivation.	For example – comparing reports of subjective experiences with outcomes of any functional assessment outcomes/reviews to show progress and developments.
4.4. Explain how to reflect on your own practice to inform future sessions.	- Kolb model - Importance of reflective practice. - Reflection on action and in action. - Use of reflective practice to identify CPD needs.

Delivering exercise for older adults (A/650/4542) – optional unit

Unit aim

This unit provides evidence that the learner has demonstrated the essential skills to deliver and adapt exercise for older adults in a real working environment. This includes adaptation of session structure and content appropriate to specific needs and stage of ageing. It also includes the modification of communication and instructional skills to meet participants needs.

Content

1. Be able to plan, deliver and review exercise sessions for older adults.	
1.1. Plan and deliver a safe, effective and inclusive session for healthy, active older adults.	• See 'Programming and adapting exercise for older adults (Y/650/4641)' • Using appropriate session structure, content, equipment, and instructional methods. • Builds rapport and relationships with all participants.
1.2. Assess, monitor, and manage risk to participants throughout the session.	• See 'Programming and adapting exercise for older adults (Y/650/4641)' • Evaluate risk and make appropriate modifications when required.
1.3. Use effective communication and instructional skills to deliver the session.	• See 'Programming and adapting exercise for older adults (Y/650/4641)' • Tailor communication and instructional skills to meet specific needs.
1.4. Adapt and tailor delivery method, session structure and activities to meet the needs of all participants.	• See 'Programming and adapting exercise for older adults (Y/650/4641)'
1.5. Evaluate the effectiveness of the session to ensure it is engaging, varied, and meets participants' needs/goals.	• See 'Programming and adapting exercise for older adults (Y/650/4641)'

Qualification content: YMCA Level 3 Award in Supporting Participation in Physical Activity: Perinatal

Note: Throughout this qualification, we use the term ‘mother’ to describe the person who is pregnant. This includes those who do not identify as a woman.

Supporting perinatal physical activity, exercise, health, and wellbeing (K/650/2431)

Unit aim

This unit develops the learner's knowledge of the anatomical and physiological changes that occur during the perinatal period. It details appropriate physical activity and exercise guidelines and healthy eating recommendations to support perinatal (pregnant and postnatal) participants. This unit also outlines scope of practice for exercise professionals working with the perinatal population.

Content

1. Understand scope of practice and evidence-based guidelines to support work with antenatal and postnatal participants.

1.1. Identify current evidence-based guidelines and information sources of best practice for working with antenatal and postnatal participants.

- Services to signpost individuals who have needs outside of scope of practice:
 - GP
 - counsellors
 - dietitians
 - women's health physiotherapists etc.
- Physical activity and wellbeing initiatives e.g.
 - This Mum Moves
 - The Active Pregnancy Foundation – Find Your Active
 - Couch to Fitness – Prenatal Programme
 - Couch to Fitness – Postnatal Programme
- Local, national, and international support organisations:
 - CMO guidance for antenatal and postnatal
 - American College of Obstetricians and Gynaecologists (ACOG)
 - American College of Sports Medicine (ACSM)
 - Royal College of Gynaecologists (RCOG)
 - The Active Pregnancy Foundation
 - The Chartered Institute for the Management of Sport and Physical Activity (CIMSPA)

	○ NHS (NHS Choices) – see ‘Parents, pregnancy and birth’ series listed in appendix 4 ○ Royal College of Midwives guidance ○ Mind for mental health (and other mental health charities) ○ British Nutrition Foundation ○ National Institute of Health and Care Excellence (NICE) ○ World Health Organisation (WHO) ○ British Pregnancy Advisory Service ○ National Childbirth Trust ○ Paediatric Autoimmune Neuropsychiatric Disorder Associated with Streptococcus (PANDAS) ○ Twins Trust ○ Birth Rights ○ Best Beginnings ○ Tommy’s Together for every baby ○ Bliss ○ Bluebell Care Trust ○ Gingerbread ○ Home Start ○ Maternity Voices Partnerships. ● Research articles, such as those available from the British Medical Journal (listed in appendix 4). ● Further education.
1.2. Outline the importance of working within scope of practice.	● Scope of practice: ○ Working within the remit of your own occupational competency and qualifications, e.g. sessions delivered and specific populations. ○ Working with healthy participants and uncomplicated pregnancies and uncomplicated postnatal recovery. ● Outside of scope of practice: ○ Working with participants with health conditions, contraindications or pregnancy related absolute contraindications (see LO5). ○ Working with complicated pregnancies and complicated postnatal recoveries. ○ Delivery of specific types of session for which qualifications are not held, e.g. yoga, Pilates etc. ● Where and how to refer individuals with needs outside of scope of practice (see 1.1).

	• Importance of working within scope of practice: ○ professional and ethical practice ○ maintain role boundaries ○ safety of participants ○ protection of self, e.g. legal proceedings ○ within scope of insurance.
1.3. Explain the importance of regular continuous professional development (CPD) relevant to working with antenatal and postnatal participants.	• Importance: ○ Professional and ethical practice. ○ Maintain competence and currency of knowledge and skills and stay up to date with relevant changes. ○ Maintain professional memberships, e.g. CIMSPA. • Types of CPD: ○ reading ○ workshops ○ research ○ training and qualifications ○ mentoring, peer support, engagement with other professionals. • Where to source information to enhance education and development (CPD), e.g. training providers and professional bodies. • Also see 1.1-1.2.
1.4. Outline the importance of having the correct insurance cover for working with perinatal participants.	• How to check insurance arrangements when babies are present during sessions. • How to inform insurance companies of specialist qualifications and to check cover of this population under existing policy. • The importance of checking the use of disclaimers with insurance providers when activities are delivered online (live or recorded) and when screening is not always possible face-to-face.
1.5. Outline the importance of holding a current and valid first aid certificate when working with antenatal and postnatal participants.	• To provide first aid in the event of accidents and emergencies. • Promote recovery, prevent deterioration, and preserve life.

2. Know the anatomical, physiological, and biomechanical changes that occur during pregnancy and postpartum period.

2.1. Describe the stages of pregnancy and the postpartum period.

- Define the terms antenatal, postnatal, perinatal:
 - Antenatal – pre-birth or before birth.
 - Postnatal – post-birth or after birth.
 - Perinatal – the period between becoming pregnant and a year after birth.
- Define the terms ‘uncomplicated pregnancy’ and ‘complicated pregnancy’.
 - Uncomplicated pregnancy:
 - Where pregnancy does not cause or aggravate symptoms or conditions.
 - A singleton pregnancy where the mother is healthy and receiving only routine antenatal care (see NICE definitions and guidance).
 - Complicated pregnancy:
 - Where pregnancy causes or aggravates symptoms or health conditions; presence of absolute contraindications (see LO5).
 - Where medical/health conditions or lifestyle choices increase risk of health to mother and foetus.
 - Women with complicated or high-risk pregnancies are usually under the care of a consultant rather than a midwife.
 - Examples of complicated pregnancy (see NICE guidelines) include:
 - Existing medical conditions, e.g. epilepsy, diabetes, cardiovascular conditions.
 - Obesity (BMI 30 and over).
 - Low body weight (BMI below 18.5).
 - Aged over 40.
 - Multiple pregnancy.
 - Complex social factors – substance misuse, asylum seekers, domestic abuse.
 - Complications in previous pregnancy – stillbirth, miscarriage, pre-eclampsia.
 - Complications in current pregnancy – breech baby, hypertension, gestational diabetes etc.
- Different antenatal and postnatal stages (NHS guidelines):
 - first trimester – one to three months (0-12 weeks)

	○ second trimester – three to six months (13-27 weeks) ○ third trimester – six to nine months (28 weeks+) ○ childbirth ○ postpartum. NB: Stages are approximate, and some information sources indicate slightly different timeframes.
2.2. Describe the anatomical, physiological, and biomechanical changes for each antenatal and postnatal stage.	• Anatomical, physiological, and biomechanical changes during different stages (see 2.1): ○ different trimesters ○ postpartum, including the effects of lactation. • Changes to the following systems (specific to different stages): ○ Cardiovascular, e.g. increased cardiac output and blood volume. ○ Respiratory, e.g. breathing discomfort in later stages of pregnancy, use of diaphragmatic breathing. ○ Musculo-skeletal – spine, pelvis, pelvic floor, abdominals, centre of gravity and balance (consideration to intraabdominal pressure, common pelvic floor dysfunctions). ○ Metabolic, e.g. weight gain changes, energy needs. – endocrine – hormonal changes – gestational diabetes (insulin and glucagon). • Effects of relaxin on joint stability. This should be communicated as a natural change and not one that causes concern for a mother that her body is becoming unstable.
2.3. Describe the different types of births.	• Types of birth: ○ Spontaneous (consultant-led, midwife-led, water birth). ○ Instrumental/assisted birth (ventouse delivery/ forceps). ○ Complicated (breech). ○ Caesarean section (planned, unplanned, vaginal delivery of a baby after a previous pregnancy was delivered by caesarean delivery (VBAC). ○ Preterm/premature birth (risk factors). • Effects of type of birth on return to exercise and type of activity. For example, caesarean, and in some cases, assisted births take longer to recover.

2.4. Outline how the different types of perineal trauma will impact the participant's postnatal recovery.	• Different types of perineal trauma. • Stages of perineal trauma: ○ First degree – minor, will usually heal on own but sometimes stitches are required, involves only perineal skin. ○ Second degree – stitches required, involves muscle tissue and skin. ○ Third and fourth degree – deeper into the muscle tissue that controls the anus (anal sphincter) and into the lining of the anus and rectum, requires stitches and MAY require repair in operating theatre. • Potential effects of different stages of perineal trauma can cause: ○ faecal and urinary incontinence (more severe). ○ perineal pain. ○ dyspareunia. ○ adhesions. ○ infections. ○ future surgery needs. ○ psychological impact: – depression – anxiety – effect on relationships with partner and infant. • See RCOG for further information on perineal trauma (listed in appendix 4).
2.5. Identify a range of changes that can persist post-birth for weeks, months, and years after pregnancy.	• Incontinence (stress, urgency, frequency). • Heavy feeling between vagina and anus (prolapse of uterus, bladder, rectum). • Back pain. • Diastasis recti. • Weak pelvic floor. • Hypertonic pelvic floor. • The effects of the hormone relaxin (softens joints) still in the body – a balanced programme of strength and conditioning can support joint health. • Hair loss. • Constipation. • Haemorrhoids. • Breast change size and shape.

	• Periods become heavier. • Stretch marks. • Swollen feet and hands. • Carpel tunnel syndrome. • De Quervain's Tenosynovitis – affects the tendons on wrist (thumb side) causing pain and difficulty turning the wrist, holding objects, and folding the thumb. • Skin changes. • Fatigue. • Mood changes. • Postnatal depression. • Postnatal depletion. • Use NHS and RCOG websites for further information (see appendix 4).
2.6. Outline the implications of these changes for the participant taking part in physical activity.	• Redefining or setting new goals. • Regular screening to ascertain changes. • Regular reviews. • Referral to specialist, e.g. women's health physiotherapist, or back to GP or the local NHS self-referral pathway.

3. Understand the maternity care pathway.

3.1. Describe the maternity care pathway that participants will follow.	• Refer to NICE guidelines and the NHS website for information. • First GP appointment – as soon as the participant discovers they are pregnant. In some areas this may be self-referral to a midwife. • First midwife appointment – before 10 weeks of being pregnant. • Antenatal care starts: ○ 10 midwife appointments ○ screening if necessary, e.g. spina bifida, cleft lip, cardiac problems ○ blood tests (Downs's, Edward's and Patau's syndrome, sickle cell anaemia, human immunodeficiency viruses (HIV), hepatitis B, syphilis, thalassaemia) ○ antenatal notes (paper notes or digital notes). • Birthing choices: ○ hospital (midwife/consultant led)
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	○ home birth. ● Postnatal visits: ○ health visitor ○ midwife ○ GP – six-week check ○ regular checks up for baby: – home visits. ● GP surgery.
3.2. Explain how the maternity care pathway will inform the participant's postnatal recovery and physical activity programme.	● Consideration to outcomes of the following: ○ Type of birth, e.g. caesarean, and in some cases, assisted births take longer to recover. ○ Amount of time spent in hospital. ○ Postnatal check-ups. ○ Health visitor – home visits to check: – health of baby – health of mother. ○ Six-week check.

4. Understand the benefits of physical activity for antenatal and postnatal participants.

4.1. Explain the benefits of physical activity for antenatal and postnatal participants.	● Benefits whilst pregnant (different trimesters) – evidence based: ○ Helps to control gestational weight gain. ○ Improves fitness, including cardio-respiratory fitness. ○ Helps reduce high blood pressure problems/hypertensive disorders. ○ To prevent diabetes during pregnancy/gestational diabetes. ○ Improves sleep. ○ Improves mood. ○ Other physical, mental, and social benefits as per general adult population, including 'improves sleep' and 'improves mood'. ○ Specific social benefits – meet other antenatal and postnatal participants. ● Benefits after childbirth: ○ Time for yourself.
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	○ Reduces worries and potentially reduces risk of postpartum depression. ○ Helps to control weight and return to pre-pregnancy weight. ○ Improves fitness. ○ Improves mood and emotional wellbeing. ○ Improves abdominal muscle tone and strength. ○ Improves sleep. ○ Specific social benefits – meet other antenatal and postnatal participants. ● Promoting the benefits of returning to physical activities post-pregnancy: ○ To re-tone the pelvic floor to reduce the risk of stress incontinence. ○ To re-tone the abdominal muscles to increase strength and enable them to support the spine. ○ To regain figure. ○ To develop correct technique in basic daily tasks, essential in back care. ○ To correct/regain optimal posture. ○ To enhance self-confidence. ○ To facilitate weight loss (please be advised that this is more of a long-term aim and should not be a major consideration during the immediate postnatal period). ● Reference to the current CMO guidance, WHO guidance, ACSM guidance and Canadian guidelines for physical activity throughout pregnancy. ● Reasons for these guidelines (evidence-based/best practice).
4.2. Identify the barriers to physical activity for antenatal and postnatal participants and how to overcome these.	● Real and perceived barriers: ○ Physical concerns: – pelvic pain – back pain – body confidence – skin condition. ○ Concerns regarding the growing foetus. ○ Medical diagnosis. ○ Depression/anxiety or other mental health barriers. ○ Lack of knowledge of the benefits of physical activity to pregnancy and postnatal recovery. ○ Cost / time / location.

	• Ways in which these barriers can be overcome: ○ Enablers include family support, available time, accessibility of resources, transport etc. ○ Motivators specific to the antenatal/postnatal stage include regaining shape, maintaining health, social and psychological etc.
4.3. Describe activities that are suitable and unsuitable for antenatal participants.	• Refer to CMO guidance: ○ Encourage active pregnant participants to adapt existing physical activity rather than stopping, e.g. moderate jogging or walking; non-contact instead of contact sports; adapt supine lying exercises to seated, standing or side lying (as appropriate). ○ Activities of daily living and physical work tasks may need to be modified. ○ If anything feels uncomfortable, then stop and seek advice from a healthcare professional. ○ Reasons to immediately stop exercise and/or when to signpost to a specialist. ○ Avoid prolonged sitting and break up sedentary time. ○ Competitive athletes may continue more strenuous training but should seek advice from healthcare professional. • Activities that are safe to initiate or continue for <u>uncomplicated pregnancies</u>: ○ walking ○ swimming ○ stationary cycling ○ low-impact aerobics ○ dancing ○ resistance exercises, e.g. weights, resistance bands, etc. ○ stretching ○ prenatal/antenatal yoga and Pilates, i.e. modified for pregnancy ○ water aerobics, hydrotherapy. • Activities less suitable for pregnant participants, especially those who are not already active including: ○ contact sports e.g. boxing, rugby, ice hockey and martial arts. ○ activities with a high risk of falling e.g. skiing, water skiing, surfing, off-road cycling, horse-riding and gymnastics.

	- Activities that may be less suitable due to a reduced capacity to cope with exercise intensity including: - running - heavy or strenuous strength training - racquet sports - altitude sports e.g. scuba diving and sky diving. - excessive heat, especially high humidity e.g. hot Yoga and hot Pilates.
4.4. Describe activities that are suitable and unsuitable for postnatal participants.	- Refer to CMO general guidance. - When return to exercise is appropriate: - Can restart or initiate activity after six-to-eight-week check but consider previous activity levels and type of birth – caesarean will take longer to recover. - Wait until seven days after postnatal bleeding (lochia) has stopped before returning to swimming or water-based exercise. - Clear screening essential - diastasis recti, urinary incontinence, scar healing, bleeding, SIJ pain, low back pain, prolapse etc. - Recommendations early postnatal period: - Walking. - Rest & recovery. - Diaphragmatic/'core' breathing. - Pelvic floor exercises. - The disadvantages of high intensity, high impact, bootcamp, CrossFit style exercise during this time. - Safety considerations: - Joint laxity: - Avoid high impact. - Build strength around joints. - Maintenance stretches. - Diastasis recti/exercises that increase intra-abdominal pressure. - Breastfeeding: - sufficient bra - avoid prone position exercises - upper body/arm exercises will increase milk flow. - Healing considerations: - effects of cortisol

	○ nutrition and hydration ○ posture correction ○ rest ○ breathing.
4.5. Explain some common myths that are associated with physical activity before, during and after pregnancy.	• Pregnant participants may be concerned that physical activity is not safe. • For healthy pregnancies with no complications there is no evidence to indicate adverse maternal or infant outcomes from participation in moderate intensity physical activity. • See also contraindications and warning signs (LO5). • Example myths: ○ Not starting exercise in pregnancy if you have not exercised before. ○ Exercise causes miscarriage. ○ Not raising heart rate above 140bpm. ○ Exercise causes dangerous overheating. ○ Avoid training abdominal muscles. ○ Do not exercise in first trimester. ○ Do not weight train. ○ Do not run. ○ Do not lift over your head. ○ Eat for two. ○ Put your feet up. • Information sources to dispel myths – see 1.1.
4.6. Explain how to encourage antenatal and postnatal participants to attend physical activity and wellbeing initiatives.	• Consideration to methods of promotion, advertising, and communication (language and images used etc.) of the benefits of physical activity and wellbeing initiatives to meet specific needs. • Benefits of working with other agencies to engage participants with physical activity and wellbeing initiatives. • Benefits of activity – see 4.1. • Information and support services -see 1.1. • Dispel myths – see 4.5 and 1.1. • See barriers and enablers (4.2).

4.7. Describe the benefits of working with other services to support the antenatal and postnatal participant.	• Work within scope of practice and role boundaries. • Recommend building a relationship with a local women's health physio that specialises in pelvis floor health. • Source for referral and deferral – as needed (GP, midwife, nutritionist/dietitian, counsellor, women's health physio etc.). • Improves the chances of a healthy pregnancy. • Ensures the advice given is safe for the participant. • Provides education for the participant. • Gives a holistic approach to wellness during pregnancy. • Introduces the participant to a range of services. • Promote and encourage participation in physical activity.
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5. Know the relative and absolute contraindications to physical activity for antenatal and postnatal participants.

5.1. Identify the relative and absolute contraindications to physical activity for antenatal and postnatal participants.	• Refer to the current guidelines from the following: ○ American College of Obstetricians and Gynaecologists (ACOG). ○ Royal College of Obstetricians and Gynaecologists (RCOG). ○ The Active Pregnancy Foundation. ○ Recent research: Meah, Davies & Davenport, 2020. ○ Canadian guideline for physical activity throughout pregnancy (2019). • Relative contraindications guidance: ○ Caution required, likely to be outside of scope of practice (depending on other qualifications held). ○ Signpost to healthcare professional for discussion prior to participation. ○ Evaluate risks, benefits, advantages, and disadvantages of low to moderate intensity physical activity. ○ May potentially proceed subject to modifications, supervision and with continuous monitoring. • Relative contraindications (see references: Meah, Davies & Davenport, 2020): ○ Mild respiratory disorders. ○ Mild congenital or acquired heart disease. ○ Well-controlled type 1 diabetes. ○ Mild pre-eclampsia.
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	○ Preterm premature rupture of membranes (PPROMs). ○ Placenta previa after 28 weeks. ○ Untreated thyroid disease. ○ Symptomatic, severe eating disorder. ○ Multiple nutrient deficiencies and/or chronic undernutrition. ○ Moderate to heavy smoking (>20 cigarettes per day) in the presence of comorbidities. ● Absolute contraindications guidance: ○ Referral to other healthcare professionals – not within scope of practice. ○ Risks outweigh benefits. ○ May cause adverse effects for mother and/or foetus. ○ Avoid moderate-to-vigorous physical activity. ○ Activities of daily living (ADLs) may continue. ● Absolute contraindications (see references: Meah, Davies & Davenport, 2020): ○ Severe respiratory diseases, e.g. chronic obstructive pulmonary disease, restrictive lung disease and cystic fibrosis). ○ Severe acquired or congenital heart disease with exercise intolerance. ○ Uncontrolled or severe arrhythmia. ○ Placental abruption. ○ Vasa previa. ○ Uncontrolled type 1 diabetes. ○ Intrauterine growth restriction (IUGR). ○ Active preterm labour. ○ Severe pre-eclampsia. ○ Cervical insufficiency.
5.2. Identify the warning signs to terminate physical activity when pregnant and during postnatal period.	● Refer to the current guidelines from: ○ American College of Obstetricians and Gynaecologists (ACOG). ○ The Active Pregnancy Foundation. ● During pregnancy: ○ Vaginal bleeding. ○ Dyspnoea (breathlessness) before exertion. ○ Abdominal pain.

- Regular and painful contractions.
- Persistent excessive shortness of breath that does not resolve with rest.
- Dizziness or fainting that is persistent and does not resolve with rest.
- Headache.
- Chest pain.
- Muscle weakness that affects balance.
- Calf pain or swelling (need to rule out thrombophlebitis).
- Preterm labour.
- Decreased foetal movement.
- Amniotic fluid leakage.
- Severe pelvic girdle pain that does not improve within a week or two, or which interferes with normal day-to-day living.
- Signs and symptoms of pelvic floor and/or abdominal wall dysfunction:
 - Do not restart intense activity.
 - Refer to specialist:
 - Includes:
 - Urinary and/or faecal stress incontinence or urgency that is difficult to defer.
 - Heaviness/pressure/bulge/dragging in the pelvic area.
 - Pain with intercourse.
 - Obstructive defecation.
 - Pendular abdomen, separated abdominal muscles and/or decreased abdominal strength and function.
 - Musculoskeletal lumbopelvic pain.

Please note: If signs and symptoms of pelvic floor and abdominal wall dysfunction are present, high intensity activity should not resume and referral to a pelvic health physiotherapist is warranted (see references Goom, Donnelly & Brockwell, 2019).

6. Understand the nutritional requirements for antenatal and postnatal participants.	
6.1. Explain the importance of a balanced diet for antenatal and postnatal participants.	• Health of the baby. • Health of the mother. • Ensuring the correct nutrients and energy requirements for the mother and baby. • Support healthy weight management.
6.2. Outline the recommended calorie (energy) requirements for the different antenatal and postnatal stages.	• Varies according to different needs: ○ first trimester ○ second trimester ○ third trimester ○ postpartum: – breastfeeding – non-breast feeding.
6.3. Outline the foods, drinks or supplements that can support a healthy pregnancy and birth.	• Eatwell guide as information source for foundation knowledge: ○ Meals that are based on starchy foods (choosing wholegrain varieties or potatoes with their skins on when you can). ○ Plenty of fruit and vegetables (try to eat a variety of types). ○ Moderate amounts of beans and other pulses, fish, eggs, lean meat and other proteins (like tofu or mycoprotein). ○ Moderate amounts of dairy products, such as milk, yogurt and cheese (or dairy alternatives fortified with calcium and other nutrients, such as iodine). ○ Limited amounts of foods and drinks that are high in fat and sugar. ○ Drink plenty of water. • The importance of folic acid in first trimester. • The importance of other vitamins and minerals: ○ vitamin D ○ iron ○ calcium. • Importance of Omega 3 fatty acids. • The role of good quality protein and vitamin C (supports collagen production) in postnatal period.

6.4. Describe the foods, drinks or supplements that should be avoided or limited during pregnancy.	• See NHS guidance for further information. • Awareness of potential risks from specific foods, drinks, supplements: ○ some types of cheese (soft) ○ pâté ○ raw or partially cooked eggs ○ raw or undercooked meat ○ liver ○ some types of fish ○ raw shellfish ○ peanuts (safe or unsafe debate) ○ unpasteurised milk ○ foods with soil on them ○ caffeine ○ sushi ○ alcohol. • Avoidance of too much vitamin A (including supplements containing vitamin A).
6.5. Explain the importance of adequate hydration for antenatal and postnatal participants.	• Prevention of common pregnancy problems, such as: ○ constipation and bloating ○ headaches ○ cramps ○ haemorrhoids ○ bladder infections. • Avoidance of dehydration. • Can relieve morning sickness and nausea. • Water is a key element of foetal development. • Supports production of breast milk.
6.6. Explain the significance of dramatic or sudden weight change for an antenatal or postnatal participant.	• Being underweight can cause: ○ premature births. ○ low birth weight. • Common to lose a little weight in early pregnancy due to morning sickness. • Hyperemesis gravidarum (severe nausea and vomiting, which can result in severe dehydration and inability to keep food down (can cause severe weight loss)).

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| | <ul style="list-style-type: none">• Other potential causes of weight loss during pregnancy include:<ul style="list-style-type: none">○ autoimmune disorders○ cancers○ eating disorders○ endocrine imbalance○ gastrointestinal diseases○ infections○ neurologic abnormalities○ psychiatric disorders○ substance use○ uncontrolled overactive thyroid○ undiagnosed diabetes○ other chronic diseases. |
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Programming exercise and physical activity for perinatal participants (L/650/2432)

Unit aim

This unit develops the knowledge that an exercise and fitness instructor will need to plan and programme exercise and physical activity to meet the needs of 'healthy' perinatal (antenatal and postnatal) participants (without complications).

Content

1. Understand how to screen antenatal and postnatal participants.

1.1. Explain the importance of appropriate pre-activity screening for antenatal and postnatal participants.

- Importance:
 - To identify any concerns regarding wellbeing (physical, psychological and contraindications) participation in physical activity.
 - Identification of reasons for deferral and referral/signposting to other health professionals.
 - The principles of confidentiality and data protection relating to screening and information gathering and sharing:
 - General data protection regulations (GDPR)
 - Data Protection Act 2018.
- Awareness of the uses of disclaimers and their importance where activities are delivered online (live or recorded) and when screening is not always possible face-to-face.

1.2. Summarise the information that should be obtained when pre-screening an antenatal participant prior to physical activity.

- Methods of gathering information:
 - 'Get active questionnaire for pregnancy' (GAQ-P) 2021 revised (NB: this replaces PARMedX for pregnancy).
 - Verbal screening at start of every session.
 - Observation and use of questions throughout session.
- Information to be gathered:
 - Activity levels (pre-pregnancy and current) to include: type, amount and intensity of activities engaged in.
 - Estimated birth date.

	• Medical contacts (emergency contact or midwife contact): ○ Health conditions. ○ Any current diagnosis, e.g. gestational diabetes. ○ Multiple pregnancy. ○ Previous pregnancy history, e.g. miscarriage, early delivery, complications. ○ Medication. ○ Previous births, e.g. child/live or stillbirth. ○ Smoker. ○ Alcohol consumption. ○ Drug use. ○ Consultant's care. ○ Awareness of any psychological issues that may require signposting. • Impact and uses of information gathered: ○ Participation, including individual tailoring and modifications. ○ Deferral. ○ Referral or signposting to other services.
1.3. Summarise the information that should be obtained when pre-screening a postnatal participant prior to physical activity.	○ Methods: ○ Get active questionnaire for pregnancy (GAQ-P) 2021 revised (NB: this replaces the PARMed-X for pregnancy). ○ Verbal screening at start of every session. ○ Observation and use of questions throughout session. ○ Information: ○ Confirmation of a six to eight-week GP check (NB: this doesn't necessarily assess suitability of physical activity and it is important for exercise professionals to undertake their own further screening). ○ Activity levels: type, amount and intensity of activities engaged in (during pregnancy and currently). ○ General wellbeing (including psychological): ○ Guidance or information advised from a specialist. ○ Type of birth. ○ Birth trauma. ○ Complications. ○ Still bleeding - postnatal bleeding (lochia).

	○ Signs and symptoms of abdominal wall and/or pelvic floor dysfunction. ○ Pelvic floor problems, e.g. incontinence, prolapse. ○ Pelvic girdle and back pain ○ Diastasis recti diagnosis (include how to advise and check for this). ○ Lactation. ○ General wellbeing (including psychological) and awareness of signs that may indicate someone is struggling. ○ Impact and uses of information gathered: ○ participation. ○ deferral. ○ referral or signposting to other services.
1.4. Explain the importance of the six-eight-week GP check to inform the suitability of physical activity for the postnatal participant.	● Conducted by a healthcare professional and provides an opportunity to discuss physical and mental wellbeing. ● To check how mum and baby are doing. ● To identify any issues or support needs (physical or mental health). ● ACOG recommend this should be ongoing, rather than just a one-off check.
1.5. Explain when written consent should be sought from healthcare providers prior to commencing a physical activity session programme for antenatal and postnatal participants.	● When: ○ Positive response to any GAQ-P or screening tool questions. ○ First pregnancy. ○ Previous complications in pregnancy. ○ Previously inactive. ○ Mental health conditions. ● How: ○ The importance of participant consent before exchanging physical activity information with other professionals. ○ How to discuss transfer of information and healthcare professional clearance (as appropriate). ○ The importance of dealing with sensitive (emotive) information appropriately. ○ Maintain confidentiality. ● General data protection regulations (GDPR). ● Data Protection Act 2018.

1.6. Explain when to signpost or refer participants to other healthcare professionals.	• When to signpost: ○ Participant's needs outside of scope of practice, e.g. urinary incontinence, diastasis recti, prolapse, low back pain, symphysis pubis dysfunction, slow healing of c-section scar, persistent postnatal bleeding. ○ Complicated pregnancy. ○ Contraindications – see unit 1 LO5. ○ Warning signs – see unit 1 LO5. ○ Other physical health conditions, e.g. diabetes. ○ Specialist dietary advice required. ○ Mental health concerns (including substance misuse, postnatal depression, postnatal depletion, bipolar disorder). • Potential signs of struggling with mental health (see NHS and NICE guidelines for postnatal depression and postnatal depletion): ○ Mood changes (low mood), loss of enjoyment, anxiety, fears. ○ Mum and baby relationship affected, mum crying lots. ○ Withdrawing from contact with other people. • Different services for supporting specific needs, including those available locally: ○ GP as first point of contact for signposting individual and GP may then refer to other services. ○ Other healthcare professionals to include: – counselling services – midwife – GP – dietitian – drug and alcohol services – smoking cessation. • The benefits of working with other services: ○ maintain scope of practice ○ ensure appropriate support for participants.
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1.7. Describe how to sensitively respond to a participant who discloses problems related to their pregnancy.	• Problems that may (or may not) be disclosed: ○ Infertility (types of infertility options). ○ Stillbirth (baby loss before or during delivery). ○ Miscarriage. ○ Neonatal death (baby loss after delivery). ○ Mental health – including awareness of signs that may indicate the person is struggling, e.g. signs and symptoms of postnatal depression and postnatal depletion. • Awareness of: ○ Effects of problems on mental health and wellbeing. • Sensitive responding: ○ How to respond if the individual does not wish to disclose this information. ○ Any potential contraindications that non-disclosure might present and how this may affect participation. ○ How to discuss transfer of information and healthcare professional clearance (as appropriate). ○ Knowledge of local services to support mental health in expectant and new mothers. • Responding with empathy, positive regard, and congruence.
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2. Understand goal setting for antenatal and postnatal participants.	
2.1. Explain the importance of regular attendance to physical activity sessions for antenatal and postnatal participants in relation to achieving their goals.	• How the goals for antenatal and postnatal participants may differ from the general population. • The importance of goal setting for antenatal and postnatal participants.
2.2. Explain the importance of assessing the participant's level of motivation and development to inform goal setting, session outcomes and planning.	• Impact of motivation on engagement and adherence. • Creating realistic and relevant goals to meet individual needs.

3. Understand the physical activity planning considerations for antenatal and postnatal participants.	
3.1. Identify the key physical activity planning considerations for antenatal and postnatal participants.	• Avoiding hot and humid conditions. • Regular hydration. • Regular nutrition. • Appropriate clothing – loose and comfortable, appropriate footwear (as appropriate), appropriate breast support. • Lactation (and effects). • Type of births and stage of recovery. • Adaptation of exercises (modification). • Using the correct technique.
3.2. Describe how the effects of pregnancy have implications for planning physical activity for antenatal and postnatal participants.	• Altered biomechanics including a shift in gravity and postural imbalance • Current physical activity levels. • Implications of performing exercises in the supine position after 16 weeks (advise on time spent in this position and potential risk for long durations). • Re-education of the pelvic floor and transversus abdominis post-birth. • Awareness of pelvic floor and abdominal wall dysfunctions and referral to an appropriately qualified professional as indicated: ○ Weakening / widening of the rectus abdominis (a “stretch” of linea alba causing a widening between the inner edges of the rectus abdominus). ○ Diastasis recti: – An inter-recti distance of >2cm, present in 100% of women by the end of pregnancy. Spontaneous healing can take weeks/months, so aggressive early intervention is not always needed. – Educate on correct breathing, gentle reconnection with pelvic floor, nutrition, posture and safe lifting.
3.3. Explain the importance of safe functional transitions between activities.	• Between physical activity exercises. • Between everyday activities.

4. Know how to plan and deliver safe and effective physical activities for antenatal and postnatal participants.

4.1. Summarise the current Chief Medical Officer (CMO) guidelines on physical activity for antenatal and postnatal participants.

- Refer to CMO guidelines for pregnant participants:
 - Not active – start gradually.
 - Already active – keep going.
 - 150 minutes of moderate intensity exercise each week.
 - Every activity will count, in bouts of 10 minutes.
 - Muscle strengthening exercise twice a week.
 - Listen to your body and adapt.
 - Do not bump the bump.
- Refer to CMO guidelines after childbirth:
 - Not active – start gradually.
 - Active before – restart gradually.
 - 150 minutes of moderate intensity exercise each week.
 - Start pelvic floor exercises as soon as possible and complete daily.
 - Build back to twice per week strengthening exercise.
 - Stay active whilst breastfeeding.
- Depending on delivery, listen to body and adapt.
- Importance of keeping up to date with guidelines:
 - Duty of care - to keep knowledge and skills up to date.
 - To maintain and develop the knowledge and skills that are relevant to the role.
- The guidelines are designed to aid health professionals and others to provide individuals and communities with information on the type and amount of physical activity that they should undertake to improve their health.

4.2. Describe a range of safe, effective, and inclusive physical activities / exercises for antenatal and postnatal participants.

- See 'Supporting perinatal physical activity, exercise, health, and wellbeing' 4.3 and 4.4
- Activities / exercises for:
 - cardiovascular fitness
 - muscular fitness
 - flexibility
 - core stability
 - pelvic floor
 - relaxation
 - activities of daily living (ADL).

	• Sessions and programmes: ○ one to one. ○ group settings. • Application of FITT principles (frequency, intensity, time and type). • The relationship between programme design and activity delivery in engaging antenatal and postnatal participants.
4.3. Identify a range of modifications / adaptations that may be applied to ensure the physical activity programme is accessible and inclusive to antenatal and postnatal participants.	• Modifications to activities within scope of practice. • The importance of modifications and adaptations. • Frequency – adjust to suit participant’s availability and energy levels. • Intensity - this will vary depending on participant’s energy levels. The aim is not to increase fitness levels but maintain. • Time – keep sessions short. Maximum of 45 mins. Cardiovascular exercise should be in intervals. • Type – keep sessions varied and to include both resistance (focus on endurance) and cardiovascular training. • Reduce speed of exercise. • Consider balance implications.
4.4. Identify a range of alternative activities that may be more appropriate for antenatal and postnatal participants.	• See ‘Supporting perinatal physical activity, exercise, health, and wellbeing’ 4.3. • Specific antenatal and postnatal classes, e.g. yoga and Pilates. • Walking. • Swimming. • Activities of daily living (ADLs). • Dancing.
4.5. Identify the types of activities and exercises that should be avoided at each stage.	• See ‘Supporting perinatal physical activity, exercise, health, and wellbeing’ 4.3.
4.6. Explain communication and delivery skills to support correct technique during physical activity for antenatal and postnatal participants.	• The importance of correct technique, correct exercise start position and set up, correct execution and ending – safety and effectiveness. • Instructor skills – demonstration, explanation, observation, teaching position, use of teaching points, modifications etc. • The importance of practical skills being tailored to the needs of antenatal and postnatal participants. • The importance of regression of activities (as needed).

4.7. Explain when to regress physical activities for antenatal and postnatal participants.	• Regress: ○ When a break has been taken, e.g. during the first trimester to allow the pregnancy to establish itself. ○ Fatigue. ○ Nausea. ○ Injury. ○ Excessive muscle soreness. • Stop exercising and may need to refer to specialist: ○ warning signs (see ‘Supporting perinatal physical activity, exercise, health, and wellbeing’ 5.2) ○ if directed by GP ○ new medical conditions ○ injuries ○ pregnancy complications.
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5. Understand how to manage risk in antenatal and postnatal physical activity sessions.	
5.1. Describe how to assess and manage the risks to antenatal and postnatal participants.	• Prior to physical activity – use of pre-screening and risk assessment. • During physical activity – observation and dynamic risk assessment. • Post physical activity – guidance and information provided.
5.2. Explain the importance of being able to dynamically risk assess activities during a physical activity session with antenatal and postnatal participants.	• Definition of dynamic risk assessment, i.e. a process of assessing risk in developing and changing situations. • Consideration when babies are present. • Checking insurance requirements.
5.3. Identify specific risks for the antenatal or postnatal participant and when to terminate activity.	• Specific risks associated with: ○ stages of pregnancy ○ type of activity ○ equipment ○ environment ○ individual ○ contraindications – see ‘Supporting perinatal physical activity, exercise, health, and wellbeing’ 5.1.

	• Terminate activity: ○ See 'Supporting perinatal physical activity, exercise, health, and wellbeing' 5.2. ○ Key signs and symptoms. ○ Warning signs to terminate physical activity when pregnant and post-partum. • Further information available from: ACOG and The Active Pregnancy Foundation.
5.4. Describe the risks associated with common antenatal problems.	• Identification of common antenatal problems that are relevant to physical activity: ○ Posture, balance and coordination issues – danger of injury and risk of falls, may lead to incorrect exercise technique. ○ Musculoskeletal pain including knee, back and shoulder pain – exercise could make it worse, investigate cause. ○ Fatigue and interrupted sleep patterns – exercise could make tiredness worse. ○ Concentration and memory – may affect participants experience of exercise, ensure everything is written down. ○ Morning sickness, constipation, bloating, etc ○ Health conditions including gestational diabetes – if uncontrolled can lead to: – Heavy birth weight in baby. – Premature delivery. – Respiratory distress syndrome in infants. – Low blood sugar in the baby. – Risk of future diabetes in the baby as well as the mother. – High blood pressure and Preeclampsia in mother. – High blood pressure – may lead to: ▪ Decreased blood flow to the placenta. ▪ Baby might receive less oxygen and fewer nutrients. ▪ Slow growth of baby (intrauterine growth restriction), low birth weight or premature birth. ○ Pregnancy related pelvic girdle pain / pelvic floor / stress incontinence – exercise could make it worse, investigate cause. ○ Hypermobility – overstretching, damage to joints, tendons and ligaments

	○ Abdominal wall e.g. separated abdominal muscles (diastasis recti)
5.5. Explain how to respond to the risks associated with common antenatal problems.	• Defer or delay exercise. • Refer participant to GP, midwife or health visitor if needs outside of scope of practice or contraindications. • Modification or alternatives if within scope of practice.

6. Know how to review antenatal and postnatal physical activity sessions.

6.1. Identify opportunities to collect feedback from participants.	• During and after session. • The importance of regular reviews of the participant's progress. Reviews will help to motivate, adapt and provide support to meet the needs of the participants.
6.2. Explain how to use the information gathered from participants to promote motivation, reflect on own practice, and inform future sessions.	• To improve engagement and adherence. • To reflect on practice. • To inform future sessions. • To inform own CPD.

7. Be able to plan safe, inclusive, and effective physical activity and exercise programmes for antenatal and postnatal participants.

7.1. Explain a rationale for the physical activities used in the programme and individual sessions.	• The importance of the relationship: ○ Between programme design and activity delivery when engaging antenatal and postnatal participants. ○ Activities and evidence-based guidelines
7.2. Interpret information collected from the participant to inform goal setting and session and programme outcomes.	• Use of all screening information.

7.3. Apply the principles of training to antenatal and postnatal physical activity programme design.	• FITT: ○ Frequency ○ Intensity ○ Time ○ Type.
7.4. Design a physical activity session for an antenatal and postnatal participant.	• The planned activities must be: ○ Safe. ○ Effective. ○ Engaging. ○ Enjoyable. ○ Inclusive – with modifications, adaptations, progressions, regressions. ○ Include all class components, i.e. warm up, main workout (cardiovascular and muscular fitness), cooldown and stretch. • Activities for: ○ Cardiovascular fitness. ○ Muscular fitness. ○ Mobility and range of motion (NB: do not particularly want to increase flexibility during pregnancy). ○ Core stability. ○ Pelvic floor. ○ Relaxation. ○ Activities of daily living (ADL). • Functional activities specifically to prepare the body for: ○ the demands of late pregnancy e.g. offset excessive postural shifts ○ birth e.g. active labour positions ○ motherhood e.g. safe lifting techniques, upper body strength. • Appropriate antenatal exercises (see ‘Supporting perinatal physical activity, exercise, health, and wellbeing’ 4.3). • Appropriate postnatal exercises (see ‘Supporting perinatal physical activity, exercise, health, and wellbeing’ 4.4).
7.5. Plan a range of adaptations and modifications for the physical activity session	• The importance of adaptations and modifications. • Appropriate adaptations for identified participant(s). • Changes to programme that can be implemented over several weeks/sessions.

that is specific to the participant.	• Regressions, e.g. for antenatal trimesters. • Progressions, e.g. for postnatal. • Alternatives, e.g. for individual needs. • With consideration to modifications needed in a one to one or antenatal or postnatal specific group session or modifications to a general/mainstream fitness class.
7.6. Identify the resources needed to deliver the programme.	• Resources needed for individual sessions and full programme. • Paperwork: ○ screening documents ○ goal setting records ○ session plans / programme cards ○ registers ○ risk assessment records. • Equipment: ○ specific to exercise genre, e.g. gym equipment (as appropriate) ○ portable equipment, e.g. resistance bands, balls etc. ○ mats, blankets. • Correct footwear and apparel for participants.
7.7. Maintain appropriate records in accordance with GDPR and data protection guidelines.	• Record the session and programme in an appropriate format. • Maintenance of records according to GDPR and data protection guidelines. • Screening forms. • Risk assessment records. • Registers. • Session plans. • Programme plans. • Reviews and evaluations.
7.8. Evaluate the planned physical activity session and programme.	• Evaluation of: ○ Inclusivity. ○ Safety and effectiveness to meet the needs of antenatal participant(s). ○ Safety and effectiveness to meet the needs of postnatal participant(s). ○ Participant engagement and enjoyment.

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| | <ul style="list-style-type: none">○ Promotion of the individual returning to participate physical activity after childbirth. |
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Delivering exercise for perinatal participants (K/650/4296)

Unit aim

This unit provides evidence that the learner has demonstrated the essential skills to deliver exercise for perinatal (antenatal and postnatal) participants in a real working environment.

Content

1. Be able to deliver and review exercise sessions for pregnant participants.	
1.1. Deliver a safe and effective session for a pregnant participant(s).	• See 'Programming exercise and physical activity for perinatal participants' 1.3-1.5. • Using appropriate equipment and instructional methods. • Builds rapport and relationships with all participants.
1.2. Assess, monitor, and manage risk to the participant(s) throughout the programme.	• See 'Programming exercise and physical activity for perinatal participants' 5.1-5.5. • Evaluate risk and make appropriate modifications when required.
1.3. Utilise effective communication and instructional skills to deliver the session.	• See 'Programming exercise and physical activity for perinatal participants' 4.7.
1.4. Adapt and tailor delivery method, session structure and activities to meet the needs of the participant(s).	• See 'Programming exercise and physical activity for perinatal participants' 4.3-4.4, and 4.8.
1.5. Evaluate the effectiveness of the session to ensure it is engaging, varied, and progressive to meet the participant(s) needs/goals.	• See 'Programming exercise and physical activity for perinatal participants' 6.1-6.2 and 7.2.

2. Be able to deliver and review exercise sessions for postnatal participants.	
2.1. Deliver a safe and effective session for a postnatal participant(s).	• See 'Programming exercise and physical activity for perinatal participants' 1.3-1.5.
2.2. Assess, monitor, and manage risk to the participant(s) throughout the session.	• Using appropriate equipment and instructional methods.
2.3. Utilise effective communication and instructional skills to deliver the session.	• Builds rapport and relationships with all participants.
2.4. Adapt and tailor delivery method, session structure and activities to meet the needs of the participant(s).	• See 'Programming exercise and physical activity for perinatal participants' 5.1-5.5.
2.5 Evaluate the effectiveness of the session to ensure it is engaging, varied, and progressive to meet the participants needs/goals.	• Evaluate risk and make appropriate modifications when required.

Appendix 1: Information sources for disability and impairment

Please note: While the information sources listed are available at the point of publication; access to specific website pages will change over time, as will the currency and relevance of information.

Information sources and organisations

Activity Alliance (2021): www.activityalliance.org.uk/how-we-help/research/annual-survey.

British Blind Sport: www.britishblindsport.org.uk/.

Cerebral Palsy Sport: www.cpsport.org/?summary=all.

Dwarf Sports Association: www.dsauk.org/.

LimbPower: www.limbpower.com/.

Special Olympics Great Britain: www.specialolympicsgb.org.uk/.

UK Deaf Sport: www.ukdeafsport.org.uk/.

WheelPower: www.wheelpower.org.uk/.

Get Out Get Active (GOGA): www.getoutgetactive.co.uk/.

UK Coaching: <https://www.ukcoaching.org/>

England Athletics: <https://www.englandathletics.org/>

Reports and reference sources

UK Government (2019), *Physical activity guidelines: disabled adults*, UK, Available at: www.gov.uk/government/publications/physical-activity-guidelines-disabled-adults.

UK Government (2022), *Physical activity guidelines: disabled children and disabled young people*, UK, Available at: www.gov.uk/government/publications/physical-activity-guidelines-disabled-children-and-disabled-young-people.

Legislation, policies and terminology:

Center for Disease Control and Prevention (CDC) (2020), *Disability & Health Overview: Impairments, Activity Limitations and Participation Restrictions*, USA, Available at: www.cdc.gov/ncbddd/disabilityandhealth/disability.html.

Milken Institute of Public Health, George Washington University (2020), *Equity vs Equality: What's the Difference*, USA, Available at: www.onlinepublichealth.gwu.edu/resources/equity-vs-equality/.

UK Government (1995 and 2005) *Disability Discrimination Act and Amendments – 1995 and 2005*, UK, Available at: www.legislation.gov.uk/ukpga/1995/50/contents.

UK Government (2010) *The Equality Act (2010)*, UK, Available at, www.gov.uk/guidance/equality-act-2010-guidance.

UNESCO (2022), *Children's Rights*, France, Available at: www.en.unesco.org/news/childrens-rights.

UN (2022), *Convention on Right for Persons with Disabilities* (CRPD), USA, Available from: www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html.

UK Government (2021), *Inclusive language: words to use and avoid when writing about disability*, UK, Available at: www.gov.uk/government/publications/inclusive-communication/inclusive-language-words-to-use-and-avoid-when-writing-about-disability#:~:text=Use%20'disabled%20people'%20not%20'disabled'%20as%20the%20collective%20term.&text=Don't%20automatically%20refer%20to,if%20it%20seems%20more%20appropriate.

UK Government (2007), *Fire safety risk assessment: means of escape for disabled people (accessible version)*, UK, Available at: www.gov.uk/government/publications/fire-safety-risk-assessment-means-of-escape-for-disabled-people/fire-safety-risk-assessment-means-of-escape-for-disabled-people-accessible-version.

Legislation linked to safeguarding:

UK Government (2014), *Care Act (2014) c.23*, Available at: www.legislation.gov.uk/ukpga/2014/23/contents/enacted.

UK Government (2023), *Care and Support Statutory Guidance*, UK, Available at: www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance.

NHS England (2017), *Safeguarding Adults*, UK. Available at: www.england.nhs.uk/publication/safeguarding-adults-a-guide-for-health-care-staff/.

Ann Craft Trust, *Safeguarding Adults at Risk Key Legislation and Government Initiatives*, UK, Available at: www.anncrafttrust.org/resources/safeguarding-adults-legislation/

Ann Craft Trust, *Safeguarding Adults at Risk Definitions*, UK, Available at: www.anncrafttrust.org/resources/safeguarding-adults-at-risk-definitions/.

UK Government (2014), *Social Services and Well-being (Wales) Act (2014)*, UK, Available at: www.legislation.gov.uk/anaw/2014/4/enacted.

UK Government (2014), *Adult Support and Protection (Scotland) Act (2007)*, UK, Available at: www.legislation.gov.uk/asp/2007/10/contents.

Northern Ireland Government (2015), *Adult Safeguarding: Prevention and Protection in Partnership*, Available at: www.health-ni.gov.uk/sites/default/files/publications/dhssps/adult-safeguarding-policy.pdf.

Appendix 2: Guidance for participant inclusion criteria and scope of practice

The following screening tools can be used as a **guide** to help identify individuals whose needs are within scope of practice (older adult and disability and impairment).

Using ACSM algorithm

- Inactive individuals with:
 - No CV, metabolic or renal disease – no medical clearance needed.
 - No signs and symptoms of CV, metabolic or renal disease – no medical clearance needed.
 - Known CV, metabolic or renal disease (asymptomatic) – medical clearance recommended and exercise referral qualification (minimum).
 - Signs and symptoms of CV, metabolic or renal disease – medical clearance recommended and exercise referral qualification (minimum).
- Active individuals with:
 - No CV, metabolic or renal disease – no medical clearance needed.
 - No signs and symptoms of CV, metabolic or renal disease – no medical clearance needed.
 - Known CV, metabolic or renal disease (asymptomatic) – medical clearance not needed for moderate intensity activity and exercise referral qualification (minimum).
 - Signs and symptoms of CV, metabolic or renal disease – seek medical clearance and exercise referral qualification (minimum).

NB: medical clearance being provided does not mean an individual's needs are within your scope of practice unless additional qualifications are held.

Using PAR-Q+

- No response to PAR-Q+ - no medical clearance needed.
- Yes response to PAR-Q+ but no response to follow on questions – no medical clearance needed but participants may require significant modification to some activities (intensity, type, duration) and may need an exercise referral qualification to support these modifications (minimum).

Using Irwin and Morgan – Low risk category (stable, controlled conditions)

- Overweight – no other complications.
- High normal range blood pressure – lifestyle controlled.
- Type 2 diabetes – diet controlled.
- Mild osteoarthritis.
- Mild bone density changes – BMD >1 and <2.5 SD below young adult mean.
- Mild stress/anxiety/depression.

Mild refers to conditions which are classified as less severe, e.g. depression, anxiety within NICE guidelines and which are not medicated (controlled by lifestyle interventions) and those that are not having a significant impact on the individuals functioning at this time.

Please note: If multiple risks are present, this may increase risk stratification. Individuals with moderate to high-risk stratification are outside of scope of practice for this qualification.

Appendix 3: Information sources for older adult

Please note: While the information sources listed are available at the point of publication; access to specific website pages will change over time, as will the currency and relevance of information.

Information sources and organisations:

Age UK: www.ageuk.org.uk/.

Age Concern: www.ageisjustanumber.org.uk/services/.

American College of Sports Medicine (ACSM): www.acsm.org/.

Arthritis action: <https://www.arthritisaction.org.uk>

Blood pressure UK: <https://www.bloodpressureuk.org/>

British Association of Cardiac and Pulmonary Rehabilitation (BACPR): <https://www.bacpr.org/>

British Journal of Sports Medicine: <https://bjsm.bmj.com/>.

British Heart Foundation (BHF): <https://www.bhf.org.uk/>

British Geriatric Society: www.bgs.org.uk/.

British Nutrition Foundation: www.nutrition.org.uk/.

Centre for ageing better: ageing-better.org.uk/ageing-population.

Chartered Institute for the Management of Sport and Physical Activity (CIMSPA): www.cimspa.co.uk/.

Dementia UK: <https://www.dementiauk.org/>

EQ-5D assessments: euroqol.org/eq-5d-instruments/.

Health and Safety Executive (HSE): <https://www.hse.gov.uk/>

Later Life Training: laterlifetraining.co.uk/.

Mind: www.mind.org.uk/.

Motivational Interviewing: <https://motivationalinterviewing.org/understanding-motivational-interviewing>

MS Society: <https://www.mssociety.org.uk/about-ms/what-is-ms>

NHS (NHS Choices): www.nhs.uk/using-the-nhs/about-the-nhs/your-choices-in-the-nhs/.

National Institute of Health and Care Excellence (NICE): www.nice.org.uk/.

National Library of Medicine: pubmed.ncbi.nlm.nih.gov/.

PAR-Q+: <https://eparmedx.com/>

Parkinson's UK: <https://www.parkinsons.org.uk/information-and-support/what-parkinsons>

Royal Osteoporosis Society: theros.org.uk/.

Sport England: www.sportengland.org/.

UK Active: <https://www.ukactive.com/>.

World Health Organisation (WHO): www.who.int/.

Reports and reference sources

Age UK (2015), *1m more living with multiple conditions by 2020*, UK, Available at: www.ageuk.org.uk/latest-press/archive/one-million-more-older-people-will-be-living-with-multiple-long-term-conditions/

Age UK (2015). *A practical guide to healthy ageing (70+)*, Available at: <https://www.england.nhs.uk/publication/practical-guide-to-healthy-ageing/>

Age UK (2019), *Later life in the United Kingdom*, UK, Available at: www.ageuk.org.uk/globalassets/age-uk/documents/reports-and-publications/late_life_uk_factsheet.pdf.

American College of Sports Medicine (2022). *ACSM's Guidelines for Exercise Testing and Prescription*. 11th edition. USA: Wolters Kluwer.

British Geriatric Society (2019), *Strong, straight and steady (2019)*, Available at: www.bgs.org.uk/resources/strong-steady-straight-nos-exercise-and-osteoporosis-consensus-statement.

British Heart Foundation National Centre for Physical Activity (BHFNC. 2010). *A Toolkit for the Design, Implementation and Evaluation of Exercise Referral Schemes*. Available at: ncsem-em.org.uk/wp-content/uploads/2020/10/section-6-exercise-referral-scheme-coordinators.pdf.

Centre for Ageing Better (2019), *Raising the Bar on Strength and Balance (2019)*, UK, Available at: <https://ageing-better.org.uk/resources/raising-bar-strength-balance>.

Centre for Ageing Better (2021): *Keep on Moving: Understanding physical inactivity among 50-70 year olds*, Available at: <https://ageing-better.org.uk/resources/keep-on-moving-understanding-physical-inactivity-among-50-70-year-olds>

Centre for Ageing Better (2022), *The State of Ageing, UK*, Available at: ageing-better.org.uk/state-of-ageing.

Chief Medical Officer (CMO. 2019), *UK Chief Medical Officers' Physical Activity Guidelines (2019)*, UK, Available at: <https://www.gov.uk/government/publications/physical-activity-guidelines-adults-and-older-adults>

Department of Health (2001) *Exercise Referral Systems: A National Quality Assurance Framework*. London: Department of Health.

Durstine, L. J et al. (2009) *ACSM's Exercise Management for Persons with Chronic Diseases and Disabilities*. USA: Human Kinetics.

Hall, R. (2021) in *The Guardian* (2021), *A third of middle-aged UK adults have at least two chronic health conditions*, UK, Available at: www.theguardian.com/society/2021/jul/28/a-third-of-middle-aged-uk-adults-have-at-least-two-chronic-health-issues-study.

Irwin and Morgan in BHFNC (2010) *A Toolkit for the Design, Implementation and Evaluation of Exercise Referral Schemes*, UK, Accessed on: 04-08-2022. Available at: ncsem-em.org.uk/wp-content/uploads/2020/10/section-6-exercise-referral-scheme-coordinators.pdf

Lawrence, D. (2013) *The Complete Guide to Exercise Referral*. UK: Bloomsbury Publishing.

Royal Osteoporosis Society (2018) Strong, Straight and Steady Report. Available at: <https://theros.org.uk/clinical-publications-and-resources/>

Spiriduso, M. (2005) *Physical Dimensions of Aging*. 2nd edition. USA: Human Kinetics

Sport England (2022), *Easier to be Active*, UK, Available at: www.sportengland.org/news/new-guidance-help-people-long-term-health-conditions-get-active.

Sport England (2022) New Guidance to help people with long-term health conditions get active, Available at: <https://www.sportengland.org/news/new-guidance-help-people-long-term-health-conditions-get-active>.

UK Active (2021): Life in Our Years Report, Available at: <https://www.ukactive.com/reports/life-in-our-years/>

Appendix 4: Information sources for perinatal

Please note: While the information sources listed are available at the point of publication; access to specific website pages will change over time, as will the currency and relevance of information.

Information sources and organisations:

Active Pregnancy Foundation: www.activepregnancyfoundation.org/.

American College of Obstetricians and Gynaecologists (ACOG): www.acog.org/.

American College of Sports Medicine (ACSM): www.acsm.org/.

British Journal of Sports Medicine: www.bjsm.bmj.com/.

Bliss: www.bliss.org.uk/.

Bluebell Care Trust: www.bluebellcare.org/.

British Nutrition Foundation: www.nutrition.org.uk/.

British Pregnancy Advisory Service: www.bpas.org/.

Birth Rights: www.birthrights.org.uk/.

Best Beginnings: www.bestbeginnings.org.uk/.

Chartered Institute for the Management of Sport and Physical Activity (CIMSPA): www.cimspa.co.uk/.

Gingerbread: www.gingerbread.org.uk/.

Home Start: www.home-start.org.uk/.

National Library of Medicine: www.pubmed.ncbi.nlm.nih.gov/.

Maternity Voices Partnerships: www.maternityvoices.co.uk/.

Mental Health Foundation: <https://www.mentalhealth.org.uk/>

Mind: www.mind.org.uk/.

National Childbirth Trust: www.nct.org.uk/

NHS (NHS Choices): www.nhs.uk/using-the-nhs/about-the-nhs/your-choices-in-the-nhs/.

National Institute of Health and Care Excellence (NICE): www.nice.org.uk/.

National Childbirth Trust: www.nct.org.uk/.

National Library of Medicine: www.pubmed.ncbi.nlm.nih.gov/.

PANDAS: www.pandasfoundation.org.uk/.

Rethink mental health: <https://www.rethink.org/>

Royal College of Midwives: www.rcm.org.uk/about-us.

Royal College of Gynaecologists (RCOG): www.rcog.org.uk/.

YMCA Level 3 Award in Supporting Participation in Physical Activity: Disability and Impairment (610/1559/3) / Older Adult (610/1668/8) / Perinatal (610/0829/1) | Qualification Specification | Version 3.0 | © Y Awards Ltd 2023

Tommy's: www.tommys.org/.

Twins Trust: www.twinstrust.org/.

World Health Organisation (WHO): www.who.int/.

Guidance documents:

Canadian (2019) guideline for physical activity throughout pregnancy – www.bjbm.bmj.com/content/52/21/1339.

CMO physical activity guidelines for pregnant participants: <https://www.gov.uk/government/publications/physical-activity-guidelines-pregnancy-and-after-childbirth>.

CMO physical activity guidelines after childbirth: <https://www.gov.uk/government/publications/physical-activity-guidelines-pregnancy-and-after-childbirth>

Get Active Questionnaire for Pregnancy: www.csep.ca/wp-content/uploads/2021/05/GAQ_P_English.pdf.

Healthcare provider consultation form for prenatal activity: www.csep.ca/wp-content/uploads/2021/05/GAQ_P_HCP_English.pdf.

Maternity care (NICE 2008): www.nice.org.uk/guidance/cg62.

NICE (2021) Uncomplicated pregnancy definitions: www.cks.nice.org.uk/topics/antenatal-care-uncomplicated-pregnancy/background-information/definition/#:~:text=An%20uncomplicated%20pregnancy%20is%20a,the%20community%20by%20a%20midwife.

NICE (2019) Antenatal care for uncomplicated pregnancies: <https://www.nice.org.uk/guidance/cg62>

NHS – 'Foods to avoid': www.nhs.uk/pregnancy/keeping-well/foods-to-avoid/.

Perineal trauma: www.rcog.org.uk/en/patients/tears/first-second/.

References (Exercise contraindications)

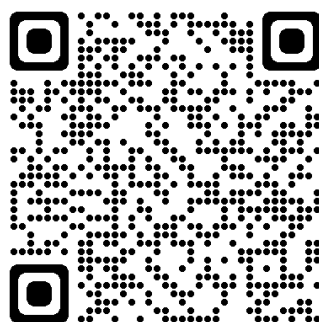
Meah, V, Davis, G and Davenport, M (2020) Why can't I exercise during pregnancy? Time to revisit medical 'absolute' and 'relative' contraindications: systematic review of evidence of harm and a call to action. Accessed on: 29/04/2022. Available from: www.bjbm.bmj.com/content/54/23/1395.abstract.

Guidance for training providers

Centre and qualification approval

Before you can begin delivery of this qualification, you must be a Y Awards Ltd centre with appropriate qualification and staff approval.

Find out more on our website:



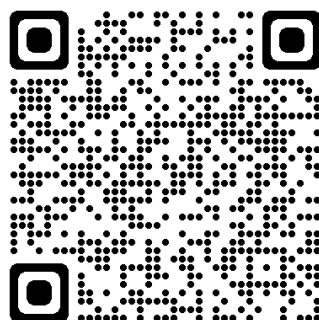
ymcaawards.co.uk/approvals

Tutor, assessor and IQA requirements

All tutors, assessors and internal quality assurance (IQA) staff need to hold:

- A subject matter qualification.
- A qualification related to the role that they will be performing (tutor, assessor or IQA).

Find out more on our website:



ymcaawards.co.uk/approvals/staff-approval

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Y Awards Ltd, has a long and respected history as the first UK awarding organisation to specialise in health and fitness qualifications, launching in 1998 as CYQ.

We're experts in education, health, and wellbeing with over 25 years' experience developing UK-regulated and globally recognised qualifications.

We work closely with industry experts, employers, and training providers to make sure that our products and services deliver life-changing opportunities. With over half a million qualifications awarded, 400,000 people have advanced their career with Y Awards Ltd.



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