City & Guilds Level 3

Health and Social Care: Practice (Children & Young People)

Approved by Qualifications Wales

This qualification forms part of the new suite of Health and Social Care, and Childcare qualifications in Wales provided by City & Guilds/WJEC.

This Qualifications Wales regulated qualification is not available to centres in England.

Qualification Handbook

Version

February 2023 Version 3.0

Qualification at a glance

Subject area	Children and Young People health and social care
City & Guilds number	8040
Age group approved	16+
Entry requirements	None
Assessment	100 % internal assessment (Structured tasks and portfolio)
Approvals	Centre and qualification approval is required
Support materials	Qualification handbook Qualification delivery guide Assessment pack
Registration and certification	Consult the Consortium website for details

Title and level	Reference number	Accreditation number
Level 3 Health and Social Care: Practice (Children and Young People)	8040-06	C00/1253/5

Version and date	Change detail	Section
2.0 August 2019	Addition of two new optional units 371 and 372. 371 – Supporting health and well-being for yourself and your family within the role of a foster carer 372 – Impact of abuse and trauma on the development of babies and young children	Throughout document
2.0 August 2019	Added accreditation number	Qualification at a glance
2.0 August 2019	Updated Supporting materials/centre documents	Throughout document
2.1 October 2019	Updated Level 4 qualification titles	Introduction - What opportunities for progression are there?
2.2 August 2020	Amendment of Safeguarding legislation references	Related Legislation and Guidance: • Unit 365 • Unit 366 • Unit 367 • Unit 368 • Unit 369 • Unit 401
2.3 September 2021	Unit 350 Supporting the use of medication in social care settings: • Unit summary information • Related legislation and guidance	Unit 350 Supporting the use of medication in social care settings
3.0 February 2023	Structure of the qualification following addition of new optional units	Structure

Version and date	Change detail	Section
	Additional optional units added to qualification content 378 – Promoting support for the digital inclusion of individuals 379 – Supporting individuals to plan for and prepare meals 380 – Supporting children and young people to reach their educational potential 381 – Providing care and support for children and young people who are at risk of entering the care system 382 – Trauma informed practice with children and young people 383 – Using communication methods to motivate individuals to achieve their personal outcomes	Units: 378 379 380 381 382 383
	Introduction of overarching sections on legislation and resources to support currency Overarching guidance on legislation, regulations and national policy added Overarching guidance on resources added	Section 5: Units

Contents

1   Introduction

This document tells you what you need to do to deliver the qualification:

Area	Description
Who is the qualification for?	This qualification is for those working, or seeking to work in health and social care settings.
	This qualification develops the ability of learners to practically support health and care needs of adults in a range of settings. The content of this qualification consolidates knowledge gained through attainment of the Level 2 Health and Social Care: Core qualification.
	This qualification is practice-based and assesses learners' knowledge and practice. It is designed for learners in work based learning. The qualification will assess learners' knowledge and practice through their work.
	This qualification is required for learners to work in specific job roles within the health and social care sector as set out in Social Care Wales Qualification Framework for Social care and Child care.
What does the qualification cover?	This qualification allows learners to develop the knowledge and skills required for employment and/or career progression in health and social care organisations or settings.
What opportunities for progression are there?	The qualification allows learners to progress the following Consortium* qualification: • Level 4 Professional Practice in Health and Social Care • Level 4 Preparing for Leadership and Management in Health and Social Care ***The consortium consists of City & Guilds of London Institute and WJEC who worked jointly to develop and deliver all of the qualifications in the Health and Social Care and CCPLD suite.**
Who did we develop the qualification with?	The unit content of this qualification has been developed and is owned by Social Care Wales and Health, Education and Improvement Wales.
	The content has been developed in conjunction with the consortium, as well as stakeholders, tutors, teachers and workplace assessors from across the health and social care sector.

Subject aims and objectives

The Level 3 Health and Social Care: Practice (Children and Young people) qualification will enable learners to develop and demonstrate their knowledge, understanding, behaviours, skills and practice within a health and social care setting. In particular, learners will be able to demonstrate that they:
- understand, and apply in practice, the principles and values which underpin health and social care
- understand, and apply in practice, child-centred approaches
- promote and support effective practice within health and Social Care
- are aware of key policies within the sector and understand how these affect service development and delivery
- work in partnership with children, their families/carers and a range of professionals
- apply a range of problem solving techniques
- reflect on practice to continuously improve
- use literacy, numeracy and digital competency skills as appropriate in their role

The knowledge, understanding and skills a learner is required to achieve within this qualification build on the content of the Level 2 Health and Social Care: Core qualification.

It is strongly recommended that a learner undertaking this qualification has completed or is currently undertaking the Level 2 Health and Social Care: Core qualification.

Please note that it is a requirement of Social Care Wales that an individual working within the health and social care sector will need both:
- the Level 2 Health and Social Care: Core
  and
- the Level 3 Health and Social Care: Practice (Children and Young people) qualification
to work within specific job roles.

For more information on requirements to work within the health and social care sector, including specific job roles, refer to Social Care Wales' website.

Structure

To achieve the **Level 3 Health and Social Care: Practice (Children and Young People)** qualification learners must achieve a minimum of 50 credits in total;

- **18** credits must be achieved from the Mandatory group.
- A minimum of **13** credits must be achieved from Optional group A
- The balance of **19** credits can be achieved from **units in** Optional groups A or B

A maximum of 10 credits from Optional group A and B may be achieved from units at level 2

The **minimum** guided learning hour requirement for this qualification is 240.

Unit Number	Unit title	Unit Level	GLH	Credits
	Mandatory group			
365	Promoting core practice in Health and Social Care (Children and Young People)	3	100	18
	Optional group A			
401	Using assessments for the development of personal plans	4	35	6
402	Co-ordinating care and support for individuals living in their own homes	4	30	8
308	Supporting families to develop parenting skills	3	50	13
366	Providing care and support for disabled children and young people	3	100	20
367	Providing care and support for children and young people who are looked after	3	100	18
368	Providing care and support for babies and younger children	3	100	20
369	Providing care and support for children and young people living with their families/carers	3	40	8
370	Supporting young people to develop independence skills and prepare for adulthood	3	25	4
371	Supporting health and well-being for yourself and your family within the role of a foster carer	3	30	5
372	Impact of abuse and trauma on the development of babies and young children	3	20	4
334	Supporting individuals with the use of electronic assistive technology	3	20	4

Unit Number	Unit title	Unit Level	GLH	Credits
336	Supporting individuals who misuse substances	3	40	7
339	Promoting positive approaches for behaviour support	3	40	6
309	Promoting and supporting speech, language and communication skills	3	25	4
378	Promoting support for the digital inclusion of individuals	3	20	4
379	Supporting individuals to plan for and prepare meals	3	15	6
380	Supporting children and young people to reach their education potential	3	10	5
381	Providing care and support for children and young people who are at risk of entering the care system	3	100	18
382	Trauma informed practice with children and young people	3	30	5
383	Using communication methods to motivate individuals to achieve their personal outcomes	3	20	5
236	Contributing to the support of individuals who misuse substances	2	30	4
	Optional group B			
312	Supporting children living with epilepsy	3	20	3
314	Undertaking capillary blood glucose monitoring	3	15	3
315	Supporting children to undertake glucose monitoring	3	15	3
316	Taking venous blood samples from children	3	20	3
317	Providing care for children living with cancer	3	35	8
318	Palliative and end of life care for children and young people	3	35	9
320	Undertaking stoma care	3	20	3
321	Undertaking non-complex wound care	3	20	4
324	Administering adrenaline auto-injections	3	15	3
328	Facilitate group learning	3	20	4
329	Supporting individuals with enteral feeding	3	15	3
347	Health promotion	3	20	3

Unit Number	Unit title	Unit Level	GLH	Credits
374	Working as a personal assistant with children and young people	3	20	3
375	Supporting children and young people to access advocacy	3	25	4
350	Supporting the use of medication in social care settings	3	35	5
376	Undertaking physiological measurements in children	3	40	5
208	Supporting children living with diabetes mellitus	2	20	5
209	Responding to anaphylactic reactions	2	10	2
210	Introduction to breathlessness and asthma in children	2	10	2
211	Supporting continence care in children	2	20	4
212	Supporting individuals with moving and positioning	2	20	3
240	Supporting individuals to maintain mobility and minimise the risk of falls	2	20	2
243	Supporting food safety practice in health and social care settings	2	10	2
244	Supporting individuals to manage pain and discomfort	2	15	2
245	Undertaking peak expiratory flow rate (PEFR) readings	2	15	2

Note, the distinction made between Optional groups A and B has been to support the assessment methodology for this qualification. Units may be selected from either group to accommodate the balance of credits achievable. Further details of the assessment methodology can be found in the assessment pack.

The following additional rules exist for specific units within this qualification.

Learners taking Unit 324 Administering adrenaline must also complete Unit 209 Responding to anaphylactic reactions.

Unit 209 may be taken either prior to or alongside the delivery of Unit 324.

Learners may only achieve credits for 1 of the following:

Unit 236 Contributing to the support of individuals who misuse substances

Unit 336 Supporting individuals who misuse substances

If learners take both units as part of this qualification, only credit achieved from 1 unit will count towards their overall credit achievement.

Guided learning hour (GLH) and Total qualification time (TQT)

Guided Learning Hours (GLH) gives an indication to centres of the amount of *supervised* learning and assessment that is required to deliver a unit and can be used for planning purposes.

Total Qualification Time (TQT) is the total amount of time, in hours, expected to be spent by a learner to achieve a qualification. It includes both guided learning hours (which are listed separately) and hours spent in preparation, study and undertaking some formative assessment activities.

Credit is calculated using a formula that equates to the TQT value divided by 10.

The TQT for this qualification is specified below.

Qualification	TQT
Level 3 Health and Social Care: Practice (Children and Young People)	500

2   Centre requirements

Qualification approval

This qualification will require centre and qualification approval. This will include desk-based assessment.

Centre approval is based upon an organisation's ability to meet the centre approval criteria. The approval for this qualification can be found detailed in the following documents:
- Administration Handbook (Introduction to working with City & Guilds and WJEC)
- Our Quality Assurance Requirements
- Quality Assurance Model

Prospective centres will be advised to seek centre and qualification approval, as appropriate, prior to starting to deliver the qualification.
The Consortium aims to provide the centre and qualification approval decision within 30 working days of the submission of the completed application, with four possible outcomes:
- Centre approval and qualification approval granted
- Centre approval and qualification approval granted subject to action plan
- Centre approval and qualification approval withheld subject to action plan
- Centre approval and qualification approval denied.

Centre and qualification approval are deemed to have been granted when City & Guilds confirms the status in writing to the centre, and not before.

Centres will be required to apply for approval for this qualification and to meet the specific centre requirements outlined in this document related to delivery staff and assessor competence. These requirements will be checked and monitored as part of the qualification approval process and on-going monitoring of this qualification.

Centre staffing

Assessor requirements

Assessors of competence-based learning outcomes must:
- be occupationally competent; this means that each assessor must be capable of carrying out the full requirements of the area they are assessing to at least the same level. Occupational competence means that they are also occupationally knowledgeable
- maintain their occupational competence through relevant and clearly demonstrable continuing learning and professional development
- hold or be working towards the current Assessor qualifications, e.g.
    o   Level 3 Award in Assessing Competence in the Work Environment **or**
    o   hold the A1 Assessors Award or D32/33 units

Where assessors have legacy assessor qualifications they must demonstrate that they are assessing in line with current assessment standards or another suitable qualification equivalent/alternative in the assessment of work based performance. This must be agreed in advance with the centre's External Quality Assurer.

The consortium also accepts alternative nationally accredited assessor qualifications. A comprehensive list of these are available on the qualification webpage.

Where working towards assessor qualifications there must be a countersigning arrangement in place from a qualified assessor from the same or related occupational area.

Where detailed in evidence requirements as appropriate for use, expert witnesses must
- have a working knowledge of the units for which they are giving testimony
- be occupationally competent in their area of expertise to at least the same level of the unit for which they are providing testimony
- have either any qualification in assessment of workplace performance or a professional work role which involved evaluating the everyday practice of staff.

Internal quality assurers

Internal quality assurance is key to ensuring that the assessment of evidence for units is of consistent and appropriate quality. Those performing the internal quality assurance role must be occupationally knowledgeable and possess the skills necessary to make quality assurance decisions.

The qualification requirements for an IQA for competence-based qualifications are as follows, the IQA must:
- hold or be working towards the current Quality Assurance qualifications, e.g.
    - o Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice or
    - o Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice or
    - o Hold the D34 unit or V1 Verifiers Award.

Where working towards an IQA qualification there must be a countersigning arrangement in place from a qualified IQA from the same or related occupational area.

External quality assurers

Those performing the external quality assurance role must be occupationally knowledgeable and possess the skills necessary to make quality assurance decisions. This means that Associates/appointees have knowledge of the settings, regulation, legislation and code of practice for the service being assured, as well as the requirements of Welsh national standards at the time the assessment is undertaken.

The consortium requires Associates/appointees to hold an external quality assurance qualification, either:
D35 - Externally Verify the Assessment Process (D35) or V2 - Level 4 Certificate in Conducting External Quality Assurance of the Assessment Process (V2)
Level 4 External Quality Assurance of Assessment Processes and Practice.

Associates/appointees will be working towards or have achieved the current external quality assurance qualification (TAQA) or a legacy qualification such as V2/D35

Where working towards EQA requirements there must be a countersigning arrangement in place from another EQA from the same or related occupational area.

Welsh context

For individuals who have not previously conducted assessment activities in Wales, it is suggested that having an awareness of Welsh language and an understanding of Welsh culture, policy and context would be beneficial to support their roles.

Continuing professional development

Centres are expected to support their staff in ensuring that their knowledge and competence in the occupational area is current and of best practice in delivery, mentoring, training, assessment and quality assurance and that it takes account of any national or legislative developments.

Learner entry requirements

The Consortium does not set entry requirements for this qualification. However, centres must ensure that learners have the potential and opportunity to gain the qualification successfully.

It is strongly recommended that a learner undertaking this qualification has completed or is currently undertaking the Level 2 Health and Social Care: Core qualification.

Entries for the qualification can be made via the Walled Garden, see the Consortium website for further details.

Age restrictions

The Consortium cannot accept any registrations for learners under 16 as this qualification is not approved for under 16s.

3 Delivering the qualification

Initial assessment and induction

An initial assessment of each learner should be made before the start of their programme to identify:

- if the learner has any specific training needs,
- support and guidance they may need when working towards their qualification,
- any units they have already completed, or credit they have accumulated which is relevant to the qualification,
- the appropriate type and level of qualification.

We recommend that centres provide an induction programme so the learner fully understands the requirements of the qualification, their responsibilities as a learner, and the responsibilities of the centre. This information can be recorded on a learning contract.

Support materials

The following resources are available for this qualification:

Description	How to access
Assessment pack	Consortium website

External associates/appointees

Associates/Appointees are the terms adopted by the Consortium to refer to individuals appointed by City & Guilds or WJEC to undertake specific roles on their behalf, for example, External Quality Assurers (EQAs).

There is criteria set by the Consortium to ensure that all associates/appointees have the right occupational knowledge, experience and skills to perform the specific role.

The Consortium will ensure that all associates/appointees undertaking a quality assurance role in centre approval, qualification approval and assessment decisions are trained, appropriately qualified and occupationally competent. Training and attendance at standardisation events is mandatory.

All associates/appointees are performance managed by staff within City & Guilds. If concerns are identified with an individual, each Consortium partner will take corrective action which may include improvement actions and close monitoring or in some instances quality issues in performance may lead to the Awarding Body contract with the associate/appointee being terminated.

The Consortium will ensure that sufficient bilingual associates/appointees are recruited to meet the needs of Welsh-medium centres and learners. The level of quality assurance activity will be consistent across provision in both English and Welsh mediums. Provision will be made for monitoring and standardisation to take place for both languages.

Internal quality assurance

Centres must have a written Internal Quality Assurance strategy.
This will help ensure that internal quality assurance procedures:
- provide accuracy and consistency between Assessors in the use and interpretation of the guidance in the qualification and/or assessment documentation
- are efficient and cost effective

Internal quality assurance requirements must meet the policies and guidance as outlined in the consortium's guidance to centres. Details of these guidance documents can be accessed through the Administration Handbook (Introduction to working with City & Guilds and WJEC) available on the Consortium website at www.healthandcarelearning.wales.

Moderation of internal assessment arrangements

External quality assurance processes are in place for checking the validity and reliability of assessment decisions made by centre staff, as appropriate to this qualification.

The assessment will be internally assessed and subject to risk-based monitoring and sampling by external quality assurers to ensure the consistency and validity of centre assessment decisions. Quality assurance activities will be undertaken by appropriately qualified and trained assessment associates. In all instances of sampling for quality assurance purposes, formal written feedback will be provided by City & Guilds.

Significant non-compliance or areas of concern identified during external monitoring will be subject to investigation by the consortium. As a result of this activity appropriate improvement actions and/or sanctions may be put in place. In some instances, investigations may result in de-registration for the centre(s) in question.

For further information on the external monitoring process please refer to the Administration Handbook (Introduction to working with City & Guilds and WJEC) available on the Consortium website at www.healthandcarelearning.wales.

Internal appeal

Centres must have an internal process in place for learners to appeal the marking of internally marked assessments. The internal process must include learners being informed of the results the centre has given for internally assessed components, as they will need these to make the decision about whether or not to appeal.

Factors affecting individual learners

If work is lost, City & Guilds should be notified immediately of the date of the loss, how it occurred, and who was responsible for the loss. Centres should use the JCQ form, JCQ/LCW, to inform City & Guilds Customer Services of the circumstances.

Learners who move from one centre to another during the course may require individual attention. Possible courses of action depend on the stage at which the move takes place. Centres should contact City & Guilds at the earliest possible stage for advice about appropriate arrangements in individual cases.

Malpractice

Please refer to the City & Guilds guidance notes *Managing cases of suspected malpractice in examinations and assessments*. This document sets out the procedures to be followed in identifying and reporting malpractice by learners and/or centre staff and the actions which City & Guilds may subsequently take. The document includes examples of learner and centre malpractice and explains the responsibilities of centre staff to report actual or suspected malpractice. Centres can access this document on the City & Guilds website.

Examples of learner malpractice are detailed below (please note that this is not an exhaustive list):
- falsification of assessment evidence or results documentation
- plagiarism of any nature
- collusion with others
- copying from another learner (including the use of ICT to aid copying), or allowing work to
- be copied
- deliberate destruction of another's work
- false declaration of authenticity in relation to assessments
- impersonation.

These actions constitute malpractice, for which a penalty (e.g. disqualification from assessment) will be applied.

Please refer to the form in the document *Managing cases of suspected malpractice in examinations and assessments*.

Access arrangements and special consideration

Access arrangements are adjustments that allow learners with disabilities, special educational needs and temporary injuries to access the assessment and demonstrate their skills and knowledge without changing the demands of the assessment. These arrangements must be made before assessment takes place.

It is the responsibility of the centre to ensure at the start of a programme of learning that learners will be able to access the requirements of the qualification.

Please refer to the *JCQ access arrangements and reasonable adjustments and Access arrangements - when and how applications need to be made to City & Guilds* for more information. Both are available on the City & Guilds website: **http://www.cityandguilds.com/delivering-ourqualifications/centre-development/centre-document-library/policies-andprocedures/access-arrangements-reasonable-adjustments**

Special consideration

We can give special consideration to learners who have had a temporary illness, injury or indisposition at the time of assessment. Where we do this, it is given after the assessment.

Applications for either access arrangements or special consideration should be submitted to City & Guilds by the Examinations Officer at the centre. For more information please consult the current version of the JCQ document, *A guide to the special consideration process*. This document is available on the City & Guilds website: **http://www.cityandguilds.com/delivering-**

ourqualifications/ centre-development/centre-document-library/policies-andprocedures/access-arrangements-reasonable-adjustments

4 Assessment

Summary of assessment methods

Learners must successfully complete:

- an externally set, internally marked set of tasks
- a portfolio of evidence

An assessment pack detailing the requirements of the assessment can be download from the Consortium website.

Simulation

Simulation involves the creation of an artificial situation for purposes of assessment. The use of simulation should be restricted to obtaining evidence where it cannot be naturally generated through normal work activities (e.g. due to concerns related to health and safety).

For this qualification, simulation is **not** permitted for the structured tasks.

Simulation is permitted to generate evidence from individual units for the portfolio, **only** where this is specifically stipulated in the evidence requirements for individual units. If simulation is used, this must be done within a realistic work environment.

A realistic work environment is defined here as one that replicates the conditions and controls of a real working environment. For example, if a learner was to simulate taking clinical measurements, these should be carried out in a realistic clinical environment, as opposed to an unrelated environment e.g. a classroom, staff room etc.

Time constraints

The following must be applied to the assessment of this qualification:

- all units must be undertaken and related requirements must be completed and assessed within the learner's period of registration.

Recognition of prior learning (RPL)

Recognition of prior learning means using a person's previous experience or qualifications which have already been achieved to contribute to a new qualification. RPL is allowed for this qualification.

For more information on RPL and the consortium's RPL policy, please refer to the Administration Handbook (Introduction to working with City & Guilds and WJEC)

available from the consortium website at **www.healthandcarelearning.wales**.

5   Units

Availability of units

All units are contained within this qualification handbook;

Unit Number	Unit title
365	Promoting core practice in Health and Social Care (Children and Young People)
401	Using assessments for the development of personal plans
402	Co-ordinating care and support for individuals living in their own homes
308	Supporting families to develop parenting skills
366	Providing care and support for disabled children and young people
367	Providing care and support for children and young people who are looked after
368	Providing care and support for babies and younger children
369	Providing care and support for children and young people living with their families/carers
370	Supporting young people to develop independence skills and prepare for adulthood
371	Supporting health and well-being for yourself and your family within the role of a foster carer
372	Impact of abuse and trauma on the development of babies and young children
334	Supporting individuals with the use of electronic assistive technology
336	Supporting individuals who misuse substances
339	Promoting positive approaches for behaviour support
309	Promoting and supporting speech, language and communication skills
236	Contributing to the support of individuals who misuse substances
312	Supporting children living with epilepsy
314	Undertaking capillary blood glucose monitoring
315	Supporting children to undertake glucose monitoring
316	Taking venous blood samples from children
317	Providing care for children living with cancer
318	Palliative and end of life care for children and young people
320	Undertaking stoma care
321	Undertaking non-complex wound care
324	Administering adrenaline auto-injections

Unit Number	Unit title
328	Facilitate group learning
329	Supporting indivduals with enteral feeding
347	Health promotion
374	Working as a personal assistant with children and young people
375	Supporting children and young people to access advocacy
350	Supporting the use of medication in social care settings
376	Undertaking physiological measurements in children
208	Supporting children living with diabetes mellitus
209	Responding to anaphylactic reactions
210	Introduction to breathlessness and asthma in children
211	Supporting continence care in children
212	Supporting individuals with moving and positioning
240	Supporting individuals to maintain mobility and minimise the risk of falls
243	Supporting food safety practice in health and social care settings
244	Supporting individuals to manage pain and discomfort
245	Undertaking peak expiratory flow rate (PEFR) readings

The unit content has been developed and is owned by Social Care Wales and Health, Education and Improvement Wales.

The content has been developed in conjunction with the consortium, as well as stakeholders, tutors, teachers and workplace assessors from across the health and social care sector.

Guidance for the delivery of unit content

The following summary provides guidance on the different elements that are found within the units and information on unit delivery.

Application of unit 365

The content within this unit is the application of practice that reflects the underpinning knowledge that learners have gained through the Level 2 Health and Social Care: Core qualification.

The content within unit 365 will need to be applied to units across the qualification - consideration of its application should be made as part of preparation for the delivery of other units within the qualification.

Unit summary

This provides a short, high level summary of the unit content including what knowledge and practice is covered. The unit summary may also provide information on types of settings the unit relates to or is precluded from delivery in.

Learning outcomes

Learning outcomes group together chunks of related practical skills and/or knowledge and are presented as the result of the learning process i.e. what learners must understand or be able to do following teaching and learning. Learning outcomes will be knowledge or practice based, this will be evidenced by the verb at the start of the outcome (Knowledge = understand, know. Practice = use, provide, support etc.) All learning outcomes are supported by a number of assessment criteria.

Assessment criteria

Assessment criteria break down the learning outcome into smaller areas to be covered. Assessment criteria may be supported by range, indicated by words or phrases in **bold**.

Range

Some words or phrases within assessment criteria are presented in **bold,** this means a range has been provided and will be presented at the bottom of the learning outcome. The range contains information about the depth and amount of detail required for a specific assessment criteria. The range is not an exhaustive list, there may be other examples that could fit within that topic area, however those that are listed in the range are key for the delivery of the unit content – **all elements listed in the range must be covered as part of the delivery of the unit.**

Whilst all elements listed in the range must be delivered, it is not expected that all range elements must be specifically observed during the assessment process; reflecting that the assessment judgement is to made as a holistic judgment, and based at the level of the learning outcome.

Evidence requirements

Evidence requirement provide details of how many times learners must complete practical activities in order to be deemed competent **if** the unit is not assessed as part of the holistic assessment approach. Evidence requirements have only been written for units in Optional Group B. Full details of the assessment approach for the qualification can be found in the assessment section of this handbook and in the associated assessment pack.

Guidance for delivery

This guidance is aimed at tutors, trainers or facilitators when teaching the unit and provides specific considerations for delivery of the content of the unit where applicable. For example links that can be made across units within the qualification or examples of how the content can be presented to learners.

The guidance for delivery includes definitions of key terminology referred to within the unit.

NB - For unit 365 the definitions of the terms that are presented in **bold** are in included in the guidance for delivery.

Related NOS (National Occupational Standards)

These are presented as a guide for tutors, trainers or facilitators delivering the content and give an indication of where the unit content may link to associated NOS. These are not presented as an exhaustive list and are for guidance only. There is no requirement for NOS to be presented as part of unit learning delivery. NB – although every attempt will be made to keep those listed up to date, updated or reviewed versions of NOS may supersede those listed.

Related legislation and guidance

These are provided as a reference and context for the unit and may be used to support the delivery of the content and provide wider context. These are not presented as an exhaustive list and are for guidance only. All legislation, guidance, websites, documentation etc. listed should be checked for currency and relevance before delivery of the unit content.

Recommended unit guidance

It is recommended that learners undertaking this qualification with the intention of progressing into a specific role in the health and social care sector, are provided with guidance on the units that will be of most benefit for them in these roles.

It is the responsibility of the manager/assessor to ensure that learners are aware of the range of units available, and also are advised of the units that are most recommended or required for their role or occupational area.

Further guidance on the requirements of specific roles within the sector can be accessed on Social Care Wales' website.

https://socialcare.wales/resources/qualification-framework-for-the-social-care-sector-in-wales

Guided learning hour (GLH) value

This value indicates the amount of Guided Learning Hours a unit will require for delivery to a learner on average. This includes contact with tutors, trainers or facilitators as part of the learning process, and includes formal learning including classes, training sessions, coaching, seminars and tutorials. This value also includes the time taken to prepare for, and complete, the assessment for the unit. Guided learning hours are rounded up to the nearest five hours.

Credit value

This value is based on the guided learning hours **plus** any additional learning time or additional activities that the learner will need to take to complete the unit. For example this may include time for informal learning, private study, practice, reflection etc. The total number of hours is divided by ten to get the credit value. Credit values are rounded up to the nearest whole number.

Overarching guidance on legislation, guidance, national policy and supporting resources

The section below provides overarching guidance in relation to the areas of legislation, guidance and national policy should be considered by learners undertaking this qualification, and particularly noted in relation to the core **Unit 365 Promoting core practice in Health and Social Care (Children and Young People)**

- Social Services and Well-Being (Wales) Act 2014 and associated statutory guidance and Codes of Practice
- Regulation and Inspection of Social Care (Wales) Act 2016 and associated regulations and statutory guidance
- The Welsh Assembly Government's Seven core aims for children and young people (2000)
- Code of Professional Practice for Social Care Workers
- Openness and honesty when things go wrong: The professional duty of candour
- The Equality Act 2010
- The Human Rights Act (1998)
- United Nations Convention on the Rights of the Child (1989)
- Mental Health Act 1983 (amended 2007)
- Mental Health (Wales) Measure 2010
- Mental Health Act Code of Practice for Wales (2016)
- Welsh Language Act (1993)
- Welsh Language (Wales) Measure 2011
- More than just words: Welsh Government Strategic Framework for the Welsh Language in Health and Social Care (2013)
- Data Protection Act (2018)
- General Data Protection Regulation (GDPR) 2018
- All Wales Safeguarding Procedures (2019)
- Welsh Government Safeguarding Guidance
- Safeguarding Vulnerable Groups Act 2006
- Violence against Women, Domestic Abuse and Sexual Violence (Wales) 2015 Act
- The Health and Safety at Work Act (1974)
- Workplace (Health, Safety and Welfare) Regulations (1992)
- Reporting of Injuries, Diseases & Dangerous Occurrences Regulations (2013)
- The Electrical Equipment (Safety) Regulations (1994)
- The Provision and Use of Work Equipment Regulations (1998)
- The Regulatory Reform (Fire Safety) Order (2005)
- Health and Care Standards Welsh Government April 2015
- Personal Protective Equipment (PPE) at Work Regulations (1992)
- NICE Quality Standard 61 Infection Prevention & Control April 2014
- The Food Safety Act (1990)
- The Food Hygiene Regulations [Wales] 2006
- Control of Substances Hazardous to Health (COSHH) (1999 and 2002)
- Children (Abolition of Defence of Reasonable Punishment) (Wales) Bill
- United Nations Convention on the Rights of Persons with Disabilities (2006), (2010)
- WASPI (Wales Accord on the Sharing of Personal Information)
- Children Act 1989 and 2004
- Anti-racist Wales Plan

In addition, for learners undertaking key units used in Social Care (211, 236, 243-244, 308-309, 317, 334, 336, 339, 347, 350, 366-367, 369, 372, 374-375, 378, 380, 382-383, 401-402) this list of legislation, guidance and national policy should be considered in connection with these units and embedded appropriately as part of the delivery of these units.

In addition, the following legislation, guidance and national policy should be considered in relation to unit content that reflects the key sector-specific themes outlined below.

Specific additional legislation, guidance and national policy for mental health
- Liberty Protection Safeguards
- Mental Health in Wales Fundamental Facts 2016
- Together for Mental Health and Well-being in Wales
- Talk to me 2 – suicide prevention strategy, Wales
- Mental Health Act Code of Practice for Wales (2016)

Specific additional legislation, guidance and national policy for substance misuse
- Misuse of Drugs Act (1971)
- Psychoactive Substances Act (2016)
- The Cigarette Lighter Refill (Safety) Regulations (1999)
- Misuse of Drugs Regulations (1973)
- Misuse of Drugs Regulations (2001)

Specific additional legislation, guidance and national policy for rights, equality, diversion and inclusion
- Disability Discrimination Act 1995 and 2005

Specific additional legislation, guidance and national policy for Welsh language
- Welsh Government (2017) Cymraeg 2050: Welsh language strategy pp 4 – 12

Specific additional legislation, guidance and national policy for manual handling
- Manual Handling Operations Regulations 1992 (amended 2002)
- Lifting Operations and Lifting Equipment Regulations (1998)
- WLGA Manual Handling Passport Scheme. Manual handling people guidance for social care

Overarching guidance on resources

The section below provides overarching guidance in relation to additional support resources for different areas of the qualification content.

Care and Support at home

The domiciliary care worker: practice guidance https://socialcare.wales/resources/the-domiciliary-care-worker

Care and Support at Home in Wales: Five Year Strategic Plan 2017-2022, Social Care Wales https://socialcare.wales/resources-guidance/improving-care-and-support/care-and-support-at-home

Above and beyond: National Review of Domiciliary Care in Wales 2015-16, CSSIW 2016 https://careinspectorate.wales/sites/default/files/2018-03/161027aboveandbeyonden.pdf

Career Progression in Care Project: End of Project Report, Skills for Care 2016

Care at Home: challenges, possibilities and implications for the workforce in Wales, Care Council for Wales 2010

Time to Care: A UNISON Report into Home Care, UNISON 2013

Social Care Wales Codes of Professional Practice for Social Care Workers https://socialcare.wales/dealing-with-concerns/codes-of-practice-and-guidance

Factors that affect the recruitment and retention of domiciliary care workers and the extent to which these factors impact upon the quality of domiciliary care: interim findings summary, GSR, Welsh Government, 2016 https://gov.wales/sites/default/files/statistics-and-research/2019-07/160118-factors-affect-recruitment-retention-domiciliary-care-workers-interim-en.pdf

Assessing Carer's Support Needs Toolkit: How the Statement of Purpose supports the delivery of a good quality service – training resources Social Care Wales Information and learning Hub https://socialcare.wales/cms-assets/documents/Assessing-Carers-Support-Needs_Resource-A_Training-Manual.docx

WG 2020, CYP continuing care guidance https://gov.wales/sites/default/files/publications/2020-03/the-children-and-young-peoples-continuing-care-guidance.pdf

Independent professional advocacy – https://gov.wales/advocacy-standards-and-outcomes-framework-children-and-young-people

Support of individuals with the use of electronic assistive technology

Technology to Care: Knowledge and skills sets and teaching guidance https://socialcare.wales/learning-and-development/assistive-technology

www.icarehealth.co.uk/blog/assistive-technology-improve-dementia-care/

Lifelites Assistive technology for children: The technology we donate www.lifelites.org

NDCS Technology for deaf children and young people Technology for deaf children and young people | National Deaf Children's Society www.ndcs.org.uk

Dyslexia UK – Assistive technology Assistive technology for specific learning difficulties - The Dyslexia Association - The Dyslexia Association

ACE Centre Getting started with augmentative and assistive technology Getting started | Ace Centre

Substance Misuse

The Welsh Substance Misuse Alliance

The Code of Professional Practice for Social Care and associated resources https://socialcare.wales/dealing-with-concerns/codes-of-practice-and-guidance

HIT Publications – HIT

Dual Diagnosis HUB Dual Diagnosis Professionals Resources | Dual Diagnosis Hub

DAN 247 Reducing harm Reducing Harm – DAN 247

Talk to Frank Honest information about drugs Honest information about drugs | FRANK www.talktofrank.com

Learning disability/autism

All Wales Strategy for the Development of Services for Mentally Handicapped People (1983) https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:4f8796c3-2de1-30e7-837f-abbe2c797a7a

Positive approaches for behaviour support

Social Care Wales (2016) Positive Approaches: Reducing Restrictive Practices in Social Care https://socialcare.wales/resources/positive-approaches-reducingrestrictive-practices-in-social-care

Denne, et al (2015) Putting positive behavioural support into practice: the challenges of workforce training and development, International Journal of Positive Behavioural Support 5,2 43-45

Positive Behavioural Support Academy Improving quality in the delivery of Positive Behavioural Support (PBS): the standards for accredited training

Positive Behavioural Support Academy Improving quality in the delivery of Positive Behavioural Support (PBS): the standards for accredited service providers.

Positive Behavioural Support Coalition (2015) Positive Behavioural Support: a competence framework

NHS Education for Scotland – Positive Behavioural Support: A Learning Resource http://www.nes.scot.nhs.uk/media/570730/pbs_interactive_final_nov_12.pdf

The Challenging Behaviour Foundation What is challenging behaviour? - Challenging Behaviour Foundation

Wales Reducing restrictive practices framework Reducing restrictive practices framework | www.GOV.WALES

Positive Behaviour Support – understanding behaviour PBS helpline resources: Understanding behaviour | bild

Supporting individuals to maintain mobility and minimise the risk of falls

Moving and handling in Health and Social Care.
http://www.hse.gov.uk/healthservices/moving-handling-do.htm

RIDDOR in Health and Social Care http://www.hse.gov.uk/healthservices/riddor.htm

Sensory Loss

Action on Hearing Loss Cymru https://www.actiononhearingloss.org.uk/about-us/wales.aspx

Action on Hearing Loss Cymru, RNIB Cymru and Sense Cymru - Population Needs Assessments – Sensory Loss

https://www.sense.org.uk/sites/default/files/Population%20Needs%20Assessments%20-%20Sensory%20Loss.docx

ADASS (2016) Position statement on vision rehabilitation
http://www.vision2020uk.org.uk/adass-updates-position-statement-on-vision-rehabilitation-in-collaboration-with-vision-2020-uk-and-rnib/

Cardiff University (2016) Depression in Visual Impairment Trial (DEPVIT)
https://orca.cf.ac.uk/93372/10/i1552-5783-57-10-4247%20%281%29.pdf

Welsh Government (2017) Sensory Health: Eye Care and Hearing Statistics
http://gov.wales/statistics-and-research/eye-care/?lang=en

RNIB Cymru http://www.rnib.org.uk/wales-cymru-1

RNIB Sight Loss Data Tool http://www.rnib.org.uk/knowledge-and-research-hub-key-information-and-statistics/sight-loss-data-tool

RNIB (2016) 10 Principles of Good Practice in Vision Rehabilitation
http://www.rnib.org.uk/professionals-social-care-professionals-complex-needs-social-care/rehabilitation-workers

Sense Cymru https://www.sense.org.uk/publications-categories/sense-cymru

Social Care Wales Learning and Information Hub – Working with Deafblind People (resource developed by SENSE Cymru) https://socialcare.wales/hub/hub-resource-sub-categories/working-with-deafblind-people

http://www.wlga.gov.uk/equalities-publications/wlga-publication-sensory-loss-in-the-adult-population-in-wales

www.scie.org.uk/dementia/living-with-dementia/sensory-loss/

Pain and discomfort

The Welsh Pain Society website http://www.welshpainsociety.org.uk/wb/ (http://www.welshpainsociety.org.uk/

http://www.bps.org.uk

https://www.arthritiscare.org.uk/ (New website: https://www.versusarthritis.org/)

http://www.cardiffandvaleuhb.wales.nhs.uk/acute-pain-management-service Pain Management (Acute) - Cardiff and Vale University Health Board

Scie.org.uk Dignity in care/pain management https://www.scie.org.uk/dignity/care/videos/pain-management

ICPCN Pain assessment tool for children https://www.icpcn.org/icpcn-pain-assessment-tool-for-children/

Alderhey Chronic Pain Team – https://alderhey.nhs.uk/application/files/2016/0258/2751/New_version_of_book_list_speech_bubbles.pdf

Medication in social care settings

NICE guidelines https://www.nice.org.uk/guidance/ng67

All Wales Guidance for Health Boards/Trusts and Social Care Providers in Respect of Medicines and Care Support Workers https://awmsg.nhs.wales/medicines-appraisals-and-guidance/medicines-optimisation/prescribing-guidance/all-wales-guidance-for-health-boards-trusts-and-social-care-providers-in-respect-of-medicines-and-care-support-workers/

National Guiding Principles for Medicines Support in the Domiciliary Care Sector https://www.adss.cymru/en/blog/post/principles-for-medicines

Incontinence management

NICE guidelines https://www.nice.org.uk/guidance/conditions-and-diseases/neurological-conditions/urinary-incontinence

BAUS https://www.baus.org.uk/

Irritable bowel support group https://www.theibsnetwork.org/support-groups/

Moving and positioning

Manual Handling Operations Regulations 1992 (amended 2002) http://www.hse.gov.uk/foi/internalops/ocs/300-399/313_5.htm

http://www.nationalbackexchange.org/files/training_guidelines/all_wales_nhs_manual_handling_passport_scheme.pdf

WLGA Manual Handling Passport Scheme, Manual Handling of People Guidance for Social Care

Health and Care Standards Welsh Government April 2015
http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf

HSE – What you need to do – Moving and handling
http://www.hse.gov.uk/healthservices/moving-handling-do.htm

Food safety practice

Food Standards Agency https://www.food.gov.uk/

NHS choices https://www.nhs.uk/live-well/eat-well/how-to-prepare-and-cook-food-safely/

Public Health Wales http://www.wales.nhs.uk/sitesplus/888/page/59111

Personal development plans

https://socialcare.wales/hub/hub-resource-sub-categories/assessing-and-meeting-individual-needs

CCfW Children's rights approach to social care A Children's Rights Approach for Social Care in Wales - Children's Commissioner for Wales www.childcomwales.org.uk

WG National CYP participation standards https://gov.wales/children-and-young-peoples-national-participation-standards

Health promotion

Donald Acheson Report 1998
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/265503/ih.pdf

Chief Medical Officer for Wales annual report

Health and Sustainable Preschool Scheme

Parenting Skills

Barnardo's- Promoting Resilience: A Review of Effective Strategies for Child Care Services, Dr. Tony Newman, Barnardo's Research and Development, 2002
http://www.barnardos.org.uk/resilsum.pdf https://pdf4pro.com/amp/view/promoting-resilience-a-review-of-effective-245a8.html

Research into Practice Building emotional resilience in the children and families workforce – an evidence-informed approach: Strategic Briefing (2016) by Gail Kinman and Louise Grant
https://www.rip.org.uk/resources/publications/strategic-briefings/building-emotional-resilience-in-the-children-and-families-workforce--an-evidenceinformed-approach-strategic-briefing-2016

Parenting and resilience, Malcolm Hill, Anne Stafford, Peter Seaman, Nicola Ross and Brigid Daniel, Joseph Rowentree Foundation, 2007, https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/parenting-resilience-children.pdf

Welsh Governments Education Begins at Home Campaign http://gov.wales/topics/educationandskills/schoolshome/parents/education-begins-at-home/?lang=en

The Bichard Inquiry Report (2004) http://dera.ioe.ac.uk/6394/1/report.pdf

Play deprivation (2003) https://issuu.com/playwales/docs/play_deprivation?e=5305098/5309703

Play: health and well-being (2012) http://playwales.org.uk/login/uploaded/documents/INFORMATION%20SHEETS/play%20health%20and%20wellbeing.pdf

Reflective practice – what is it and why is it so important? (2018) https://issuu.com/playwales/docs/reflective_practice?e=5305098/62475902

Practical uses of digital devices in play settings (2018) https://issuu.com/playwales/docs/practical_uses_of_digital_devices_i?e=5305098/63370528

ACE's reports - http://www.wales.nhs.uk/sitesplus/888/page/88504

Trauma informed framework for Wales Trauma-Informed Wales www.traumaframeworkcymru.com

NSPCC support for parents Support for parents | www.NSPCC.org.uk

Care for disabled children and young people/children and young people who are looked after

www.cqc.org.uk/publications/themes-care/support-families-disabled-children

www.actionforchildren.org.uk

www.diability-grants.org

www.gov.uk/help-for-disabled-child

www.dewis.wales

Together for short lives - Guide to children's palliative care A Guide to the Development of Children's Palliative Care Services by Together for Short Lives

Disability Wales - Good practice guidance toolkit Layout 1 www.disabilitywales.org

Play Wales – inclusive play Play Wales | Chwarae Cymru www.playwales.org.uk

Autism Wales – working with children and young people I work with children in health & social care - Awtistiaeth Cymru | Autism Wales | National Autism Team www.autismwales.org

Cardiff university social care law in Wales – children with disabilities – Children's social care law in Wales - Cardiff University

WCPP CYP who are looked after in Wales https://www.wcpp.org.uk/project/children-looked-after/

WG Reducing the criminalisation of children in care: All Wales protocol Reducing the criminalisation of children in care and care leavers: all Wales protocol | www.GOV.WALES

WG Safeguarding children from child exploitation Safeguarding children from child sexual exploitation | www.GOV.WALES

www.foundationyears.org.uk

https://www.nhs.uk/conditions/social-care-and-support-guide/caring-for-children-and-young-people/

Impact of trauma and abuse on child development

Kate Cairns – Attachment, Trauma and Resilience

Trauma informed framework for Wales Trauma-Informed Wales www.traumaframeworkcymru.com

NSPCC How childhood trauma affects development Understanding child brain development | NSPCC Learning

Promoting speech, language and communication skills

Bercow (2008) A review of services for Children and Young People with Speech, Language and Communication needs.

Close, R (2004) National Literacy Trust: Television and Language Development in the Early Years, A review of the literature

Gridley, N, Hutchings, J and H. Baker-Henningham (2014) The Incredible Years Parent- Toddler Programme and parental language: a randomised controlled study. Child: care, health and development

Hamer, C (2011) National Literacy Trust, Talk to your Baby: Guidance for developing a strategic approach to speech, language and communication in the early years.

Talk to your baby 2017: Early Language in a Connected World. National Literacy Trust https://literacytrust.org.uk/resources/talk-your-baby-2017-presentations/

Welsh Government (2014a) 'A review of practice in the implementation of the early language development support element within Flying Start' Social Research Number: 62/2014 https://gov.wales/review-practice-implementation-early-language-development-support-element-within-flying-start-0

Welsh Government (2014b) 'A review of the research evidence on the effectiveness of different approaches to promoting early speech and language development' Social Research Number 61/2014 https://gov.wales/review-research-evidence-effectiveness-different-approaches-promoting-early-speech-and-language-0

Healthy Child Wales Programme https://gov.wales/healthy-child-wales-programme

The Communication Trust. Talking About a Generation https://ican.org.uk/i-cans-talking-point/professionals/tct-resources/more-resources/talking-about-a-generation/

Bookstart http://www.bookstart.org.uk/

The Communication Friendly Spaces http://www.elizabethjarmantraining.co.uk/

Elklan writes and delivers accredited courses on speech, language and communication. http://www.elklan.co.uk/

Hanen http://www.hanen.org/Home.aspx

Books: The Perfect Language- Learning Tool http://www.hanen.org/Helpful-Info/Articles/Promoting-Language-with-Books.aspx

I Can http://www.ican.org.uk/

Talking Point https://ican.org.uk/i-cans-talking-point

Bump, Baby and Beyond http://www.wales.nhs.uk/documents/Bump%20Baby%20and%20Beyond.pdf

The National Literacy Trust http://www.literacytrust.org.uk

Children and young people living with their families/carers

The domiciliary care worker: practice guidance https://socialcare.wales/resources/the-domiciliary-care-worker

CcfW – No Wrong Door No Wrong Door: bringing services together to meet children's needs - Children's Commissioner for Wales www.childcomwales.org.uk

Carers UK Support for carers - We're here to make life better for carers - Carers UK

Family Group Conferencing Restorative Approaches Family Group Meeting Service « TGP Cymru

Youth work Wales principles and purposed BOOKLET www.cwvys.org.uk

Early Years support Wales About us | Early Years Wales

Independence skills in young people

'When I'm Ready' Good Practice Guide (2016) https://gov.wales/sites/default/files/publications/2019-05/when-i-am-ready-good-practice-guide-march-2016.pdf

Cerebra – supporting transition for children with a learning disability https://cerebra.org.uk/download/factsheet-transition-to-adulthood-in-wales/

Together for short lives – Transition to adult services resources and best practice Resources and best practice on transition from Together for Short Lives

Personal assistant with young people

Social Care Wales Hub https://socialcare.wales/hub/resources

https://socialcare.wales/cms_assets/file-uploads/Guidance-for-the-assessment-of-qualifications-in-the-context-of-Personal-Assistants-April-2016-English.pdf

CCfW Children's rights approach to social care A Children's Rights Approach for Social Care in Wales - Children's Commissioner for Wales www.childcomwales.org.uk

Independent professional advocacy – WG national standards and outcomes framework for CYP in Wales Advocacy www.gov.wales

Advocacy for young people

Social Care Wales website https://socialcare.wales/hub/hub-resource-sub-categories/advocacy

Trosgynnol Plant Cymru: www.tgpcymru.org.uk

Advocacy Support Cymru https://www.ascymru.org.uk/

Advocacy Matters Wales http://www.advocacymatterswales.co.uk/

National Youth Advocacy Services https://www.nyas.net/services/our-services-in-wales/

Mind https://www.mind.org.uk/information-support/guides-to-support-and-services/advocacy/types-of-advocacy/#.W1WkINJKiUk

Independent professional advocacy – WG national standards and outcomes framework for CYP in Wales Advocacy www.gov.wales

Incontinence care in children and young people

NICE guidelines https://www.nice.org.uk/guidance/conditions-and-diseases/neurological-conditions/urinary-incontinence

BAUS https://www.baus.org.uk/

Irritable bowel support group https://www.theibsnetwork.org/support-groups/

Bedwetting in under 19s https://www.nice.org.uk/guidance/cg111/chapter/1-Guidance#children-under-5-years-with-bedwetting

Bladder & Bowel Community https://www.bladderandbowel.org/bladder/bladder-resources/lifestyle-fluids-and-diet/

NHS – Urinary incontinence https://www.nhs.uk/conditions/urinary-incontinence/

NHS – Bowel incontinence https://www.nhs.uk/conditions/bowel-incontinence/

ERIC – Information and advice https://eric.org.uk/information/

NSPCC – Continence issues and safeguarding| https://learning.nspcc.org.uk/safeguarding-child-protection/continence-issues

Bowel and Bladder UK Advice on Bladder and Bowel Problems in Children and Young People www.bbuk.org.uk

Care for children living with cancer

National cancer survivorship initiative https://webarchive.nationalarchives.gov.uk/20100809113601/http://www.improvement.nhs.uk/cancer/LinkClick.aspx?fileticket=4apVUSvGcow%3d&tabid=214

National cancer survivorship initiative: new and emerging evidence on the ongoing needs of cancer survivors (2011) https://eprints.soton.ac.uk/342572/1/The_National_Cancer_Survivorship_Initiative_-_new_and_emerging_evidence.pdf

End of Life Care Plan and Palliative Care Implementation Board http://wales.pallcare.info/ https://collaborative.nhs.wales/implementation-groups/end-of-life-care/

Macmillan Cancer Support - https://www.macmillan.org.uk/

Marie Curie Care and Support - https://www.mariecurie.org.uk/?gclid=EAIaIQobChMI7tjhp9mj3AIV4ZztCh1AOguhEAAYASAAEgLa1vD_BwE&gclsrc=aw.ds

Contact a Family https://contact.org.uk/wales

Care after cancer https://www.macmillan.org.uk/documents/getinvolved/campaigns/campaigns/survivorship/survivorshipreport2009.pdf

Living with and beyond cancer: taking action to improve outcomes (2013) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/181054/9333-TSO-2900664-NCSI_Report_FINAL.pdf

Supporting Learners with Healthcare Needs- Guidance document no: 215/2017. March 2017 https://gov.wales/sites/default/files/publications/2018-12/supporting-learners-with-healthcare-needs.pdf

LATCH What we do About Us | LATCH Welsh Children's Cancer Charity www.latchwales.org

Young lives Vs Cancer What we do What we do - https://www.younglivesvscancer.org.uk/what-we-do/

Safeguarding

Safeguarding procedures - training materials (Adults) | Information and Learning Hub www.socialcare.wales

Using communication techniques to motivate individuals

- How to Apply Appreciative Inquiry: A Visual Guide | www.positivepsychology.com
- Motivational Interviewing Resources | Motivational Interviewing Network of Trainers (MINT) Information to help social care practitioners make the shift to outcomes focused practice. | Social Care Wales www.socialcare.wales
- 7 Solution-Focused Therapy Techniques and Worksheets (+PDF) | www.positivepsychology.com
- Therapy and Coaching | Courses & In Service Training | BRIEF – this has a useful video which explains what Solution Focused Brief Therapy is

Digital inclusion
- https://www.digitalcommunities.gov.wales/

- https://dhcw.nhs.wales/files/publications/digital-inc-guide-0619-english-pdf/
- https://phw.nhs.wales/files/research/population-health-in-a-digital-age/
- https://www.learnmyway.com/
- https://www.getsafeonline.org/
- https://www.actionfraud.police.uk/
- https://www.gov.uk/government/publications/essential-digital-skills-framework
- https://heiw.nhs.wales/news/digital-capability-framework-for-healthcare-in-wales-pilot/

Supporting children and young people to reach their educational potential

RCT & Merthyr Tydfil LA | Children look after Friendly Schools – https://www.cscjes-cronfa.co.uk/api/storage/c55c0367-9f30-447c-937a-c325816375ef/LAC%20Resources%20Brochure%20Bilingual%202021.pdf

Welsh Government | National Mission – Education in Wales (Oct 2020) - https://www.gov.wales/education-wales-our-national-mission-update-october-2020-html

Welsh Government | Making a difference: a guide for the delegated person for looked after children in schools - https://www.gov.wales/sites/default/files/publications/2018-11/making-a-difference-a-guide-for-the-designated-person-for-looked-after-children-in-schools.pdf

Trauma informed practice

Beacon House | Resources **https://beaconhouse.org.uk/resources/**

Social Care Wales | Find out about the impact of trauma on children living in residential care - **https://socialcare.wales/resources-guidance/improving-care-and-support/children-who-are-looked-after/children-who-experience-trauma**

Iriss | Trauma sensitive practice with children in care **https://www.iriss.org.uk/resources/insights/trauma-sensitive-practice-children-care**

Harvard Centre | The Developing Child – **https://developingchild.harvard.edu/science/key-concepts/**

For unit areas not referenced here, please see the individual units for further information on additional support resources.

Unit 365   Promoting core practice in Health and Social Care (Children and Young People)

Level:	3
GLH:	100
Credit:	18
Unit Summary:	The content of this unit reflects the underpinning values, behaviours and principles that should be observed and reflected in practice in all health and care activities that learners engage in.
	This content builds on the underpinning knowledge developed in the Level 2 Health and Social Care: Core (Children and Young People).

Outcome 1: Principles and values of health and social care

1.1 Legislation, national policies and Codes of Conduct and Practice

You are able to work and support others to work in ways that:

- Uphold and promote the Codes of Conduct and Professional Practice in your work
- Embed the principles of the Social Services and Well-Being (Wales) Act 2014, the Children Act (1989) and the Codes of Conduct and Professional practice into your day to day work

1.2 Rights based approaches

You are able to work and support others to work in ways that:

- Embed a rights based approach in practice
- Support children and young people to balance their rights and responsibilities whilst ensuring a duty of care

1.3 Child centred approaches

You are able to work and support others to work in ways that:

- Embed child centred approaches in practice
- Support children and young people to engage in activities and experiences that reflect their preferences and that are meaningful and enjoyable
- Support children and young people to develop and maintain skills that support active participation in activities and daily living tasks that promote and grow independence
- Embed a co-productive approach when working with children and young people and others in the planning process for participation in activities and daily living tasks that promote and grow independence
- Support children or young people to maximise their decision-making and control over their lives
- Embed the principles of co-production in your practice

You are able to work in ways that:
• Ensure the best interests of the child are paramount

1.4 Equality, diversity and inclusion

You are able to work and support others to work in ways that:

- Respect and promote equality, diversity and inclusion and challenge discriminatory practices

1.5 Positive risk taking

You are able to work and support others to work in ways that:

- Follow and promote workplace policies and procedures for the use of risk assessments to support children and young people to take positive risks
- Embed a co-productive approach that supports children and young people to take positive risks
- Embed a co-productive approach for undertaking, monitoring, evaluating and reviewing risk assessments
- Embed a co productive approach to manage issues related to dilemmas that arise btween the right to take risks and safety and well-being

1.6 Positive relationships and professional boundaries

You are able to work and support others to work in ways that:

- Develop and promote positive relationships with children and young people, their families and carers whilst maintaining clear professional boundaries.

1.7 Communication

You are able to work and support others to work in ways that:

- Identify, use and promote a range of communication methods to meet the needs and preferences of the children and young people that you support
- Adapt methods of communication to meet the needs and preferences of the children and young people that you support

1.8 Welsh language and culture

You are able to work and support others to work in ways that:

- Implement and promote the principles of Mwy na Geiriau/More than Just Words in your work

1.9 Positive approaches to reduce restrictive practices in health and social care

You are able to work in ways and support others to work in ways that:

- Embed the use of positive approaches in your practice
- Follow and promote workplace policies and procedures that are in place for **behaviour support**

1.10 Reflection

You are able to work in ways that:

- Reflect on how your attitude and behaviour impact on the children and young poeple that you support
- Reflect on the impact of the attitude and behaviour of others on the children and young people that you support
- Use reflection to improve the way that you and others practice

Outcome 2: Health and Well-being

2.1 Well-being

You are able to work in ways that:

- Take account of the importance of the child's family/significant others and support and develop these relationships in the interest of the child unless there is evidence that this would be damaging
- Take account of the importance of families, friends and community networks and work in a way that supports, develops and promotes these relationships
- Recognise and take account of what matters to children and young people
- Take action where what matters to individuals conflicts with personal plans and/or risk assessments
- Support and promote the well-being of children and young people

2.2 Factors that impact upon health and well-being

You are able to work in ways and support others to work in ways that:

- Promote the self-identity, self-esteem, sense of security and belonging of children and young people
- Support children and young people to recognise and celebrate their abilities, talents and achievements
- Embed a co-productive approach that supports and encourages children and young people to participate in a range of activities and experiences and make developmental progress at a level appropriate to their age, needs and abilities
- Embed a co-productive approach that maximises the **active participation**, independence and responsibility of children and young people
- Engage children and young people in activities and experiences that support their learning and development
- Embed a co-productive approach to work with children and young people and others to implement the **planning processes** for activities and experiences that support learning and development
- Support children and young people to engage in both child led and adult initiated activities
- Use a strengths based approach in work with children and young people

You are able to work in ways that:

- You know how and where to access and signpost others to further information or support related to the health and well-being of the children and young people that you support
- Recognise the impact that experiences and life events have had on children and young people's lives

2.3 Positive environments for the health, well-being and development of children and young people

You are able to work in ways and support others to work in ways that: • Support a positive, safe, caring, nurturing and responsive environment that meets the health, well-being, development and individual needs of children and young people

2.4 Play

You are able to work in ways that: • Provide a range of opportunities for different types of play • Adapt the environment and activities to support participation • Meet the individual needs and preferences of children and young people

2.5 Speech, language and communication

You are able to work in ways that: • Take account of the speech and language communication needs of children and young people

2.6 Personal Care

You are able to work in ways that: • Support personal care routines that meet the individual needs of children and young people • Support personal care routines of children and young people in a way that treats them with dignity and respect and protects both the child or young person and yourself from harm or allegations of harm • Follow policies and procedures for infection prevention and control when supporting children and young people with personal care routines

2.7 Nutrition and hydration

You are able to work in ways that: • Take account of any specific nutrition and hydration requirements for the children and young people that you support • Provide a balanced diet and good hydration

Outcome 3: Professional Practice as a health and social care worker
3.1 Roles and responsibilities of the health and social care worker
You are able to work in ways that: • Meet your professional responsibilities and accountability • Embed the ethos of your organisation in the workplace • Help others understand the ethos of your organisation • Take account of the ethos of other organisations you work with and the links with role and workplace • Uphold and promote good practice by reporting matters that affect the welfare and safety of individuals or practices that are unsafe or conflict with the ethos, policies and procedures of the workplace • Implement strategies to deal with challenges encounters in your practice • Follow and promote **workplace** policies and procedures

You are able to work in ways and support others to work in ways that:
- Embed confidentiality in your day to day work
- Uphold the Codes of Conduct of Professional Practice relevant to your role
-

3.2 Partnership working

You are able to work in ways and support others to work in ways that:

- Take account of the range of other agencies that you may come into contact with and the roles of other workers in your organisation
- Embed the principles of partnership working and co-production in your work with others
- Embed the principles of confidentiality in all communication with others
- Develop and promote good working relationships with other workers and professionals whilst maintaining professional boundaries

3.3 Team working

You are able to work in ways that:

- Agree shared actions
- Work in ways that show consistency

3.4 Handling information

You are able to work in ways that:

- Follow organisation/setting policies, procedures and processes on the handling of information including: storing, recording, confidentiality and sharing
- Record written information with accuracy, clarity, relevance and an appropriate level of detail in a timely manner.

3.5 Personal conduct of health and social care workers

You are able to work in ways and support others to work in ways that:

- Uphold and promote the profession of health and social care workers and role model best practice

3.6 Continuing professional development

You are able to work in ways that:

- Meet your workplace requirements regarding learning and development in your role
- Actively identify your own learning and support needs and work with your manager to develop and follow a personal development plan to meet these, including literacy, numeracy and digital competency
- Actively prepare for and contribute to supervision and appraisal
- Actively identify and work towards goals and targets that meet your role and responsibilities
- Evaluate your practice with individuals and others and reflect on feedback to identify ways that your practice can be improved
- Evaluate and show the ways that feedback has improved your practice
- Evaluate how learning activities have improved your practice

Outcome 4: Safeguarding children and young people

4.1 Legislative frameworks for Safeguarding

You are able to work and support others to work in ways that:

- Follow and promote your local and workplace policies and procedures for safeguarding individuals

4.2 Safeguarding children and young people from harm, abuse and neglect

You are able to work and support others to work in ways that:

- Promote and support safeguarding of individuals
- Establish, develop and maintain relationships that support trust and rapport with individuals
- Support individuals to stay safe
- Keep yourself safe from allegations from harm or abuse

4.3 Factors, situations and actions that could lead or contribute to harm, abuse or neglect

You are able to work and support others to work in ways that:

- Identify factors, situations or behaviours that could lead to harm, abuse or neglect
- Promote safe practices and minimise risks to individuals of harm, abuse or neglect
- Follow and promote workplace policies and procedures for reporting concerns about factors, situations or behaviours that could lead to harm, abuse or neglect

Outcome 5: Health and safety in health and social care

5.1 Health and safety in the workplace

You are able to work and support others to work in ways that:

- Meet responsibilities in line with health and safety legislation
- Support others to meet their responsibilities in line with health and safety legislation
- Adhere to workplace policies and procedures for health and safety
- Follow and promote workplace processes for the recording and reporting of any concerns or incidents related to health and safety

5.2 Risk assessments for health and safety

You are able to work and support others to work in ways that:

- Ensure safe practice by routinely carrying out risk assessments in your day to day work

You are able to work in ways that:

- Are compliant with health and safety risk assessments for your workplace and procedures for reporting concerns or incidents

5.3 Fire safety

You are able to work and support others to work in ways that:

- Adhere to the procedures of your work setting that must be followed in the event of a fire
- Meet your responsibilities in line with fire prevention legislation

5.4 Infection prevention and control
You are able to work and support others to work in ways that: • Follow and promote good hygiene practice • Implement your workplace policies and procedures for infection prevention and control • Follow and promote hand washing technique that is used to prevent the spread of infection
5.5 Food safety
You are able to work and support others to work in ways that: • Follow and promote your workplace policies and procedures in relation to food safety
5.6 Hazardous substances
You are able to work and support others to work in ways that: • Follow and promote your workplace policies and procedures for the storage, use and disposal of hazardous substances
5.7 Security in the work setting
You are able to work and support others to work in ways that: • Adhere to arrangements that are in place to ensure that you, individuals and others are safe in the work setting • Adhere to work place policies and procedures for lone working, advising of whereabouts and access to the work setting
5.8 Managing stress
You are able to work and support others to work in ways that: • Manages well-being through a range of support mechanisms.

Unit 365   Promoting core practice in Health and Social Care (Children and Young People)

Supporting Information

Evidence requirements
• See assessment approach section below.

Guidance for delivery

The Level 3 Health and Social Care: Practice (Children and Young People) qualification is underpinned by a mandatory unit – **Promoting core practice in Health and Social Care (Children and Young People)**

This unit contains five outcomes that reflect the application of knowledge elements covered in the **Level 2 Health and Social Care: Core** qualification:

1. Principles and values
2. Health, well-being, learning and development
3. Professional practice as a health and social care worker
4. Safeguarding individuals
5. Health and Safety in health and social care

These five areas reflect the core principles that underpin the practice of all workers in the health and social care sector and reflects the underpinning knowledge that learners have gained through the Level 2 Health and Social Care: Core (Children and Young People) qualification. The content has been developed to highlight the core values, principles and behaviours that any learner working in a Level 3 health and social care role should demonstrate at all times during their work. As such, the unit content has been structured differently to other practice units within this qualification.

The content of this unit is intended to be delivered holistically and the practice elements outlined here should underpin all of the optional units that are selected by a learner. The individual optional units will highlight areas where there is specific alignment with this content.

Assessment approach

The mandatory content will be assessed holistically as part of the structured tasks. The embedding of values, principles and behaviours that form this content should be reflected in all practice that a learner undertakes, and thus should be evidenced through the requirements of the structured tasks.

It is important that tutors and internal assessors take note of occasions when a learner does not reflect the values, principles and behaviours within this unit during their work. There will then be a requirement for further embedment of learning to take place, with a requirement for additional evidence to be generated that the learner has developed in a way that reflects the core values.

Active participation - a way of working that regards individuals as active partners in their own care or support rather than passive recipients. Active participation recognises each individual's right to participate in the activities and relationship of everyday life as independently as possible.

Codes of conduct and professional practice - include The Code Professional Practice for Social Care; The NHS Wales Code of Conduct for Healthcare Support Workers in Wales, and the Code of Practice for NHS Wales Employers and any additional practice guidance issued by either NHS Wales or regulators of health or social care in Wales e.g. The Practice Guidance for Residential Child Care for Workers Registered with the Social Care Wales.

Digital competency - may be known as digital literacy or information communication technology.

Factors that impact upon the health and well-being - may include adverse circumstances or trauma before or during birth; autistic spectrum conditions; dementia; family circumstances; frailty; harm or abuse; injury; learning disability; medical conditions (chronic or acute) ; mental

health; physical disability; physical ill health; poverty; profound or complex needs; sensory needs; social deprivation; substance misuse.

Hand washing technique - using current national and international guidelines.

Health and safety legislation – including:
- The Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999
- Workplace (Health, Safety and Welfare) Regulations 1992
- Manual Handling Operations Regulations 1992
- Provision and Use of Work Equipment Regulations 1998
- Lifting Operations and Lifting Equipment Regulations 1998
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- Personal Protective Equipment (PPE) at Work Regulations 1992
- Control of Substances Hazardous to Health (COSHH) Regulations 2002
- The Regulatory Reform (Fire Safety) Order 2005
- The Electrical Equipment (Safety) Regulations 1994
- The Management of Health and Safety at Work Regulations 1999

Lone working - lone workers are those who work by themselves without close or direct supervision for example:

- People who work from home
- People working alone for long periods
- People who work outside of normal working hours
- Health and social care workers visiting other premises.

Others - include colleagues, other workers or professionals and families or carers that you may come into contact with when caring for and supporting an individual.

Personal care - includes personal hygiene, bathing, cleaning teeth etc.

Planning process - include identifying goals or outcomes and enabling participation in activities; monitoring, reviewing and evaluating plans.

Policies and procedures - formally agreed and binding ways of working that apply in many settings. Where policies and procedures do not exist, the term includes other agreed ways of working.

Positive approaches - based upon the principles of person-centred care:
- Getting to know an individual
- Respecting and valuing their histories and backgrounds and understanding:
  - o Their likes and dislikes
  - o Their skills and abilities
  - o Their preferred communication style and support structures
- Understanding the impact of their environment upon them and using this to identify ways to support people consistently in every aspect of the care they receive.

Developing good relationships is fundamental, and positive approaches should be used at all times. They are essential when someone is stressed; distressed; frightened; anxious or angry

and at risk of behaving in such a way that is challenging to their safety and / or the safety of others.

Positive approaches involve working with an individual and their support systems to:

- Try to understand what someone is feeling and why they are responding in the way they are;
- Where possible, undertake any required changes and intervene at an early stage to try and prevent difficult situations at all;
- Understand what needs to be planned and put into place to support the individual to manage distressed and angry feelings in a way that reduces the need for behaviour that challenges any restrictions.

Restrictive practices - a wide range of activities that stop individuals from doing things that they want to do or encourages them do things that they don't want to do. They can be very obvious or very subtle. They should be understood as part of a continuum, from limiting choice, to reactive response to an incident or an emergency, or if a person is going to seriously harm themselves or others.

Worker - the person providing care and support services to individuals.

Workplace - a setting in which care and support is provided e.g. residential child care, individuals own home, foster care etc.

Related legislation and guidance

Please refer to the **Overarching guidance on legislation, guidance and national policy** section.

Unit 401   Using assessments for the development of personal plans

Level:	4
GLH:	35
Credit:	6
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to use assessment information to develop personal plans for the delivery of care and support that meets identified outcomes. In the context of this unit, 'individual' refers to adults or children and young people. Practice assessment would include families/carers where appropriate.

Learning outcome:

1. Assessment and care and support planning

Assessment criteria

You understand:

1.1   Legislation, national policy and guidance related to assessing the needs of individuals
1.2   How the national assessment and eligibility tool is used for assessments
1.3   The reasons for the 'National Minimum Core Data Set'
1.4   The importance of the five elements of assessment
1.5   **Key elements** of an assessment of need
1.6   The **primary focus** of assessment
1.7   What is meant by 'outcomes orientated' assessment
1.8   The rights of individuals to access advocacy support for their assessment
1.9   Requirements for providing and reviewing care and support plans
1.10 Principles of, format and content requirements of care and support plans
1.11 How judgement is made about eligible care and support needs
1.12 The use of direct payments for care and support
1.13 Responsibilities of local authorities for assessment of adults and children in the secure estate
1.14 When an integrated/specialist assessment may be required and who may be involved in this
1.15 Charging arrangements for eligible care and support in local area

Range

Key elements - co-production, strengths-based approach, outcome focused
Primary focus - building on an individual's strengths and assets including their abilities and families/communities

2. Use assessment information and care and support plans to develop personal plans

Assessment Criteria

You understand:

2.1   Own role for developing personal plans and the processes that must be followed

2.2   Ways of working to build positive, supportive relationships with individuals, their families/carers including finding out about their daily lives, history and culture

2.3   How to have meaningful conversations with individuals and their families/carers about what matters to them and the support that they need

2.4   How to deal with conflicts between the views and choices of individuals and their families/carers

2.5   Protocols for gaining and confirming consent:
- of individuals and families/carers when sharing information with services and professionals
- of individuals when sharing information with families/carers and others

2.6   The importance of ensuring a non-judgemental approach towards the personal circumstances of individuals, their families/carers and the way that they lead their lives

You are able to work in ways that:

2.7   Review information to identify the assessed needs of the individual and their identified outcomes

2.8   Clarify with the individual their assessed needs, identified outcomes and how they would like to be supported to achieve these

2.9   Embed a co-productive approach to develop a strengths-based, outcome focused personal plan that identifies support from:
- families, friends, networks and communities
- the service/workers

2.10 Support the individual to consider potential risks and agree how these may be managed

2.11 Ensure the plan includes an element of flexibility to support positive outcomes

2.12 Support the individual to understand how the personal plan will be implemented

2.13 Agree how the personal plan will be monitored, reviewed and adapted to meet changing needs

2.14 Ensure that the personal plan is recorded and made available in an accessible format for the individual

Unit 401 Using assessments for the development of personal plans

Supporting Information

Evidence requirements

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

References throughout guidance that refer to 'the Act' relate to the Social Services and Well-Being (Wales) Act 2014.

Charging and financial assessment:

Part 5 of the Act replaced previous legislation and allows local authorities the discretion to set a charge for the non-residential and residential care and support they provide or arrange for adults. The Act introduced one set of charging and financial assessment arrangements rather than the, previously, differing arrangements for charging for non-residential and residential care and support. A weekly maximum charge and "buffer" will be maintained, as well as a capital limit to be used to determine who pays the full cost of their residential care themselves.

The regulations prohibit charging children and young people under 18 (or their parents or guardians) for care and support received under Part 4 of the Act.

The Act requires mandatory deferred payments schemes for residential care. Deferred payment agreements allow a person to 'defer' or delay the need to sell their property (or other asset) to meet the costs of their residential care until a later, more appropriate time for them. Instead the cost of their residential care is met by their local authority with the costs of this secured against the value of their property by means of placing a first legal mortgage charge upon it.

A local authority can charge a low level flat rate charge for prevention or assistance provided to adults although not for preventative services for children. Note that the provision of information and advice are excluded from charging under the Act, but that a flat rate fee for assistance can be charged.

The Act maintains the current individuals who may not be charged and forms of care and support for adults for which a charge cannot be made e.g. six weeks free home care following a period in hospital.

Direct payments

The Act sees direct payments as enhancing an individual's ability to have real choice and control as to how to meet their personal outcomes: it encourages their use. Where eligible care and support needs, or support needs in the case of a carer, have been identified and that

individual, or their representative, expresses a wish to receive one, direct payments must be made available in all cases where they enable personal outcomes to be achieved.

Direct payments are designed to be used flexibly and innovatively, and there should be no unreasonable restriction placed on their use as long as it is being used to meet an eligible need for care and support. The Act removes some current exclusions of certain classes of payments (with appropriate safeguards).

A key change is that direct payments are able to be provided for any identified need for support a local authority is to meet including, unlike previously, in long term residential settings.

An adult, child / their family or carer will be able to use their direct payments to purchase their care and support directly from their local authority if they wish (previously prohibited).

The previous direct payment regulations allowed the employment of close relatives living in the same household so long as the local authority agreed that this was necessary for the individual's requirements. This is now viewed and expressed more positively so long as the local authority has no doubts as to the individual's wish for such an arrangement and are assured that the individual's personal outcomes will be met by this arrangement.

Many people use the direct payment to become an employer e.g. by employing a personal assistant (PA). If so, the local authority should give people clear advice as to their responsibilities when managing direct payments.

In general, people should be given assistance to maintain their ability to receive a direct payment where they are unable or unwilling to manage one.

Eligibility for care and support
The individual has an eligible need for care and support if an assessment establishes that they can only overcome barriers to achieving their personal outcomes by the local authority working with them in jointly preparing a care and support plan, or support plan for a carer, and ensuring that the plan is delivered.

If the provision of care and support cannot help the person achieve their personal outcomes the question of eligibility does not arise. It is not the purpose of the eligibility criteria to draw local authority care and support services into challenges they cannot address (such as provision of health care, employment, or education).

If the individual's personal outcomes cannot be met, or cannot be sufficiently met, solely through care and support co-ordinated by themselves, their family or carers, the individual has an eligible need.

The eligibility decision flows naturally from the assessment process. All five elements must be taken into account in the assessment, and from this a judgement reached about whether the person has eligible needs. There are no longer any thresholds in relation to eligibility. Determining eligibility is not about giving a right to any one service; it is about access to care and support to meet personal outcomes.

Note that the National Minimum Core Data Set (NMDS) must be completed as part of the initial assessment.

The regulations specifically identify needs which meet the eligibility criteria for children. Identifying whether there would be an adverse effect on the development of the child if the need goes unmet is crucial. Assessing children's needs must be about ensuring their best interests are met and their welfare safeguarded.

A key part of assessment must be to establish whether there is reasonable cause to suspect that an adult or child is experiencing or at risk of abuse, neglect or other harm.

Key elements of an assessment of need:
The Act required local authorities to make significant changes in how they respond to individuals with needs for care and support and in the services that they commission. The implementation of the Act required a change to assessment practice, with a move away from 'identifying what services an individual needs' to an emphasis on what care and support the individual requires to achieve the personal outcomes 'that matter to them' – outcomes identified through a respectful conversation about how the individual and / or their family wants to exercise control over decisions about their care and support.

The process of assessment should be based on the principles of co-production so that practitioners and individuals share the power to plan together. This might mean a shift in relationship between professionals and people who use services. For professionals it will be important not to be too risk averse, and to enable and empower individuals.

Developing a strengths-based approach is seen as a key aspect of working collaboratively between the individual supported and the professional(s) supporting them, working together to determine outcomes that draw on the individual's strengths and assets.

The primary focus is not on problems or deficits, but building on people's resources and assets, including people's strengths, abilities and families or communities. Practitioners may like to use the following list to consider their own practice:
  • Outcome-orientated: the central element of a strengths-based approach is the extent to which people themselves identify the outcomes they would like to achieve in their lives (for those with parental responsibility for under 16s, the outcomes they would like for their child) and practitioners then work with them to achieve desired outcomes.
  • Ability to understand and develop community responses to the need for care and support of individuals, rather than assessment for services.
  • Reduce reliance on formalised prescriptive approaches and further emphasise the use of professional judgement. Professionals should move towards empowerment while keeping the individual's welfare and / or well-being in mind at all times.
  • Undertake assessments proportionate to the severity of the need for care and support and the complexity of the situation.

National assessment and eligibility tool
Assessments must, as a minimum, record information in line with the national assessment and eligibility tool, which comprises the national minimum core data set and an analysis structured around the 5 elements of assessment:
    • assess and have regard to the person's circumstances;
    • have regard to their personal outcomes;

- assess and have regard to any barriers to achieving those outcomes;
- assess and have regard to any risks to the person if the outcomes are not achieved; and
- assess and have regard to the person's strengths and capabilities.

The process of assessment requires that practitioners must have discussions with people to identify what matters to them and the personal outcomes they wish to achieve (and in the case of children, the outcomes which any person(s) with parental responsibility wishes to achieve for the child), and what contribution the individual and their family or the wider community can make to achieving those outcomes.

Effective assessments should be valuable experiences in themselves. They should build a better understanding of someone's situation, identify the most appropriate approach, and establish a plan for how they will achieve their personal outcomes.

Personal plan – a personal plan sets out how care and support needs will be met. Individuals should be involved in the preparation of their own care and support plan as much as possible. The personal plan may also be referred to as the service delivery plan.

Principles of care and support plans, the format and content requirements
The overarching duties of the Act must be followed when developing plans, which should be person-centred, promote well-being and be outcome-based. It is also important that they are clear and concise and use appropriate language, communication methods and are in an accessible format so that the individual can participate in their planning and understand their plan.

Safeguarding runs throughout the Act and all practitioners will need to be alert to any risk of harm to the individual or to others. Care and support planning will explore the possible responses to these risks and agree approaches to risk management and / or mitigation.

Plans must also be integrated where possible (and it is appropriate to do so) and be jointly owned and operated by practitioners. For example, integrated across health and social care or social care and education.

The format of the support plan must be agreed by the local authorities and local health board (LHB) and NHS Trusts and, as a minimum, must be consistent across the regional LHB footprint. They must work together to ensure that local and specialist templates for support plans meet the national minimum core data set and content required.

Planning must reflect the Welsh Government Strategy 'More than Just Words', which means that local authorities must be proactive and enable people to communicate and participate through the medium of Welsh.

The plan as a minimum should cover the following content:
- personal outcomes which have been identified by the individual, and the actions to be undertaken to help achieve them by the local authority and others
- the need(s) for care and support that will be met
- the review arrangements and how progress will be measured

Where appropriate plans should also set out:

- the roles and responsibilities of the individual, carers and family members
- the resources (including financial resources) required from each party
- any direct payments that make up all or part of the plan

Requirements for providing and reviewing care and support plans

Local authorities must provide, and keep under review, care and support plans for children and adults, and support plans for carers, who have needs which meet the eligibility criteria.

This duty also applies for people where it appears to the local authority that it is necessary to meet their needs in order to protect them from, or risk of, abuse or neglect or (for children) other harm.

Many individuals' needs for care and support can be met without a formal plan. In such instances relevant preventative or community based services should be clearly signposted to the individual or their family. A record of how these needs will be met without a plan must be made on the National Assessment and Eligibility Tool.

However, a plan is needed when the individual is unlikely to achieve their personal outcomes unless the local authority provides or arranges care and support to meet an identified, eligible need.

The local authority must involve the individual and jointly develop the plan and, where feasible, any carer. The plan should set out the ways in which the individual can be supported to achieve their personal outcomes; the types of care and support that might be best suited and available to them; and how these can be accessed.

The plan must be kept under review. If the authority believes that an individual's eligible need for care and support has changed, it must conduct an assessment and revise the plan as necessary.

The Act introduced the portability of support plans for adults and children across Welsh local authority boundaries. This means that if someone with eligible needs relocates within Wales the 'new' authority has a duty to maintain the care and support set out in their previous plan at least until it has had the opportunity to review their needs.

The secure estate

The Act brought in a new duty for local authorities in respect of adults with care and support needs who are in the secure estate in Wales, and an extension of the duty of a local authority to visit a looked after child, or former looked after child, to all children in the secure estate and a change in how existing responsibilities for the care and support of children in the secure estate (whether detained in England or Wales) are fulfilled.

The responsibility for the need for care and support of an adult, regardless of their place of ordinary residence before their detention, falls on the local authority where the provision is located. This was a big change for local authorities with prisons and they have the same duties to fulfil in respect of assessing and meeting the need for support for adults in the secure estate as for their citizens in the community i.e. the requirements outlined in the previous slides. They need to take a holistic approach when individuals are serving their sentence and when planning for their release.

The responsibility for the support needs of a Welsh child falls on their Welsh home local authority, that is, the local authority in whose area the child was ordinarily resident prior to being in custody. If the child has no known ordinary residency status, then responsibility for their support needs will fall on the local authority where the child is detained, whether that be in England or Wales.

When an integrated/specialist assessment may be required

A key part of assessment must be to establish whether there is reasonable cause to suspect that a child or adult is experiencing or at risk of abuse, neglect or other kinds of harm and unable to protect himself or herself (with regards to adults) and whether any emergency action is required to safeguard the person.

The practitioner should undertake an assessment that is proportionate to the circumstances, but should take into account the five elements of assessment that enable an eligibility decision to be made. An assessment may conclude that a more comprehensive or specialist assessment is required, including a partnership approach of one or more agencies or professional assessments. These should all feed into one integrated assessment and one single assessment process.

An assessment should identify whether, and if so to what extent, the provision of advice and information or signposting to preventative or other services could contribute to the achievement of the individual's personal outcomes or otherwise meet their care and support need(s).

The eligibility decision flows naturally from the assessment process. All five elements must be taken into account in the assessment, and from this a judgement reached about whether the person has eligible needs. If the identified need(s) can only be met through a care and support plan or a support plan the need will be eligible.

Related NOS

- SCDHSC0415: Lead the service delivery planning process to achieve outcomes for individuals

Related legislation and guidance

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

Unit 402 Co-ordinating care and support for individuals living in their own homes

Level:	4
GLH:	30
Credit:	8
Unit Summary:	This unit aims to support learners develop the knowledge, understanding and skills needed to co-ordinate a dispersed workforce for care and support at home.
	In the context of this unit, 'individuals' could refer to adults or children and young people.

Learning outcome:

1. Support the delivery of services that support individuals to live in their own home

Assessment criteria

You understand:

1.1 **Processes and systems** that are required for the delivery of services
1.2 What needs to be considered when matching workers with individuals
1.3 The importance of having clear, agreed delivery plans
1.4 Actions to take when delivery plans need to be modified to respond to changes in the personal circumstances of individuals and their families/carers
1.5 Communication systems and methods that support information sharing, continuity of service and the co-ordination of a dispersed workforce
1.6 How to plan schedules for workers that:
   • fulfil delivery plans and contractual obligations
   • meet legislative requirements for terms and conditions of workers
   • allow flexibility to be able to respond to emergency situations or changing needs/situations
1.7 The importance of clear communication with individuals, their families/carers and workers about any changes to work schedules

You are able to work in ways that:

1.8 Ensure that individuals and their families/carers are aware of what can be expected from the service provision and those delivering it
1.9 Ensure that workers are clear about their **role, responsibilities and accountabilities**
1.10 Support clear communication and information sharing across workers, with individuals and their families/carers and with other professionals
1.11 Ensure clarity for workers of:
   • **information** that should be shared and recorded in communication systems
   • their responsibilities in using communication systems and methods
   • their work schedule and any changes that need to be made

- their time allocation and activities that they are required to carry out to support individuals
- the processes to be followed in the event of emergency situations or unforeseen events
- their responsibilities in continually checking, following and providing feedback about personal plans
- lone working arrangements

Range

Processes and systems - to meet regulatory and contractual requirements and reflect best practice guidelines

Role, responsibilities and accountabilities - legislative, regulatory and organisational requirements, Codes of Conduct and Practice, delegation of tasks by other professionals, systems, policies and practice guidance they must follow in their work

Information - experiences, planned or unplanned activities supported, any practical tasks undertaken or needing to be undertaken, feedback from the individual, observations during the visit about the individual, any changes or concerns, contact with and information from family members, medication, food and fluid intake, visitors

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Learning outcome:

2. Promote good relationships with individuals and their families/carers

Assessment criteria

You understand:

2.1 The **potential impacts** on individuals and their families/carers of accessing care and support in their home

2.2 Ways of working that minimise negative impacts on individuals and their families/carers

2.3 The importance of:
- responding promptly and sensitively to all requests for information or action
- asking questions to clarify needs and understand issues from the perspective of individuals and their families/carers
- seeking and acting on feedback from individuals, their families/carers, other professionals and workers

2.4 How to handle requests for workers to carry out tasks or activities outside of personal plans or their role

2.5 How to deal with
- concerns or complaints
- individuals and/or families/carers who are distressed
- conflict

You are able to work in ways that:

2.6 Promote the development of positive, supportive relationships with individuals, families/carers and other professionals

2.7 Respond promptly and sensitively to requests for information or action

2.8 Support workers to respond appropriately to requests to carry out tasks or activities outside of personal plans or their role

2.9 Seek and act on feedback from individuals, their families/carers, other professionals and
      workers to continually improve the service provision

Range

Potential impacts - Positive impacts (support for engagement in valued range of meaningful activities, relieves loneliness and isolation, respite/break for carers, practical support for carers), negative impacts (feeling of intrusion, loss of skills, loss of control, loss of valued role, loss of identity and sense of self, feeling of guilt)

Unit 402   Co-ordinating care and support for individuals living in their own homes

Supporting Information

Evidence requirements

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Related NOS

- SCDLMCA4 Manage a dispersed workforce to meet the needs and preferences of individuals at home

Related legislation and guidance

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

Unit 308   Supporting families to develop parenting skills

Level:	3
GLH:	50
Credit:	13
Unit Summary:	This unit aims to provide learners with the knowledge and skills required to support families/carers to develop parenting skills. It is aimed at those working directly with families/carers. In the context of this unit, 'families' includes parents, carers and wider family members involved in children's lives and the term 'children' refers to children and young people.

Learning outcome:

1. Rights and responsibilities related to working with families

Assessment criteria

You know:

1.1   The relevant articles within the United Nations Convention of the Rights of the Child (UNCRC) relating to work with families
1.2   The legislative and policy frameworks related to working with families

You are able to work in ways that:

1.3   Promote practice that reflects the UNCRC relating to work with families
1.4   Promote practice that reflects legislative and policy frameworks related to working with families

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Learning outcome:

2. Positive parenting provision and support services for families and their children

Assessment criteria

You understand:

2.1   The concept 'positive parenting' and how this is promoted in Wales
2.2   The range and delivery of positive parenting programmes in Wales
2.3   Outcomes from research into the impact of positive parenting and early intervention
2.4   The range of options available for parenting support
2.5   The purpose of support services and the roles of professionals within these for work with families

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2.6   The access criteria and referral processes for local positive parenting programmes and support services

2.7   Particular challenges associated with information sharing when working across a range of agencies and services to support families

You are able to work in ways that:

2.8   Embed the principles of positive parenting into your practice

2.9   Access and share information with families on positive parenting programmes and support services within own locality

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3.   Factors that influence and have a negative impact on families' parenting skills

Assessment criteria

You understand:

3.1   The different emotional, social and environmental pressures that families may be experiencing

3.2   Why some families may:
- be more vulnerable
- have difficulties with positive parenting

3.3   How the judgement, stereotypical assumptions and expectations of others can be unduly influenced by the complex and multiple needs that some families have

3.4   Links between families own childhood experience, their knowledge of child development and expectations for their children

3.5   What is meant by the terms 'childhood disadvantage' and 'Adverse Childhood Experiences'

3.6   Links between childhood disadvantage, Adverse Childhood Experiences and:
- **health-harming behaviours**
- **anti-social behaviours**
- **educational attainment**
- the increased likelihood of being a child at risk
- stress and familial breakdown

3.7   How to support families to understand the impact of Adverse Childhood Experiences on themselves and their children and how positive parenting can reduce associated risks

3.8   Why it is important to develop the resilience of both families and their children

3.9   How life-limiting health conditions can be minimised or prevented by lifestyle changes

3.10 What is meant by realistic changes to lifestyle and why these are dependent on the personal circumstances of families

3.11 How to support families to understand the long and short-term implications of different lifestyles and motivate them to make and sustain changes

You are able to work in ways that:

3.12 Support families to understand the implications of Adverse Childhood Experiences, life limiting health conditions and lifestyle options

3.13 Promote the benefits of healthy living

3.14 Assist families to identify realistic opportunities to change their lifestyle

3.15 Acknowledge and positively reinforce the efforts of families to change

3.16 Show an understanding of how families feel about the need for intervention or specialist support

Range

Health-harming behaviours – smoking, problem drinking, poor diet, low levels of exercise and risky sexual behaviour

Anti-social behaviours – aggressive and violent behaviour, problems with criminal justice services

Educational attainment – engagement in education, ability to gain qualifications

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Learning outcome:

4. Support families to identify parenting skills that need to be developed

Assessment criteria

You understand:

4.1   How to use tools and strategies to develop a supportive environment for families to discuss their parenting skills and aspects of their child's health, well-being and developmental progress

4.2   Sources of information that can be used to contribute towards an assessment of the parenting skills of families

4.3   The importance of using a co-productive approach with families to carry out an assessment and select the best approach for developing parenting skills

You are able to work in ways that:

4.4   Clarify with families own role in supporting their parenting skills and how others may be involved

4.5   Develop a shared understanding of what is required to ensure that children are safe and cared for

4.6   Use a strengths-based approach to support families to identify:
- their experience, expertise and abilities for caring for their children
- the parenting skills that need to be developed
- how they can engage extended family and friends to support them in the parenting role

4.7   Support families to understand differences in perspectives between each other

4.8   Use a range of sources of information and observations to assess the parenting skills of families

4.9   Provide feedback that helps families explore and understand:
- the impact of their behaviour on their children and of their children on them
- the behaviours they want to change
- skills that they need to improve

4.10 Support families to identify and access the information and assistance that can help them develop coping strategies and their parenting skills

4.11 Support families to agree desired outcomes and develop a plan to improve their parenting skills

4.12 Agree how the plan will be evaluated

Learning outcome:

5. Support families to develop parenting skills

Assessment criteria

You understand:

5.1 Practical parenting skills which will contribute to children's holistic development
5.2 How to support families to develop an understanding of the key development milestones of children
5.3 How to support families to understand how practical parenting skills will support holistic child development
5.4 How to support families build skills to deal with their own feelings and develop coping strategies
5.5 The importance of involving families in the assessment of their children
5.6 How increased confidence in the parenting role can have a positive effect on both the development of the child and the adult

You are able to work in ways that:

5.7 Support families to practice parenting skills in accordance with the agreed plan
5.8 Positively reinforce interactions, behaviours and skills that reflect good parenting
5.9 Encourage families to:
    * have realistic expectations of children's behaviour and development
    * have a consistent approach towards boundaries for behaviours and agreed routines
    * keep their promises to their children
    * involve and consult with children according to their age, abilities and stage of development
    * focus on their children's strengths
    * recognise and value their children's unique qualities, skills and capabilities
    * use praise to recognise children's achievements
    * identify opportunities and make time for participating in play with their children
5.10 Support families to reflect on their behaviours and actions and the consequences of these
5.11 Support families to adjust their behaviours and actions to develop their parenting skills
5.12 Use a co-productive approach to review the plan and achievement of agreed outcomes
5.13 Plan with families how they can continue to develop their confidence and parenting skills

Unit 308 Supporting families to develop parenting skills

Supporting information

Evidence requirements

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack.

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Childhood disadvantage: children who are underprivileged and deprived of a decent standard of living and appropriate stimulation and environment, lacking access to education and services including healthcare, by poverty and a lack of opportunity.

Complex needs could include:
- Adoptive parents
- Asylum seekers
- Disabled parents
- Ethnic minority parents
- Families experiencing domestic abuse Young parents
- Families experiencing poverty
- Families with parent in prison
- Foster carers including kinship carers
- Mental ill-health
- Non-resident parents
- Parents of disabled children
- Young carers
- Young fathers.

Early intervention: refers to: universal preventative provision (such as universal health care and early education) to families with children in the early stages of life; targeted provision early and as soon as possible when a child or young person and/or their family first begins to experience difficulties or display problematic behaviour; and targeted programmes or initiatives, which are provided to children/young people, families or specific groups or communities who have characteristics that evidence suggests makes them more likely to be at greater risk of poor outcomes.

Parenting: Parenting is an activity undertaken by those bringing up children and includes mothers, fathers, foster carers, adoptive parents, step-parents, 'kinship' carers and grandparents.

Parenting Support: The provision of services and support, which aim to: increase parenting skills; improve parent–child relationships; improve parents' understanding, attitudes and behaviour and increase parents' confidence in order to promote the social, physical and emotional well-being of children.

Particular challenges associated with information sharing: GDPR and the family's right to privacy versus the need to share information.

Positive Parenting: Refers to parental behaviour based on the best interests of the child that is nurturing, empowering, non-violent and provides recognition and guidance which involves setting of boundaries to enable the full development of the child.

Positive parenting programmes: could include:
- Triple 'P'
- Webster Stratton Incredible Years
- Strengthening Families / Strengthening Communities.

Resilience: refers to how well an individual can "bounce back" from adverse traumatic experiences, social disadvantage or from significant sources of stress. Resilience research highlights the factors, which will put children at risk of poor outcomes or protect them. Risk factors include parents' family upbringing, harsh and inconsistent parental discipline; and conflict/violence. Protective factors include positive parent-child relationships and a wider network of social support.

Strength-based approach: A strength-based approach occurs when key workers place a positive emphasis on resilience, protective factors and strengths. This has the effect of: communicating a sense of hope; establishing expectations for success within an individual's capacities; promoting empowerment and independence and setting in motion forces for improvement.

Support services: The different types and levels of targeted (Flying Start)and universal child health and intervention programmes – home visiting (health visitor, family support worker), family assessment (family services, 'Team Around the Child/ Family'), community dietician and healthy sustainable pre-school scheme, community based open access services (parent and toddler groups, story time, book clubs, Book-start, sports/ leisure groups).

Vulnerable families: This refers to families vulnerable to developing parenting difficulties or those at risk of being unable to protect and care adequately for their children. Families may be at increased risk due to adverse circumstances such as poverty, unemployment, bereavement, alcohol or substance misuse, mental or physical health issues; domestic abuse or due to a lack of a support network. It also refers to families whose minority status or situation makes them vulnerable to discrimination or isolation (for example minority ethnic families, refugee or asylum seeking

families, single parent families or young parents).

Related NOS

- SCDCCLD 0313 Support early intervention for the benefit of children and families
- SCDCCLD 0319 Promote healthy living for children and families
- SCDCCLD 0322 Empower families through the development of parenting skills
- SCDHSC 0319 Support the families of children and young people in their own homes
- SCDHSC 0047 Support parents and carers to acquire skills to care for and protect babies, children and young people
- WWP01 Engage with parents to build and maintain effective supportive and empowering relationships.
- WWP09 Operate within policy, legal, ethical and professional boundaries when working with families.

Related legislation and guidance

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

Unit 366   Providing care and support for disabled children and young people

Level:	3
GLH:	100
Credit:	20
Unit Summary:	This unit aims to support learners develop the knowledge, understanding and skills needed to support disabled children and young people to achieve positive outcomes including their holistic growth, learning and development. In the context of this unit, the term 'children and young people' refers to 'disabled children and young people'.

Learning outcome:

1. Perceptions, perspectives and nature of disability

Assessment criteria

You understand:

1.1 How the UN Convention of Rights of Persons with Disabilities supports a rights based approach for disabled children and young people

1.2 What is meant by the terms 'impairment' and 'disabled' and the importance of seeing the child/young person first and not the impairment

1.3 The nature and characteristics of a **range of impairments/conditions**

1.4 **Potential causes** of a range of impairments/conditions

1.5 Social and medical perspectives of a range of impairments/conditions, how these have evolved and changed over time and influenced models of service delivery

1.6 How societal attitudes and values towards disabled children and young people impact on equality, diversity and inclusion

1.7 The impacts (positive and negative) of being labelled as being a disabled child/young person

1.8 Why the life chances of disabled children and young people may be more limited than those of the general population and how legislation, national policy and support services aim to address this balance

1.9 The role of external agencies and others in changing attitudes, policies and practice

You are able to work in ways that:

1.10 Recognise the centrality of the child or young person rather than the impairment

1.11 Promote positive perceptions of, and attitudes to disabled children and young people

1.12 Actively challenge prejudice, stereotypical images, discrimination and negative attitudes towards disabled children and young people

Potential causes - acquired, congenital, genetic

Range of impairments/conditions - acquired brain injury, attention deficit hyperactivity disorder (ADHD), autism, learning disability, physical impairment, sensory loss

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Learning outcome:

2. Neurological and brain development in relation to disabled children and young people

Assessment criteria

You understand:

2.1 The critical stages in neurological and brain development
2.2 The different parts and structures of the nervous system
2.3 The possible **factors** and Adverse Childhood Experiences which could affect neurological and brain development in relation to **physical, emotional and cognitive growth** during:
   - the ante-natal period
   - early childhood
   - adolescence
2.4 How expected development may differ for disabled children and young people
2.5 The ways in which developmental delay in one area affects the ability to acquire skills in other areas including:
   - speech and language development
   - social and emotional development
   - fine motor
   - gross motor

You are able to work in ways that:

2.6 Follow the personal plans of disabled children and young people to support their holistic learning, growth and development

Range

Factors - physical, environmental, genetic

Physical, emotional and cognitive growth - attainment of developmental milestones, communication, attachment, emotional regulation, memory formation, sensory pathways, gross and fine motor skills

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Learning outcome:

3. Support bonding and attachment

Assessment criteria

You understand:

3.1 **Attachment theories** and their importance for supporting disabled children and young people's resilience, well-being and holistic development
3.2 The terms 'bonding', 'attachment, separation and loss', and their importance for disabled children and young people's holistic growth and development, and well-being
3.3 The range of different **attachment classifications** and how these may be connected to disabled children and young people's impairments/conditions and life experiences

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3.4   Attachment difficulties that may be experienced by disabled children and young people

3.5   The range of coping strategies that disabled children and young people may use and how these can be influenced by:

- the nature and characteristics of the impairment condition
- age, ability and stage of development
- emotional intelligence and resilience
- family circumstances and dynamics
- life journeys
- types of attachment
- the immediate environment

Range

Attachment theories - theorists - John Bowlby, Mary Ainsworth, Mary Main, Dollard and Miller

Attachment classifications - secure, ambivalent, avoidant, disorganised

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Learning outcome:

4.   Support disabled children and young people during change and transition

Assessment criteria

You understand:

4.1   Why children and young people may need additional and focused support before, during and after change and transition

4.2   The potential impact of transitions on the behaviour of children and young people

4.3   Methods to **support** children and young people through change and transition

4.4   The importance of involving children and young people when planning for, or responding to, change and transition taking account of age, ability and stage of development

You are able to work in ways that:

4.5   Support children and young people as they prepare for change and transition

4.6   Contribute to the evaluation of methods that support children and young people through change and transition

Range

Support - practical and emotional

Learning outcome:

5.   Support disabled children and young people to achieve positive outcomes

Assessment criteria

You understand:

5.1   The importance of children and young people having equal opportunities for holistic growth, learning and development, including taking risks

5.2   Why children and young people may have been, or may be discouraged or prevented from taking risks

5.3   Key features of an accessible environment that supports holistic learning growth and development

5.4   Strategies to overcome real or perceived barriers to the active participation and inclusion of children/young people and their families/carers
5.5   Aids and adaptations that can be used to support active participation
5.6   How to build trust with children/young people and their families/carers
5.7   How effective support can make a difference to children/young people and their families/carers
5.8   How to support children/young people and their families/carers to develop resilience, emotional intelligence and self-belief
5.9   How the judgement, stereotypical assumptions and expectations of others can be unduly influenced because of a child/young person's impairment
5.10 Links between being a disabled child/young person, and the achievement of positive outcomes
5.11 How to support children/young people and their families/carers to have high expectations and help them to set realistic goals towards achieving these
5.12 Types of advocacy and how these can be used to support the rights of children/young people and their families/carers

You are able to work in ways that:
5.13 Support children and young people to explore their own social, emotional needs according to age, ability and stage of development
5.14 Support children and young people to develop a positive sense of self
5.15 Safely develop independence and life skills, taking into account age, ability and stage of development
5.16 Adapt environments to support participation and inclusion
5.17 Support children and young people to achieve a balance between positive risk taking and challenge
5.18 Support children and young people to access and engage in play, learning and development according to age, ability and stage of development

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Learning outcome:
6.   Work with disabled children and young people to support effective communication

Assessment criteria

You understand:
6.1   The communication methods and approaches that can be used to support children and young people with a **range of impairments and conditions**
6.2   The range of professionals who may offer advice and support to develop communication skills
6.3   The importance of using and adapting language and methods of communication that are both age and ability appropriate
6.4   How previous experiences, additional conditions and first language may influence a child/young person's willingness and ability to communicate
6.5   How behaviour may be used as a form of communication

You are able to work in ways that:
6.6   Use and evaluate a range of communication methods and approaches to support children and young people

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6.7   Contribute to the development of communication profiles/plans for children and young people

Range
Range of impairments and conditions - acquired brain injury, attention deficit hyperactivity disorder (ADHD), autism, learning disability, physical impairment, sensory loss

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Learning outcome:

7. Safeguarding and safer care

Assessment criteria

You understand:

7.1   Why disabled children and young people are:
- more at risk from abuse and exploitation
- more likely to be targeted by perpetrators of abuse
- less likely to be able to disclose abuse

You are able to work in ways that:

7.2   Promote an individualised approach to safeguarding, taking account of the particular vulnerabilities and experiences of children and young people

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Learning outcome:

8. Promote nutrition and hydration of disabled children and young people

Assessment criteria

You understand:

8.1   Current national guidance for a balanced diet for children and young people

8.2   The role of essential nutrients in supporting holistic growth and development, and well-being

8.3   The nutrition and hydration requirements at **defined stages of development**

8.4   How to plan menus that respond to children and young people's individual needs

8.5   The **potential challenges** that may arise and strategies to manage these

8.6   The reasons why food should not be used as a reward

8.7   The **potential impact** of poor nutrition and hydration

8.8   The importance of hydration for disabled children and young people

You are able to work in ways that:

8.9   Use strategies to ensure:
- safe eating and drinking routines that encourage social interaction according to age and stage of development
- opportunities for the development of independent skills according to age and stage of development

8.10 Take account of potential challenges and factors that influence intake of food and drink

8.11 Ensure that children and young people are encouraged to experiment with and experience new foods

8.12 Respond positively to children and young people's objections to food and drink, making adaptations as necessary

8.13 Ensure that children and young people are encouraged to drink a sufficient volume of fluid

8.14 Promote the benefits of a balanced diet for children and young people to others

8.15 Monitor and record intake of food and drink in line with boundaries of own role and responsibilities

Range

Defined stages of development - 0 – 6 months, 6 months – 1 year, 1 – 5 years, 5 – 10 years, adolescence

Potential challenges - behavioural, environmental, physical

Potential impact - failure to thrive, malnutrition, dehydration, obesity, constipation

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Learning outcome:

9. Support for health care

Assessment criteria

You understand:

9.1   The range of healthcare checks and support for children and young people

9.2   The importance of following personal plans for delegated healthcare activities

9.3   Incubation periods of illnesses, infections/infestations and notifiable diseases

9.4   Physical and behavioural signs and symptoms of potential ill health, infections/ infestations and notifiable diseases in children and young people

9.5   Actions to take where there are concerns about potential illnesses, infections/ infestations and notifiable diseases

9.6   Symptoms that require urgent action

You are able to work in ways that:

9.7   Support children and young people to access healthcare and support services in line with own roles and responsibilities

9.8   Respond to signs of ill health, according to workplace policies and procedures

Unit 366   Providing care and support for disabled children and young people

Supporting Information

Evidence requirements

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack.

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

IDDSI (the International Diet Dysphagia Standardisation Initiative) has developed a global framework to standardise the way food and fluids for people of all ages with feeding, chewing or swallowing problems are described. The current levels and associated descriptors can be found here: **https://iddsi.org/framework/**

The following guidance document has been developed by Social Care Wales as a supportive resource to improve the knowledge of residential child care workers, and provides useful content that will support the delivery of the content of this unit: **socialcare.wales/residential-child-care-worker-resource**

Critical stages: induction of the neural tube, development, structure and purpose of the neurons, (proliferation, migration, differentiation, and pruning), formation and purpose of synapses (exuberance and pruning), plasticity, myelination, evolving structures of the brain, their function and how they interact, formation and purpose of white and grey matter

The term '**disabled children and young people**' describes those who experience discrimination on the grounds of their impairment and/or medical condition. Discriminatory practices such as negative attitudes, inaccessible environments and institutional systems can make it difficult and sometimes impossible for disabled children and young people to experience the same opportunities as non-disabled children.

Factors: exposure to substance misuse (smoking, including passive smoking, alcohol, prescribed medication, illegal drugs, misuse of vitamins), insufficient dietary folic acid, ability of mother/ parent to address their own health needs, maternal diet, stress during pregnancy, birth trauma, premature birth, genetic factors, sexually transmitted infections, poor nutrition and hydration, non-responsive stressful and abusive environments, domestic abuse, poor physical activity, exposure to common childhood illnesses, pollution, over-exposure to the sun, over and under stimulation, toxic stress (including role and impact of cortisol and adrenaline), inadequate housing, poverty, lack of access to services

Factors that influence the intake of food and drink:
- Special dietary requirements for medical reasons can include texture modification to make food easier to eat e.g. pureed or mashed; gluten free for children/ young people with Coeliac disease, modified diet for diabetes, food allergy and intolerances.

- Provision for cultural, religious reasons, vegetarian or vegan,
- Shape, colour, texture, smell and presentation and choice of food, food avoidance, eating with peers, a consistent approach and positive role modelling, encouragement to experiment, fun food activities and initiatives including involving children in food preparation and serving.
- Low income and food poverty

Holistic growth, learning and development: places a focus on nurturing all parts of a child's learning and development, including physical, emotional, spiritual, intellectual and creative elements and how learning can support this. It focuses on all parts of children's learning and development intrinsically not in isolation

Ill health, infections/ infestations and notifiable diseases:
Common childhood illnesses (mumps, rubella, polio, chicken pox, measles, meningitis, whooping cough)
Allergies/ conditions (eczema, asthma, hay-fever or food allergies)
Minor illnesses (cough, cold, earache, sore throat, croup, fever and high temperature, diarrhoea and vomiting, sunburn and heat stroke)
Infections/ infestations (ringworm, tapeworm, head lice, herpes simplex, impetigo, conjunctivitis, scabies)

Impairment: an injury, illness or congenital condition that causes or is likely to cause a long-term effect on physical appearance and/or limitation of function within the child/young person that differs from the commonplace

Notifiable diseases: as set out by Public Health Wales

Play learning and development: education, training, volunteering, work experience, leisure pursuits, social opportunities, play opportunities

Positive outcomes: educational attainment, independence, stable and safe family and peer relationships, physical and mental health, life choices, high aspirations, hope, recognising talents and abilities

Sense of self: self-worth, self-confidence, sense of identity and belonging, emotional intelligence, feelings and resilience, sense of control, relationships (friends, wider family members and peer groups)

Related NOS

- SCDHSC 0315: Work with children and young people with additional requirements to meet their personal support needs

Related legislation and guidance

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

Unit 367   Providing care and support for children and young people who are looked after

Level:	3
GLH:	100
Credit:	18
Unit Summary:	The purpose of this unit is to support learners to develop their knowledge, understanding and skills for providing care and support for children and young people who are looked after.
	In the context of this unit, the term 'children and young people' refers to older children. Those working with babies/young children should take unit 368.

Learning outcome:

1. The role of care home/alternative services for children and young people who are looked after

Assessment criteria

You understand:

1.1   The range of care home services available for children and young people

1.2   The reasons why children and young people may need to access or move within care home services

1.3   The **alternative services and arrangements** to care home services for children and young people and the benefits of these

1.4   Why care home services or alternative services and arrangements may be the most appropriate option for some children and young people

1.5   The role of advocacy for children and young people who are looked after

Range

Alternative services and arrangements - foster care, kinship care, enhanced family support/ family intervention, supported lodgings, 'when I'm ready'

Learning outcome:

2. Support the process of assessment, planning, implementation and review of children and young people's care

Assessment criteria

You understand:

2.1   The placement planning process

2.2   The implications of any reluctance of families/carers to support the care and support plan

2.3   The importance of pre-placement and placement planning and how these should reflect the diverse needs of children and young people

2.4   The importance of accurate assessment in determining suitable placement opportunities and locations

You are able to work in ways that:

2.5   Contribute to the assessment for the care and support planning and review processes for children and young people

2.6   Support children and young people in understanding the different roles and responsibilities of those involved in their care and support

2.7   Support children and young people to contribute to, and be involved in, the development of their care and support plan and the relevant review processes taking account of their age, ability and stage of development

2.8   Actively contribute to care and support planning in relation to the education, training and employment of children and young people in your care

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Learning outcome:

3.   Neurological and brain development

Assessment criteria

You understand:

3.1   The critical stages in neurological and brain development

3.2   The different parts and structures of the nervous system

3.3   The term 'windows of opportunity' and their relevance

3.4   The terms 'experience expectant' and 'experience dependent'

3.5   The term 'serve and return' and how this supports neurological and brain development

3.6   The possible **factors** and Adverse Childhood Experiences which could affect neurological and brain development in relation to **physical, emotional and cognitive growth**, during:
   - the ante-natal period
   - early childhood
   - adolescence

3.7   The potential of toxic stress and trauma to cause harm to overall development and well-being of children and young people throughout their life span

Range

Factors - physical, environmental, genetic

Physical, emotional and cognitive growth - attainment of developmental milestones, communication, attachment, emotional regulation, memory formation, sensory pathways, gross and fine motor skills

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Learning outcome:

4.   Support bonding and attachment

Assessment criteria

You understand:

4.1   **Attachment theories** and their importance for supporting children and young people's resilience, well-being and holistic development

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4.2 The terms 'bonding', 'attachment, separation and loss', and their importance for children and young people's holistic growth and development, and well-being

4.3 The range of different **attachment classifications** and how these are connected to children and young people's **life experiences**

4.4 Attachment difficulties that may be experienced by children and young people who are looked after

4.5 Why children and young people who are looked after can have difficulty with regulating their emotions

4.6 Links between the way children and young people behave, and types of attachment

4.7 Why children and young people may behave in a way that could deliberately cause placement breakdown

4.8 The range of coping strategies that children and young people may use and how these can be influenced by:
- life journeys
- types of attachment
- the immediate environment

Range

Attachment theories - theorists - John Bowlby, Mary Ainsworth, Mary Main, Dollard and Miller

Attachment classifications - secure, ambivalent, avoidant, disorganised

Life experiences - neglect and abuse, trauma, multiple placements, Adverse Childhood Experiences

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Learning outcome:

5. Support children and young people during change and transition

Assessment criteria

You understand:

5.1 How a 'safe base' supports children and young people to manage or adapt to change and transition

5.2 How change and transition can cause placement disruption

5.3 Why children and young people who are looked after may need additional and focused support before, during and after change and transition

5.4 Interventions to **support** children and young people through change and transition

5.5 Why it is important to involve children and young people when planning for, or responding to change and transition

5.6 The importance of maintaining long-term relationships, **activities and experiences** in children and young people's lives following change and transition

You are able to work in ways that:

5.7 Support children and young people as they prepare for change and transition

5.8 Use interventions to support children and young people through change and transition

5.9 Contribute to the evaluation of interventions that support children and young people through change and transition

Range

Support - practical and emotional

Activities and experiences - educational, social, sporting, leisure, play

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6. Therapeutic approaches to caring

You are able to work in ways that:

6.1 Role model the use of **methods** to maintain and promote bonding and encourage secure attachments for children and young people

6.2 Use strategies to respond to different types of attachment behaviour, managing their impact on others and the stability of the placement

6.3 Support children and young people to develop a personal narrative that helps them to understand their life journey

6.4 Use reflection and feedback to evaluate how own practice and personal attachment style impacts on your work with children and young people

6.5 Use self-care strategies to maintain your own resilience

Range

Methods - stable base, calm and nurturing environment, attunement, proximity, predictability, consistency, PACE (playfulness, acceptance, curiosity, empathy), play as a therapeutic tool, safe touch, routines, realistic and consistent goals and boundaries, supporting smooth transitions (relevant to the age and stage), co-production, partnership working, sharing of information, worker self-care

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7. Support children and young people to achieve positive outcomes

You understand:

7.1 How to build trust with children or young people

7.2 How effective support can make a difference to children and young people, including establishing and maintaining positive relationships

7.3 How the judgement, stereotypical assumptions and expectations of others can be unduly influenced because of the life journey of the child or young person

7.4 How life journey work can help children and young people to develop a positive **'sense of self'**

7.5 How to support children and young people to develop resilience, emotional intelligence and self-belief

7.6 Links between being a child or young person who is looked after, and the achievement of **positive outcomes**

7.7 How to support children and young people to have high expectations and help them to set realistic goals towards achieving these

You are able to work in ways that:

7.8 Support children and young people to explore their own social and emotional needs according to age, ability and stage of development

7.9 Support children and young people to develop a positive sense of self

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7.10 Support children and young people to participate in and make a positive contribution to their communities and networks

7.11 Safely develop independence and life skills to build resilience for later life

7.12 Support a culture of non-restrictive and non-judgmental practice that achieves a good balance between risk and challenge

7.13 Promote and support children and young people to access and engage in play, learning and development according to age and stage of development

Range

Sense of self - self-worth, self-confidence, sense of identity and belonging, emotional intelligence, feelings and resilience, sense of control, relationships (wider family members and informal networks), concepts of parental responsibility and accountability

Positive outcomes - educational attainment, employment or training, independence, stable and safe family and peer relationships, permanent housing, good physical and mental health, life choices, high aspirations, hope, recognising talents and abilities

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Learning outcome:

8.   Safeguarding and safer care

Assessment criteria

You understand:

8.1   Why children and young people who are looked after are more:
- at risk from abuse and exploitation
- likely to be targeted by perpetrators of abuse
- vulnerable to exposure to physical and emotional health-harming activities and behaviours

8.2   How to support children and young people to understand why and how some relationships are beneficial, and others may be detrimental to their health and well-being

8.3   Actions to take where you consider children or young people's contacts and relationships:
- to be harmful and abusive for them
- may lead to offending behaviour
- may lead to the harm and abuse of others

You are able to work in ways that:

8.4   Promote an individualised approach to safeguarding, taking account of the particular vulnerabilities and experiences of children and young people

8.5   Agree clear expectations and boundaries with children and young people that help to keep them safe

8.6   Support children and young people to participate in agreed contact with wider family members and informal networks, taking account of any restrictions that are in place

8.7   Support children and young people to understand why any restrictions have been placed on contact with identified wider family members and informal networks

8.8   Support children and young people following contact with wider family members and informal networks

8.9   Support children and young people to establish, sustain and, where appropriate, separate from relationships, recognising the impact of loss and change

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9. Promote nutrition and hydration of children and young people

Assessment criteria

You understand:

9.1 Current national guidance for a balanced diet for children and young people

9.2 The role of essential nutrients for maintaining a balanced diet and supporting holistic growth and development, and well-being

9.3 The nutrition and hydration requirements at **defined stages of development**

9.4 How to plan menus that respond to children and young people's individual needs

9.5 The **potential challenges** that may arise and strategies to manage these

9.6 The reasons why food should not be used as a reward

9.7 The **potential impact** of poor nutrition and hydration

9.8 The importance of hydration for children and young people

You are able to work in ways that:

9.9 Use strategies to ensure:
   - safe eating and drinking routines that encourage social interaction according to age and stage of development
   - opportunities for the development of independent skills according to age and stage of development

9.10 Take account of factors that influence intake of food and drink

9.11 Ensure that children and young people are encouraged to experiment with new foods

9.12 Respond positively to children and young people's objections to food and drink, making adaptations as necessary

9.13 Ensure that children and young people are encouraged to drink a sufficient volume of fluid

9.14 Promote the benefits of a balanced diet for children and young people to others

Range
Defined stages of development - 0 – 6 months, 6 months – 1 year, 1 – 5 years, 5 – 10 years, adolescence
Potential challenges - behavioural, environmental, physical
Potential impact - failure to thrive, malnutrition, dehydration, obesity, constipation

Learning outcome:

10. Support for health promotion and health care

Assessment criteria

You understand:

10.1 Approaches that can be used to support children and young people to access a range of healthcare checks and support

10.2 Incubation periods of illnesses, infections/ infestations and notifiable diseases

10.3 Physical and behavioural signs and symptoms of potential ill health, infections/ infestations and notifiable diseases in children and young people

10.4 Actions to take where there are concerns about potential illnesses, infections/infestations and notifiable diseases

10.5 Symptoms that require urgent action

You are able to work in ways that:

10.6 Support children and young people to understand the concept of healthy living

10.7 Support children and young people to access healthcare and support services

10.8 Respond to signs of ill health, according to workplace policies and procedures

Unit 367 Providing care and support for children and young people who are looked after

Supporting Information

Evidence requirements

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

The following guidance document has been developed by Social Care Wales as a supportive resource to improve the knowledge of residential child care workers, and provides useful content that will support the delivery of the content of this unit: **socialcare.wales/residential-child-care-worker-resource**

Critical stages: induction of the neural tube, development, structure and purpose of the neurons, (proliferation, migration, differentiation, and pruning), formation and purpose of synapses (exuberance and pruning), plasticity, myelination, evolving structures of the brain, their function and how they interact, formation and purpose of white and grey matter.

Factors: exposure to substance misuse (smoking, including passive smoking, alcohol, prescribed medication, illegal drugs, misuse of vitamins), insufficient dietary folic acid, ability of mother/parent to address their own health needs, maternal diet, stress during pregnancy, birth trauma, premature birth, genetic factors, sexually transmitted infections, poor nutrition and hydration, non-responsive stressful and abusive environments, domestic abuse, poor physical activity, exposure to common childhood illnesses, pollution, over-exposure to the sun, over and under stimulation, toxic stress (including role and impact of cortisol and adrenaline), inadequate housing, poverty, lack of access to services.

Factors that influence the intake of food and drink:
- Special dietary requirements for medical reasons can include texture modification to make food easier to eat e.g. pureed or mashed; gluten free for children/ young people with Coeliac disease, modified diet for diabetes, food allergy and intolerances.
- Provision for cultural, religious reasons, vegetarian or vegan,
- Shape, colour, texture, smell and presentation and choice of food, food avoidance, eating with peers, a consistent approach and positive role modelling, encouragement to experiment, fun food activities and initiatives including involving children in food preparation and serving.
- Low income and food poverty.

Healthcare checks and support: age relevant immunisation and boosters, registration with GP, dentist and optician or other health professionals according to need such as community and mental health service. Parental consent is needed for medical treatment.

Ill health, infestations and notifiable diseases:

Common childhood illnesses: (mumps, rubella, polio, chicken pox, measles, meningitis, whooping cough)

Allergies/ conditions: (eczema, asthma, hay-fever or food allergies)

Minor illnesses: (cough, cold, earache, sore throat, croup, fever and high temperature, diarrhoea and vomiting, sunburn and heat stroke)

Infections/ infestations: (ringworm, tapeworm, head lice, herpes simplex, impetigo, conjunctivitis, scabies).

Locations: why some children and young people should be located within the area they normally reside, and why, for some children and young people, this is not always appropriate or possible.

Notifiable diseases: as set out by Public Health Wales.

Others: could include – wider family members, workers.

Play, learning and development - education, training, volunteering, work experience, leisure pursuits, social opportunities, play opportunities.

Types of advocacy to include:

- Self-advocacy
- Informal advocacy
- Collective advocacy
- Peer advocacy
- Citizen advocacy
- Independent volunteer advocacy
- Formal advocacy
- Independent professional advocacy.

Wider family members and informal networks: parents/ carers, other family members, siblings etc., friends, neighbours, special interest groups.

Related NOS

- SCDHSC0038 Support children and young people to manage aspects of their lives
- SCDHSC0318 Provide a home for children and young people

Related legislation and guidance

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

Unit 368 Providing care and support for babies and younger children

Level:	3
GLH:	100
Credit:	20
Unit Summary:	The purpose of this unit is to support learners to develop their knowledge, understanding and skills for providing care and support for babies and children who need to access care and support services/arrangements. In the context of this unit the term 'children' refers to babies from conception and younger children. Those working with older children should take unit 367.

Learning outcome:

1. The role of care and support services/arrangements for children

Assessment criteria

You understand:

1.1 The reasons why children may need to access or move within care and support services/arrangements
1.2 Why care and support services or arrangements may be the most appropriate option for some children
1.3 The role of advocacy for children who are accessing care and support services/arrangements

Learning outcome:

2. Other support services for children

Assessment criteria

You know:

2.1 The purpose of **other support services** for children
2.2 How to make referrals into other support services
2.3 How other support services and **public health priorities** aim to address childhood disadvantage
2.4 Current public health priorities for children
2.5 Current screening and assessment tools used for children

Range

Other support services - the different types and levels of targeted and universal health and intervention programmes

Public health priorities - nutrition and hydration, oral health, play and physical activity, vision, childhood immunisation programme, preparation of school readiness and promotion of safety in the home, cessation of smoking by adults, reduction of exposure to secondary smoke, prevention of accidents and injuries, safety in the community

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Learning outcome:

3. Support the process of assessment, planning, implementation and review of children's care

Assessment criteria

You understand:

3.1   The placement planning process

3.2   The implications of any reluctance of families/carers to support the care and support plan

3.3   The importance of pre-placement and placement planning and how these should reflect the diverse needs of children

3.4   The importance of accurate assessment in determining suitable placement opportunities and locations

3.5   How to support children in understanding the different roles and responsibilities of those involved in their care and support according to their age, ability and stage of development

3.6   How to support children to contribute to, and be involved in, the development of their care and support plan and the relevant review processes taking account of their age, ability and stage of development

You are able to work in ways that:

3.7   Contribute to assessment of the care and support planning and review processes for children

3.8   Actively contribute to care and support planning in relation to the holistic growth, learning and development of the child

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Learning outcome:

4. Neurological and brain development

Assessment criteria

You understand:

4.1   The critical stages in neurological and brain development

4.2   The different parts and structures of the nervous system

4.3   The term 'windows of opportunity' and their relevance

4.4   The terms 'experience expectant' and 'experience dependent'

4.5   The term 'serve and return' and how this supports neurological and brain development

4.6   The possible **factors** and Adverse Childhood Experiences which could affect neurological and brain development in relation to **physical, emotional and cognitive growth**, during:
   - the ante-natal period
   - early childhood

4.7   The potential of toxic stress and trauma to cause harm to overall development and well-being of children

Range

Factors - physical, environmental, genetic

Physical, emotional and cognitive growth - attainment of developmental milestones, communication, attachment, emotional regulation, memory formation, sensory pathways, gross and fine motor skills

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Learning outcome:

5. Support bonding and attachment

Assessment criteria

You understand:

5.1 **Bonding and attachment theories** and their importance for supporting children's resilience, well-being and holistic growth, learning and development
5.2 The range of different **attachment classifications** and how these are connected to children's **life experiences**
5.3 Attachment difficulties that may be experienced by children who are looked after
5.4 Why children who are looked after can have difficulty with regulating their emotions
5.5 Links between the way children behave and types of attachment
5.6 The importance of starting life journey work as early as possible in a child's life, and the potential benefits of this
5.7 Why children may behave in a way that could deliberately cause placement breakdown
5.8 The range of coping strategies that children may use and how these can be influenced by:
   - life journeys
   - types of attachment
   - the immediate environment

Range

Bonding and attachment theories - theorists - John Bowlby, Mary Ainsworth, Mary Main, Dollard and Miller

Attachment classifications - secure, ambivalent, avoidant, disorganised

Life experiences - neglect and abuse, trauma, multiple placements, adverse childhood experiences

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Learning outcome:

6. Support children during change and transition

Assessment criteria

You understand:

6.1 The term 'permanency' and its relevance to children's long-term well-being
6.2 How a 'safe base' supports children to manage or adapt to change and transition
6.3 How change and transition can cause placement disruption
6.4 Why children who are looked after may need additional and focused support before, during and after change and transition
6.5 Interventions to **support** children through change and transition
6.6 Why it is important to involve children when planning for, or responding to change and transition

6.7 The importance of maintaining long-term relationships, activities and experiences in children's lives following change and transition

You are able to work in ways that:

6.8 Support children as they prepare for change and transition according to their age, ability and stage of development

6.9 Use interventions to support children through change and transition according to their age, ability and stage of development

6.10 Contribute to the evaluation of interventions that support children through change and transition

Range
Support - practical and emotional

Learning outcome:

7. Therapeutic approaches to caring

Assessment criteria

You are able to work in ways that:

7.1 Role model the use of methods to maintain and promote bonding and encourage secure attachments in line with age, ability and stage of development

7.2 Use strategies to respond to different types of attachment behaviour, managing their impact on others and the stability of the placement

7.3 Support the development of a personal narrative that helps children to understand their life journey

7.4 Use reflection and feedback to evaluate how own practice and personal attachment style impacts on your work with children

7.5 Use self-care strategies to maintain your own resilience

Learning outcome:

8. Support children to achieve positive outcomes

Assessment criteria

You understand:

8.1 How to build trust with children

8.2 How effective support can make a difference to children, including establishing and maintaining positive relationships

8.3 How the judgement, stereotypical assumptions and expectations of others can be unduly influenced because of the life journey of the child

8.4 How life journey work can help children to develop a positive **'sense of self'**

8.5 How to support children to develop resilience, emotional intelligence and self-belief

8.6 Links between being a child who is looked after, and the achievement of **positive outcomes**

8.7 How to support children to have high expectations and help them to set realistic goals towards achieving these

8.8   How to support children to participate in and make a positive contribution to their communities and networks

You are able to work in ways that:
8.9   Support children to explore their own social and emotional needs according to age, ability and stage of development
8.10 Support children to develop a positive sense of self
8.11 Safely develop independence and life skills to build resilience for later life
8.12 Support a culture of non-restrictive and non-judgmental practice that achieves a good balance between risk and challenge
8.13 Promote and support children to access and engage in play, learning and development according to age and stage of development

Range
Sense of self - self-worth, self-confidence, sense of identity and belonging, emotional intelligence, feelings and resilience, sense of control, relationships (wider family members and informal networks), concepts of parental responsibility and accountability
Positive outcomes - educational attainment, employment or training, independence, stable and safe family and peer relationships, permanent housing, good physical and mental health, life choices, high aspirations, hope, recognising talents and abilities

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Learning outcome:

9. Promote and support holistic growth, learning and development

Assessment criteria

You understand:
9.1   Different methods of observation and assessment to monitor and identify stages of holistic learning, growth and development
9.2   How to promote the development of **independence skills** in line with age and stage of development
9.3   The importance of speech, language and communication for holistic learning, growth and development
9.4   The role and benefit of play in children's development
9.5   How to develop quality and rich play environments to **maximise potential for** holistic growth, learning and development
9.6   How experiential learning contributes to the holistic growth, learning and development
9.7   How to ensure the support of the holistic growth, learning and development of children whilst ensuring a safe and stimulating environment
9.8   The role of positive reinforcement in supporting, the holistic learning, growth and development of children

You are able to work in ways that:
9.9   Use observations to identify the child's stage of holistic growth, learning and development
9.10 Ensure the provision of meaningful and enjoyable activities, experiences and everyday routines that:

- respond to a range of needs
- balance risk and challenge to promote holistic learning, growth and development
- develop positive relationships
- promote independence skills

9.11 Embed learning from the provision of activities, to:
- consolidate skills gained
- plan for progression

9.12 Plan and promote the use of different types of play to apply the principles of a quality and rich, play environment for holistic growth, learning and development

9.13 Promote the creation of a child-led play space that facilitates:
- freely chosen play
- expression of feelings
- experimentation and risk taking
- creativity

9.14 Use positive reinforcement and praise that supports children's holistic growth, learning, and development

9.15 Take action if a child is not developing in line with their age and expected stage of development

Range

Independence skills - eating and drinking, washing, dressing, oral care, toileting, tidying up/putting away

Maximise potential for - Socialisation, problem solving and creativity, resourcefulness, challenge and choice

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Learning outcome:

10. Safeguarding and safer care

Assessment criteria

You understand:

10.1 Why children who are looked after are more:
- at risk from abuse and exploitation
- likely to be targeted by perpetrators of abuse
- vulnerable to exposure to physical and emotional health-harming activities and behaviours

10.2 How to support children to understand why and how some relationships are beneficial, and others may be detrimental to their health and well-being

10.3 How to support children to understand why any restrictions have been placed on contact with identified wider family members and informal networks according to their age, ability and stage of development

10.4 Actions to take where you consider children's contacts and relationships to be harmful or abusive for them

You are able to work in ways that:

10.5 Promote an individualised approach to safeguarding, taking account of the particular vulnerabilities and experiences of children

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10.6 Agree clear expectations and boundaries with children that help to keep them safe in line with their age, ability and stage of development

10.7 Support children to participate in agreed contact with wider family members and informal networks, taking account of any restrictions that are in place

10.8 Support children following contact with wider family members and informal networks

10.9 Support children to establish, sustain and, where appropriate, separate from relationships, recognising the impact of loss and change

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Learning outcome:

11. Promote nutrition and hydration of children

Assessment criteria

You understand:

11.1 Current national guidance for a balanced diet for children

11.2 The role of essential nutrients for maintaining a balanced diet and supporting holistic growth and development, and well-being

11.3 The nutrition and hydration requirements at **defined stages of development**

11.4 How to plan menus that respond to children's individual needs

11.5 The **potential challenges** that may arise and strategies to manage these

11.6 The reasons why food should not be used as a reward

11.7 The **potential impact** of poor nutrition and hydration

11.8 The importance of hydration for children

You are able to work in ways that:

11.9 Use strategies to ensure:
- safe eating and drinking routines that encourage social interaction according to age and stage of development
- opportunities for the development of independent skills according to age and stage of development

11.10 Take account of factors that influence intake of food and drink

11.11 Ensure that children are encouraged to experiment with new foods

11.12 Respond positively to children's objections to food and drink, making adaptations as necessary

11.13 Ensure that children are encouraged to drink a sufficient volume of fluid

11.14 Promote the benefits of a balanced diet for children to others

Range
Defined stages of development - 0 – 6 months, 6 months – 1 year, 1 – 5 years, 5 years plus
Potential challenges - behavioural, environmental, physical
Potential impact - failure to thrive, malnutrition, dehydration, obesity, constipation

Learning outcome:
12. Promote the support of safe physical care routines of children

Assessment criteria

You understand:

12.1 The importance of identifying and providing safe physical care routines for children

12.2 The importance of a relaxed and comfortable atmosphere to support safe physical care routines

12.3 How to carry and hold babies/toddlers safely

12.4 How to wash, dress and change babies/toddlers, including nappy changes

12.5 How to support toilet training

12.6 Guidance on how to ensure that a baby sleeps in a safe environment and position

You are able to work in ways that:

12.7 Establish and plan the safe physical care routines of children

12.8 Ensure that the agreed physical care routines of children:
- are safe, enjoyable experiences that promote holistic learning, growth and development
- maintain children's dignity and respect

12.9 Promote a comfortable and relaxed atmosphere whilst supporting safe physical care routines

12.10 Ensure that babies/toddlers are carried and held safely, in line with moving and positioning principles

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Learning outcome:

13. Support for health promotion and health care

Assessment criteria

You understand:

13.1 Approaches that can be used to support children to access a range of healthcare checks and support

13.2 Incubation periods of illnesses, infections/infestations and notifiable diseases

13.3 Physical and behavioural signs and symptoms of potential ill health, infections/infestations and notifiable diseases in children

13.4 Actions to take where there are concerns about potential illnesses, infections/infestations and notifiable diseases

13.5 Symptoms that require urgent action

You are able to work in ways that:

13.6 Support children to develop their understanding of healthy living according to their age, ability and stage of development

13.7 Support children to access healthcare and support services

13.8 Respond to signs of ill health, according to workplace policies and procedures

Unit 367   Providing care and support for children and young people who are looked after

Supporting Information

Evidence requirements

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Activities and experiences: educational, social, sporting, leisure, play.

Care and support services/arrangements: foster care, kinship care, enhanced family support/ family intervention, residential family services.

Critical stages: induction of the neural tube, development, structure and purpose of the neurons, (proliferation, migration, differentiation, and pruning), formation and purpose of synapses (exuberance and pruning), plasticity, myelination, evolving structures of the brain, their function and how they interact, formation and purpose of white and grey matter.

Early childhood: birth to 6 months, 6 months to 2 years, 2 years to 7 years plus.

Factors: exposure to substance misuse (smoking, including passive smoking, alcohol, prescribed medication, illegal drugs, misuse of vitamins), insufficient dietary folic acid, ability of mother/ parent to address their own health needs, maternal diet, stress during pregnancy, birth trauma, premature birth, genetic factors, sexually transmitted infections, poor nutrition and hydration, non-responsive stressful and abusive environments, domestic abuse, poor physical activity, exposure to common childhood illnesses, pollution, over-exposure to the sun, over and under stimulation, toxic stress (including role and impact of cortisol and adrenaline), inadequate housing, poverty, lack of access to services.

Factors that influence the intake of food and drink:
- Special dietary requirements for medical reasons can include texture modification to make food easier to eat e.g. pureed or mashed; gluten free for children/ young people with Coeliac disease, modified diet for diabetes, food allergy and intolerances.
- Provision for cultural, religious reasons, vegetarian or vegan,
- Shape, colour, texture, smell and presentation and choice of food, food avoidance, eating with peers, a consistent approach and positive role modelling, encouragement to experiment, fun food activities and initiatives including involving children in food preparation and serving.
- Low income and food poverty.

Healthcare checks and support: age relevant immunisation and boosters, registration with GP, dentist and optician or other health professionals according to need such as community and mental health service. Parental consent is needed for medical treatment.

Ill health, infections/ infestations and notifiable diseases:
Common childhood illnesses: (mumps, rubella, polio, chicken pox, measles, meningitis, whooping cough)
Allergies/ conditions: (eczema, asthma, hay-fever or food allergies)
Minor illnesses: (cough, cold, earache, sore throat, croup, fever and high temperature, diarrhoea and vomiting, sunburn and heat stroke)
Infections/ infestations: (ringworm, tapeworm, head lice, herpes simplex, impetigo, conjunctivitis, scabies).

Locations: why some children and young people should be located within the area they normally reside, and why, for some children and young people, this is not always appropriate or possible.

Methods - stable base, calm and nurturing environment, attunement, proximity, predictability, consistency, PACE (playfulness, acceptance, curiosity, empathy), play as a therapeutic tool, safe touch, routines, realistic and consistent goals and boundaries, supporting smooth transitions (relevant to the age and stage), co-production, partnership working, sharing of information, worker self-care.

Notifiable diseases: as set out by Public Health Wales.

Use observations to identify the child's stage of holistic growth, learning and development - carried out in line with the relevant workplace/ setting policies and procedures, and should include:
0-2 years
- how they move and what they can do with their bodies
- how they communicate and express their feelings
- how they play
- how they interact with their environment

2-7 years
- Personal and social development: The child's awareness of themselves and their development of relationships, skills and attitudes with other people
- Emotional development: The development of the child's self-esteem, their feelings and awareness of feelings of others
- Moral and spiritual development: Development of values, concepts and the way in which children respond to others morally and ethically
- Cognitive: Development of the mind, focussing on the child's thinking and understanding including problem solving, reasoning, concentration and memory
- Linguistic development and communication: How children communicate and express themselves
- Physical development: Increasing skills and performance of the body.

Others: could include – wider family members, workers.

Physical care routines: according to the age and abilities of the child could include: toileting, handwashing, oral care, skin care (including nappy area), opportunities for rest, quiet time or sleep, appropriate provisions for exposure to sun and cold temperatures.

Play, learning and development - education, leisure pursuits, social opportunities, play opportunities.

Stage of holistic growth, learning and development: play behaviours, gross and fine motor skills, areas of development (physical, speech, language and communication, socio-emotional).

Types of advocacy to include:

- Self-advocacy
- Informal advocacy
- Collective advocacy
- Peer advocacy
- Citizen advocacy
- Independent volunteer advocacy
- Formal advocacy
- Independent professional advocacy.

Wider family members and informal networks: parents/ carers, other family members, siblings, friends, neighbours, special interest groups.

Related NOS
- SCDHSC0038 Support children and young people to manage aspects of their lives
- SCDHSC0318 Provide a home for children and young people

Related legislation and guidance
Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

Unit 369 Providing care and support for children and young people living with their families/carers

Level:	3
GLH:	40
Credit:	8
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to support children and young people living with their families/carers. Within this unit care and support at home relates to support both within the child or young person's own home or within community settings

Learning outcome:

1. Care and support at home for children and young people living with their families/carers

Assessment criteria

You understand:

1.1 How legislation, national policy, guidance and standards set the requirements for care and support at home for children/young people

1.2 Resources, services, and professionals that may provide, or be used to support children/young people and their families/carers in their own home

1.3 Protocols for gaining and confirming consent of families/carers when sharing information with services and professionals

1.4 Reasons why children/young people and their families/carers may need to access additional care and support

1.5 The importance of recognising the skills and expertise that families/carers have related to the care and support of their children/young people

1.6 How to support carers to understand their right to receive support for their own well-being

1.7 **Potential impacts** on children/young people and their families/carers of accessing care and support

1.8 How gender and ethnicity, and social, cultural and religious environments may impact on children/young people and the care and support they access

1.9 Information that should be provided to children/young people and their families/carers about what to expect from the service

You are able to work in ways that:

1.10 Take account of specific legislation, national policy, guidance and standards for care and support at home

1.11 Recognise and acknowledge the skills and expertise that families/carers have for the on-going care and support of children/young people

1.12 Support carers to access information about assessment and support for their own well-being

1.13 Respond sensitively when there are negative impacts that result from accessing care and support on children/young people and families/carers

1.14 Provide information to children/young people and their families/carers prior to and during access to the service to help them know what to expect

Range

Potential impacts - Positive impacts (support for engagement in valued range of meaningful activities, relieves loneliness and isolation, respite/break for carers, practical support for carers), negative impacts (feeling of intrusion, loss of control, loss of valued role, feeling of guilt)

Learning outcome:

2. Promote support for rights based approaches and positive outcomes for children/young people living with their families/carers

Assessment criteria

You know:

2.1 What rights based approaches mean in practice when supporting children/young people for care and support at home

2.2 The role of advocacy in supporting the rights of children/young people and their families/carers

2.3 How the way that services are delivered can challenge stereotypical attitudes of those needing care and support

2.4 The importance of:

- recognising and promoting the valued roles that carers have held, and can continue to hold
- not being judgemental about the personal circumstances of children/young people and their families/carers and the way that they lead their lives

2.5 Ways of working to build positive, supportive relationships with children/young people, their families/carers and to find out about their history, culture and what is important to them

2.6 How to deal with conflicts between the views and choices of children/young people and their families/carers

2.7 Own role in the **planning process** for children/young people

2.8 How to clarify expectations for support needed for **activities and experiences**

2.9 The importance of regularly seeking and taking account of feedback on personal plans

You are able to work in ways that:

2.10 Role model use of methods to find out about the history, culture and what is important to children/young people and their families/carers

2.11 Develop positive, supportive relationships with families/carers that respects their expertise and role

2.12 Establish how you can best support children/young people and their families/carers to achieve what matters to them

2.13 Clarify expectations for care and support with children/young people and their families/carers

2.14 Promote and support opportunities for children/young people to engage in activities and experiences that are enjoyable, meaningful and support holistic development

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2.15 Embed a co-productive approach when working with children/young people and their families/carers in the planning process for participation in activities and experiences that promote holistic learning, growth and development

Range

Planning process - would include identifying goals or outcomes and enabling participation in activities; monitoring, reviewing and evaluating plans

Activities and experiences - play, educational, social, sporting, leisure

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Learning outcome:

3. Safe practice when supporting children and young people accessing care and support at home

Assessment criteria

You understand:

3.1 The importance of ensuring that **information** is recorded in agreed communication systems at each visit and used to inform practice

3.2 How to consider and respond to requests to work outside of personal plans or agreed role

3.3 Physical and behavioural signs of potential illness in children and young people

3.4 Actions to take in the event of:
- potential illness
- unexpected situations or emergencies
- hazards within the home

3.5 Symptoms of illness that require urgent action

You are able to work in ways that:

3.6 Take account of and record information in communication systems

3.7 Record and report any concerns

3.8 Follow agreed ways of working when considering and responding to requests to work outside of personal plans or agreed role

Range

Information - Experiences, planned and unplanned activities supported, any practical tasks undertaken or needing to be undertaken, feedback from the child and their families/carers, observations during the visit about the child or young person, any changes or concerns, information from or contact with family members, medication, food and fluid intake

Unit 369　　　　Providing care and support for children and young people living with their families/carers
Supporting Information

Evidence requirements
The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack

Guidance for delivery
Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Community settings could include:

- Clubs
- Outdoor environments
- Social / leisure settings

Professionals that provide support could include:

- Occupational therapist
- Physiotherapist
- Podiatrist
- Dietician
- Speech and language therapists
- GPs
- Child and adolescent mental health teams
- Social workers
- Advocates

Types of advocacy to include:
- Self-advocacy
- Informal advocacy
- Collective advocacy
- Peer advocacy
- Citizen advocacy
- Independent volunteer advocacy
- Formal advocacy
- Independent professional advocacy.

Why children/young people and their families/carers may need additional care and support at home to include:
- Carers needing additional help
- Learning disability
- Physical impairment

- Safeguarding issues

Related legislation and guidance

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

Unit 370   Supporting young people to develop independence skills and prepare for adulthood

Level:	3
GLH:	25
Credit:	4
Unit Summary:	The purpose of this unit is to support learners to develop their knowledge, understanding and skills to support young people to develop the independence skills that will prepare them for adulthood.

Learning outcome:

1. Support provision available for young people leaving care

Assessment criteria

You understand:

1.1 Legislation, national policy and guidance related to young people leaving care
1.2 Why the transition into adulthood may be more difficult for young people leaving care than peers of the same age
1.3 The range of **professionals and services** that may provide support to young people leaving care
1.4 The purpose of **arrangements** that are required to be in place for young people leaving care
1.5 The importance of accurate assessment and planning in determining suitable arrangements for young people leaving care
1.6 The **potential impact** of relocation
1.7 The role of advocacy for young people who are leaving care

Range

Professionals and services - social workers, leaving care workers, careers/education, Independent Reviewing Officers, foster care/When I'm Ready, supported lodgings, adult placement/shared lives, community networks, voluntary sector
Arrangements - designated leaving care social worker, pathway assessments, pathway plans
Potential impact - contact with wider family members and informal networks: parents/carers, other family members, siblings etc., friends, neighbours, special interest groups

Learning outcome:

2. Practical and emotional skills needed for independence and the transition into adulthood

Assessment criteria

You understand:

2.1 How to support young people to develop the **practical and emotional skills** that are needed for independence and adulthood

2.2 How to support young people to develop resilience, emotional intelligence and self-belief

You are able to work in ways that:

2.3 Support young people to understand the different roles and responsibilities of those involved in assessment and planning

2.4 Support young people to have high expectations and help them to set realistic goals towards achieving these

2.5 Support young people to contribute to, and be involved in, the development of their plans and the relevant review processes

2.6 Contribute to the assessment and planning processes for young people preparing for independence and adulthood

2.7 Support young people to identify and develop the practical and emotional skills that they need for independence and adulthood

2.8 Support young people to explore their own social and emotional needs when planning for independence and adulthood

2.9 Support young people to consider what success would look like for them

Range

Practical and emotional skills - budgeting, cooking, household routines, housing/tenancy agreements/living arrangements, healthcare checks and support, healthy living, assessing risks, concept of citizenship (rights, responsibilities and behaviours), healthy and safe relationships, safe sex, how to be assertive and resist unwanted peers and other negative influences, strategies to stay safe, dealing with relocation, engaging in education, training or employment, where to get help/information/advice/support if needed

Unit 370 Supporting young people to develop independence skills and prepare for adulthood

Supporting Information

Evidence requirements

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Healthcare checks and support: registration with GP, dentist and optician or other health professionals according to need.

Success: could include - feeling safe enough to explore and try things out, right balance of independence and support, opportunities to do the same thing as peers, gradual steps towards independence, knowing what to expect

Types of advocacy to include:

- Self-advocacy
- Informal advocacy
- Collective advocacy
- Peer advocacy
- Citizen advocacy
- Independent volunteer advocacy
- Formal advocacy
- Independent professional advocacy.

Related NOS
- SCDHSC0310 Work with children and young people to prepare them for adulthood, citizenship and independence

Related legislation and guidance
- 'When I'm Ready' Good Practice Guide (2016)

Unit 371   Supporting health and well-being for yourself and your family within the role of a foster carer

Level:	3
GLH:	30
Credit:	5
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to support their own health and well-being, and that of their own families, within the context of foster caring. Family in the context of this unit may refer to the foster carers own family, as well as their wider network.

Learning outcome:

1. The impact of foster caring on Health and well-being

Assessment criteria

You understand:

1.1   How the role of foster care may impact own health and well-being
1.2   The importance of self-care for foster carers
1.3   The opportunities and types of support available for self-care
1.4   How the body responds to stress
1.5   How to develop stress management techniques
1.6   Key triggers for stress responses
1.7   How to identify the need for supporting self-care
1.8   The role of **support networks** for foster carers
1.9   Relaxation/stress management techniques

You are able to work in ways that:

1.10 Recognise the positive impact had on children looked after and how this corresponds to own health and well-being
1.11 Use self-care strategies to promote resilience
1.12 Recognise when techniques may need to be used to manage stress responses
1.13 Access appropriate support for own self care

Range

Support networks – informal, formal; including peer support

Learning outcome:

2. Manage the needs of own family and network

You understand:

2.1   How to prepare own family for a foster child joining the family

2.2   The need to balance own family's needs as well as those of the foster child

2.3   The potential impacts and/or opportunities that others in the family may experience

You are able to work in ways that:

2.4   Recognise and support techniques that may need to be used to manage stress responses for own family

2.5   Recognise and support own family to identify self-care strategies to promote their resilience

2.6   Encourage positive relationships and experiences between family and the foster child

2.7   Identify support networks, formal and informal for all family members

2.8   Balance the needs of own family as well as the foster child

2.9   Use effective communication skills and techniques to support all family members

2.10 Use safer caring practice within the family

Learning outcome:

3.   Understand the impact of allegations

Assessment criteria

You understand:

3.1   The range of allegations that may be made against foster carers and **others**

3.2   What might lead to allegations being made by children or others

3.3   The range of strategies to minimise the risk of allegations

3.4   How to prepare for and access support when responding to an allegation

3.5   The resilience needed in the event of an allegation

3.6   How to support **others** and the foster child in the event of an allegation

Range

Others – other children, other family members, professionals involved with family, extended family members, friends, children's friends

Unit 371   Supporting health and well-being for yourself and your family within the role of a foster carer

Supporting information

Evidence requirements

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack.

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Self-care – this should cover a range of approaches that support an individual's personal care, to include respite, professional interventions, taking time out

Meet the needs of own family – to include coverage of the importance of managing and responding to the needs of own family, and balancing those with the needs of that of the foster child

Unit 372 Impact of abuse and trauma on the development of babies and young children

Level:	3
GLH:	20
Credit:	4
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to know how abuse and trauma impacts the development of babies and young children.

Learning outcome:

1. The impact of abuse and trauma on child development

Assessment criteria

You understand:

1.1 The terms 'abuse' and 'trauma'

1.2 How to identify signs of 'trauma'

1.3 The types of experiences that cause 'trauma' in pre-birth/babies/young children

1.4 How ongoing family time may impact on children who have experienced trauma

1.5 The impact of trauma on the different stages of child development

1.6 The ways that trauma impacts and presents differently for individual children

1.7 The importance of a nurturing environment for babies and young children who have experienced abuse and trauma

1.8 Current research and theories related to the impact of abuse and trauma on child development

You are able to work in ways that:

1.9 Recognise and identify signs of trauma in babies and young children

1.10 Use specific strategies and techniques to reparent children who have experienced abuse and/or trauma

1.11 Support children to have positive family time

1.12 Build attachments with a child who has experienced trauma

1.13 Provide a nurturing environment for babies and young children who have experienced abuse and/or trauma

Learning outcome:

2. Approaches to support children who have experienced trauma

Assessment criteria

You understand:

2.1 The role of a foster carer in looking after babies and young children who have experienced abuse and/or trauma

2.2 The need to provide a stable base, and consistency to children who have experienced abuse and/or trauma

2.3 Appropriate responses to behaviour that challenges

2.4 Policies and procedures for responding to behaviour that challenges

2.5 Ways to support babies and young children develop a positive sense of self

You are able to work in ways that:

2.6 Use knowledge and experience to identify appropriate ways to care for individual children

2.7 Use appropriate responses to behaviour that challenges

2.8 Create and maintains a stable and consistent environment for children who have experienced trauma

2.9 Follow own agencies policies and procedures for caring for children

2.10 Adapt communication style to support individual children who have experienced trauma

2.11 Provide play opportunities for children who have experienced trauma

2.12 Support the emotional well-being of children who have experienced trauma

Unit 372　　Impact of abuse and trauma on the development of babies and young children

Supporting information

Evidence requirements

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack.

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Abuse – defined as 'interactions in which one individual or a number of individuals behave in a way that is violent, demeaning or invasive towards a child.'

Trauma – defined as 'The experience of an event by a child that is emotionally painful or distressful, which often results in lasting mental and physical effects'.

Types of trauma – to include violence, sexual abuse, disaster, terrorism.
This criteria should also include the ongoing impacts of trauma, including activities that might cause trauma to re-emerge (e.g. family relationships).

Types of experiences – these may include a range of experiences, including ACEs, poverty, housing issues, domestic abuse, substance abuse

Impacts of trauma – these may include physical impacts, physiological changes, cognitive delays, behaviours to expect

Impacts on social development – to include impacts of experiencing trauma on a child's ability to form relationships, their social interactions, impact on their education and learning, and way that they play with other children

Current research and theories – to include a range of research and theories, including those related to attachment and physicality of the brain. Research should include those covered by: Kate Cairns, David Howe, Bruce Perry, Dan Hughes, Kim Golding

Related legislation and guidance

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

Unit 378   Promoting support for the digital inclusion of individuals

Level:	3
GLH:	20
Credit:	4
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to support the digital inclusion of individuals
	In the context of this unit, the term 'individuals' refers to adults and / or children and young people who access care and support services

Learning outcome:

1. Understand how digital inclusion can support the health and well-being of individuals

Assessment criteria

You understand:

1.1 What is meant by the term 'digital inclusion'
1.2 The benefits of digital inclusion
1.3 How digital inclusion can **transform the lives** of individuals and / or their families / carer
1.4 How digital inclusion can support positive risk taking and the achievement of personal outcomes
1.5 What is meant by the term 'digital exclusion'
1.6 Factors which may lead to digital exclusion
1.7 Actions which can be taken to reduce digital exclusion and increase digital inclusion

Range

Transform the lives - supports participation in a valued range of meaningful activities, relationships and social interactions, supporting independence, learning and development, health and well-being, quality of life and access to services and information

Learning outcome:

2. Develop own and individual's confidence in the safe use of digital technology

Assessment criteria

You understand:

2.1   Terms used in relation to digital technology

2.2 The range of digital technology which may be used by individuals and their families to support their well-being and the achievement of personal outcomes

2.3 How and where to find out more about digital technology

2.4 Own role for supporting the use of digital technology

2.5 The skills needed to support digital inclusion:
- **communicating**
- **handling information and content**
- **transacting**
- **problem solving**

2.6 How **accessibility settings** can make digital technology easier for individuals to use

2.7 How to promote support for individuals and / or their families / carers to understand the potential benefits of digital technology

2.8 How to motivate individuals and / or their families / carers to use digital technology

2.9 Resources which can be used to engage individuals with digital technology

2.10 How to promote support for the **safe use** of digital technology

2.11 How to ensure privacy and confidentiality when supporting individuals and / or their families / carers with digital technology

2.12 How to ensure digital technology promotes and safeguards health and well-being, dignity, autonomy, privacy and confidentiality

2.13 Actions to take where you or others have concerns about the use of digital technology

You are able to work in ways that:

2.14 Reflect on and evaluate own skills for the support of the safe use of digital technology

2.15 Access information and / or support to develop own **skills** for the support of the safe use of digital technology:
- communicating
- handling information and content
- transacting
- problem solving

2.16 Show how you use the skills needed to support the safe use of digital technology

2.17 Use a co-productive approach to support individuals and / or their families / carers to make informed choices about the use of digital technology

2.18 Use a range of methods to motivate individuals and / or their families / carers to use digital technology

2.19 Ensure the active participation of individuals when supporting the use of digital technology

2.20 Respect and promote individuals and / or their families / carers rights, dignity, independence, privacy and confidentiality when supporting the use of digital technology

Range

Accessibility settings – making text bigger, changing display or text colour, magnifier, screen readers, using voice over

Communicating – communicate, collaborate and share online

Handling information and content – find, manage and store digital information and content securely

Problem solving – find solutions to problems using digital tools and online services

Safe use – security measures when using the internet, Apps and social media

Transacting – apply for services, buy and sell, and manage transactions online

3. Support the assessment and review of the use of digital technology to support health and well-being

You understand:

3.1   Processes for the outcome focused assessment for and review of the use of digital technology, including self-assessment

3.2   Own and others' role in contributing to the assessment and review of the use of digital technology

3.3   How the use of digital technology fits within an overall plan of support for individuals

You are able to work in ways that:

3.4   Use a co-productive approach to support the assessment and review of the use of digital technology

3.5   Support the design and implementation of a plan for the use of digital technology

3.6   Apply the principles and values of health and social care when supporting the assessment, planning and review of the use of digital technology

Unit 378 — Promoting support for the digital inclusion of individualsPromoting support for the digital inclusion of individuals

Supporting Information

Evidence requirements

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack.

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Benefits of digital inclusion could include**:**

- Reduced isolation and loneliness
- Improved communication, social interaction / access to groups and networks
- Access to information
- Time and costs savings through accessing services digitally and buying goods online
- Improved self-care for minor ailments
- Improved self-management of long-term health conditions

Factors which may lead to digital exclusion could include:

- Lack of skills / confidence
- Lack of access to internet and / or devices
- Lack of motivation
- Language and access to language - including BSL, Welsh
- Age (access for older people decreases with age)
- Disability
- Poor health
- Poverty / deprivation

Terms used in relation to digital technology could include:

- Apps
- Authenticator Apps / 2-step verification
- Bookmarks
- Cloud services
- Cookies
- Data
- Device
- Digital footprint

- Downloads
- Email
- Google it
- Google maps
- Mouse / mouse pad
- Password
- Pop ups
- Scams
- Screen reader
- Search engine
- Settings
- Social media
- Swipe
- Tablet
- Tap/click
- Touchscreen
- Trustworthy website
- Updates
- Uploads
- Username
- Virus
- Web browser
- Webchat
- Website
- Wi-Fi network

Valued range of meaningful activities refers to the balance of activities that contribute to a good quality of life for individuals, incorporating vocational, domestic, personal, leisure, educational and social activities.

Related legislation and guidance

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

Unit 379 Supporting individuals to plan for and prepare meals

Level:	3
GLH:	15
Credit:	6
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to support individuals to plan for and prepare meals.

In the context of this unit, the term 'individuals' refers to adults and children and young people who access care and support services.

Barred combination with unit 243 'Supporting food safety practice in health and social care settings'. |

Learning outcome:

1. Support individuals to know the importance of nutrition and hydration

Assessment criteria

You are able to work in ways that:

1.1 Support individuals to know :
- why nutrition and hydration are important
- what is meant by 'eating well'

1.2 Support individuals to know how to plan balanced meals from the **five food groups**

1.3 Support individuals to know why foods high in salt and sugar should be eaten in small amounts

Range

Five food groups – 1. fruit and vegetables, 2. potatoes, bread, rice, pasta and other starchy carbohydrates, 3. beans, pulses, fish, eggs, meat and other proteins, 4. dairy and alternatives, 5. oils and spreads

Learning outcome:

2. Support individuals to understand food safety

Assessment criteria

You understand:

2.1 Legislation related to food safety and what this means in the home environment

2.2 How to support individuals to know:
- potential **food safety hazards** when handling food and drink
- causes of food poisoning and illness related to the handling of food

- what is meant by the four 'C's in relation to food safety

2.3   The importance of supporting individuals to maintain **food safety measures** when handling food

2.4   How to ensure food safety measures are implemented in such a way that do not have a negative impact on the home environment

2.5   How to deal with conflict and issues related to food safety measures

You are able to work in ways that:

2.6   Support individuals to understand the risks that can occur from the inappropriate preparation and storage of food

2.7   Support individuals to know how to implement food safety measures when preparing and storing food

Range

Food safety hazards – microbiological, chemical and physical, allergenic

Food safety measures – effective controls, minimise risks, hand washing, use of appropriate personal protective equipment, ensuring clean surfaces, equipment and utensils before and after handling food, clearing away promptly and safely, safe disposal of food and drink, safe food temperatures, effective controls for storing food and drink, utensils and equipment

Learning outcome:

3.   Understand the process of skills teaching/development when supporting individuals to plan for and prepare meals

Assessment criteria

You understand:

3.1 Different **levels of support** which can be used to support active participation in meal planning and preparation

3.2   What is meant by the term 'graded assistance'

3.3   How to use task analysis for skills teaching/development

3.4   The importance of:
- having a clear teaching/development plan
- recognising and building on the individual's strengths
- positive reinforcement when teaching/developing skills
- consistency when teaching/developing skills

Range

Levels of support – ask, instruct, prompt, show, guide

Learning outcome:

4.   Support individuals to plan nutritious meals

Assessment criteria

You are able to work in ways that:

4.1   Use co-productive approaches with individuals to:

- identify the support needed to plan meals
- identify the meals they would like to prepare
- plan balanced meals which reflect the guidance on eating well and the preferences of individuals

4.2 Support individuals to select and make available the ingredients needed for identified meals

4.3 Support individuals to select and make available the equipment needed to prepare identified meals

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Learning outcome:

5. Support individuals to prepare nutritious meals

Assessment criteria:

You are able to work in ways that:

5.1 Use co-productive approaches with individuals to:
- use task analysis to identify the different steps of preparing meals
- identify the support needed to prepare meals
- identify any aids or adaptations needed
- identify food safety measures to be used when preparing the meal

5.2 Support individuals to prepare meals using agreed teaching/development plans and levels of support

5.3 Use positive reinforcement to motivate individuals and let them know they are doing things correctly

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Learning outcome:

6. Support individuals to review their meal planning and preparation

Assessment criteria

You are able to work in ways that:

6.1 Use co-productive approaches with individuals to:
- review how they feel about their participation in meal planning and preparation
- review what they feel went well and changes they would like to make
- identify next steps in meal planning and preparation including other meals they would like to make

6.2 Record progress and any changes to the skills/development plan

Unit 379   Supporting individuals to plan for and prepare meals

Supporting Information

Evidence requirements

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack.

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Consistency – it is important that all workers use the same approach to avoid confusion for the individual. It also helps to establish patterns, the repetition will support individuals to learn a new skill.

Eating Well:
The Eatwell Guide: Government Recommendations for a Balanced Diet.
The basic principles of healthy eating are summarised in the Eatwell Guide. This translates the government's nutrient-based dietary recommendations for healthy eating into food-based guidelines.

The guide is a pictorial guide showing the proportion and types of food that are needed to make up a healthy balanced diet.

The guide is suitable for most individuals including those of all ethnic origins and those who are of a healthy weight or overweight. It is also suitable for vegetarians and children over the age of five.

The guide may not be appropriate for those who are nutritionally at risk, for example frail older people, disabled children and young people, individuals who are ill, or those following a specific therapeutic diet as they may have more specific dietary requirements. Older people may be at greater risk of malnutrition.

The guide shows that individuals do not have to give up the foods they enjoy and that all foods can be part of a healthy diet. It is about achieving the right balance and variety of foods that is important for health. It aims to reduce the confusion about what a healthy diet is.

The guide is divided into five food groups:
- fruit and vegetables
- potatoes, bread, rice, pasta and other starchy carbohydrates
- beans, pulses, fish, eggs, meat and other proteins
- dairy and alternatives
- oils and spreads.

Foods from the largest groups should be eaten most often and foods from the smallest group should be eaten less often. The calorie requirements shown on the Eatwell Guide apply to adults. Rather than focusing on calories for children, it is more important that they are offered regular, nutritious meals along with active play.

You can access the pictorial Eatwell Guide here:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/528193/Eatwell_guide_colour.pdf

Why is balance important?
No single food contains all the essential nutrients the body needs to be healthy and to work well. The nutritional value of a person's diet depends on the overall mixture or balance of foods that is eaten over a period of time, as well as on the needs of the individual. That is why a balanced diet is one that is likely to include a large variety of foods, so we get enough of all the nutrients.
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We need energy to live, but the balance between carbohydrate, fat and protein must be right for us to remain healthy. Too little protein can interfere with growth and other body functions, too much fat can lead to obesity and heart disease. Getting enough vitamins and minerals and dietary fibre is important for health.

The **five food groups:**
1. Fruit and vegetables

Most people know that we should be eating more fruit and vegetables but many of us are not eating enough. We should be eating at least five portions of fruit and vegetables a day and can choose from fresh, frozen, tinned, dried or juiced. Potatoes don't count because they're a starchy food.

Fruit and vegetables should make up over a third of the food you eat each day. And it is also important to eat a variety. Fruit and vegetables are good sources of many vitamins and minerals and fibre. People who eat lots of fruit and vegetables are less likely to develop chronic diseases like heart disease and some cancers. Fruit and vegetables are also low in fat and when eaten in place of high energy foods can help with weight control.

2. Potatoes, bread, rice, pasta and other starchy carbohydrates

These foods should make up just over a third of the food we eat. These foods give us carbohydrates (starch), fibre, some calcium and iron and B vitamins. This group includes bread, breakfast cereals, chapattis, oats, rice, pasta, noodles, potatoes, yams, plantains, dishes made from maize, millet, and cornmeal. We should try to eat a variety.

Choose wholegrain, wholemeal, brown or 'high fibre' varieties wherever possible. People often think that starchy foods are more likely to make us gain weight than any other food, but it is too many calories that makes us gain weight. Often it is the fat we add to starchy foods that adds calories. For example, it's the margarine or butter we spread on bread, the cream or cheese sauce we add to pasta, or the oil we use for frying.

3. Beans, pulses, fish, eggs, meat and other proteins

For most people a healthy diet means eating only moderate amounts of meat, fish and the alternatives such as pulses, eggs, nuts, beans, soya products such as tofu, tempeh, textured soya protein, and choosing lower fat versions whenever possible. This group of foods gives us iron (for healthy blood), protein, B vitamins, especially vitamin B12, zinc and magnesium.

Processed meat such as bacon and salami, and meat products such as sausages, beef burgers and pâté are all relatively high in fat and are not recommended for health, so try to keep them to a minimum. Beans such as canned baked beans and pulses are a good low fat source of protein and high in fibre.

We should aim to eat at least two portions of fish a week. These can be fresh, frozen or canned and include fish fingers and fish cakes. Each week one of these portions should be oily fish such as sardines, salmon, mackerel, herring or trout as they are rich in omega-3 fatty acids and a good source of vitamin A and D. Fresh or canned tuna does not count as a portion of oily fish but is still a good source of protein and some vitamins.

4. Dairy and alternatives

This group includes milk, cheese, yoghurt, fromage frais and other dairy foods in moderate amounts. Remember to choose lower fat varieties whenever you can. If you use soya or other plant based alternatives such as rice or oat milk substitutes, make sure you choose calcium enriched varieties when possible. These foods supply calcium (for strong bones), protein, vitamin B12 and vitamins A and D.

This group doesn't include butter, eggs and cream.

5. Oils and spreads

A small amount of fat in the diet is essential for health. This group includes unsaturated fats such as olive oil, rapeseed oil and their spreads. It is important to get more of our fats from unsaturated oils/spreads as they help reduce cholesterol in the blood.

Fats have twice as many calories weight for weight as protein and carbohydrates so should be used in small amounts.

Foods high in fat, salt and sugar:
The foods in this group are not needed in the diet and so, if included, should only be eaten occasionally and in small amounts. Some fats are easy to spot, like cream, fat on meat, butter and margarine. Other fats are hidden in cakes, chocolate, crisps, pastry, mayonnaise, salad dressings, puddings, ice cream and rich sauces and gravies.

Sugar contains only calories and has no other nutrients. We can get all the energy you need from other foods, so you don't need sugar. Too much sugar causes tooth decay and may contribute to obesity. Sugary foods include soft drinks, sweets, jam and sugar, as well as foods such as cakes, puddings, biscuits, pastries and ice cream. Read food labels and watch out for sucrose, dextrose, fructose and maltose on the ingredients list of packaged food, as they are all forms of sugar, as are honey, syrup, raw sugar, brown sugar, cane sugar, muscovado and concentrated fruit juice.

Most of the salt we eat is already in everyday foods such as bread, breakfast cereal, pasta sauce and soup. Check the label and choose foods that are lower in salt.

People with dark skin from African, African-Caribbean and south Asian backgrounds may also not get enough vitamin D from sunlight and should consider taking a vitamin D supplement all year around.

It is important individuals are offered a balanced diet with a variety of foods from the different food groups. This will help them to get all the nutrients they need for health and well-being.

The **four 'C's**

- Cleaning
- Cooking
- Chilling
- (avoiding) Cross contamination

Cleaning
Removing harmful germs or microbes by cleaning with warm soapy water. We should regularly clean our:
- hands
- work surfaces
- chopping boards
- knives

Washing with warm soapy water, the lather and physical motion of washing will detach bacteria from the surfaces, it will not however kill it – to kill bacteria we need to wash the surfaces at above 70°c which is too hot for our hands.

Dishcloths and tea towels should be changed or washed and dried regularly – dirty, damp cloths allow bacteria to breed.

All utensils and dishes must be clean before using to prepare or serve food, this is to avoid cross contamination. We should use different utensils, plates and chopping boards when preparing ready to eat foods and raw foods that require cooking such as meat. Remember to wash them thoroughly with warm soapy water between tasks to avoid the spread of harmful bacteria.

Cleaning products
We should always read the instructions carefully on any cleaning products to make sure they are suitable for food surfaces and that you are using them correctly.

Cooking
Cooking food at the right temperature and for the correct length of time will make sure that any harmful bacteria are killed. We should always check the advice on food packaging and follow the cooking instructions provided.

How time and temperature kill bacteria
During cooking, heat energy transfers into and breaks down proteins in the food – meat changes colour from pink to brown. Cooking also causes the proteins in bacteria to break up so they no longer function and the bacteria die. This is why cooking properly removes the risk from harmful bacteria, that are in some food.

Bacteria usually grow in the 'Danger Zone' between 8°c and 60°c. Below 8°c, growth is stopped or significantly slowed down. Above 60°c, the bacteria start to die. Time and temperature are both important because proteins need to be heated up for enough time for them to be broken down. Standard advice is to cook food until it has reached 70°c and stayed at that temperature for 2 minutes.

The other time and temperature combinations are:
- 60°c for 45 minutes
- 65°c for 10 minutes
- 70°c for 2 minutes
- 75°c for 30 seconds
- 80°c for 6 seconds

Chilling food

Some foods need to be kept in the fridge to slow down the growth of bacteria. To keep food safe:

- Follow the storage instructions on the packaging, including the best before and use by dates
- Keep chilled food out of the fridge for the shortest time possible during preparation
- Cool cooked food quickly at room temperature, then place in the fridge within 1 to 2 hours
- The fridge should be 5*c or below as some bacteria can grow at lower temperatures than 8°c
- Don't over fill the fridge, leaving space allows air to circulate and maintains the set temperature

Freezing food

A freezer acts as a pause button. Food in a freezer won't deteriorate and most bacteria cannot grow in it. The cold temperatures of a freezer (-18°c) delay chemical reactions within foods and put any bacteria that may be present on pause. The bacteria are still alive, but they stop growing or producing toxins.

The important thing to remember is that because bacteria haven't been killed, they may be revived as the food defrosts. Make sure when you are defrosting, that the food never enters the Danger Zone because the bacteria may grow and make anyone who eats it ill.
Once defrosted, food should be eaten within 24 hours, it should not be re-frozen.

Cross contamination

Cross contamination is what happens when bacteria or other microbes are transferred from one object or surface to another. The most common example is the transfer of bacteria between raw and cooked food.

This is thought to be the cause of most foodborne infections for example when you are preparing raw chicken, bacteria can spread to our chopping boards, knives and hands and could cause food poisoning.

Bacterial cross contamination is most likely to happen when raw food touches or drips onto ready to eat food, utensils or surfaces.

We can prevent it by:

- Preparing food hygienically
  - use different utensils, plates and chopping boards for raw and cooked meat
  - wash utensils, plates and chopping boards for raw and cooked food thoroughly between tasks
  - do not wash raw meat
  - wash our hands after touching raw foods and before you handle ready to eat food
- Storing food effectively
  - cover raw food, including meat and keep it separate from ready to eat foods
  - use a dish which has a lip to prevent spillages
  - store covered raw meat, poultry, fish and shellfish on the bottom shelf of the fridge

Some of the foods which are more likely to cause food poisoning than others are: raw milk, raw shellfish, soft cheeses, pate, foods containing raw egg and cooked sliced meat. The Food Standards Agency has a helpful leaflet called '**Foods that need extra care'.**

Graded assistance – this means changing the amount of support until the most appropriate level is reached and always starting with the least amount of support.

Too much support can lead to workers taking over. Too little support could lead to individuals failing completion of the task.

Importance of hydration:
Fluid is essential for health. Individuals who are not drinking enough fluids are at risk of repeated infections, confusion or falling over.

Dehydration is the loss of water from the body and this can seriously affect the body if fluids are not replaced. The body needs water so that it can go on working normally every day.

Signs of dehydration:
- thirst and/or dry lips and tongue
- sunken eyes and/or skin looks dry and may sag
- not passing much urine
- headaches, confusion, lack of concentration and/or mood swings.

Reasons individuals lose fluid:
- vomiting, diarrhoea, fever
- heat exhaustion
- medicines that remove water from the body
- medical problems; ill health
- drinking a lot of alcohol; it removes water from the body.

Reasons individuals don't drink enough fluid:
- loss of appetite
- lack of thirst
- forget to drink
- distracted by other things
- unable to access drinks
- drinks not available
- to manage or avoid the urge to go to the toilet.

How much fluid do we need?
In the UK it is recommended that an adult drinks 6-8 full glasses of fluid per day.

What counts as fluid intake?
Fluids include water and anything that contains water, such as tea, coffee and fruit drinks or juices. Soft drinks like coke and lemonade are fine in small amounts only, but remember they contain lots of sugar and could lead to tooth decay. Children should avoid tea and coffee.

Practical Hints; encourage individuals to:
- drink fluids often, before they get thirsty
- drink more fluids on hot and humid days
- try drinking small amounts of fluid more often throughout the day
- drink more fluid when they are more active or exercising
- drink more if they have fever, diarrhoea or vomiting.

The importance of hydration

Dehydration is common amongst older people and can lead to headaches, confusion, inability, falls, loss of appetite and constipation. Some of the evidence for the benefits of good hydration in older people is summarised below.

Pressure ulcers
Poorly hydrated individuals are twice as likely to develop pressure ulcers. This is because dehydration reduces the padding over bony points. Fluid intake to correct dehydration increases levels of tissue oxygen and helps ulcer healing.

Constipation
Poor fluid intake is one of biggest causes of chronic constipation. It is more frequent in older people living in care homes, affecting some 42% of patients admitted to geriatric wards. In individuals who are poorly hydrated, drinking more water can increase stool frequency. It can also help the beneficial effect of daily dietary fibre intake.

Urinary infections and continence
Water helps maintain a healthy urinary tract and kidneys. Being hydrated, rather than having a high fluid intake, is important in the prevention of urinary tract infection (UTI). Many older people don't like to drink in the evening to prevent them from needing the toilet in the night. However, it has been shown that restricting overall fluid intake does not reduce urinary incontinence.

Kidney stones and gallstones
Good hydration can reduce the risk of kidney stone formation by 39%. This is because dilute urine helps to prevent crystallisation of stone-forming salts. Drinking water at regular intervals can also help by diluting bile and stimulating gall-bladder emptying. This, in turn, helps to prevent gall stone formation.

Heart disease
Adequate hydration reduces the risk of heart disease by 46% in men and by 59% in women. It also helps prevent blood clots forming by decreasing the viscosity of the blood (how 'thick' the blood is).

Low blood pressure
Many older people have a drop in blood pressure when they stand. This sometimes causes them to pass out. Drinking a glass of water 5 minutes before standing helps stabilise blood pressure and prevents fainting.

Diabetes
Water is an essential part of the dietary management of diabetes. This is because dehydration can worsen diabetic control. In individuals with poorly controlled diabetes, high urine output can increase the risk of dehydration.

Cognitive impairment
Dehydration worsens mental performance. Symptoms of mild dehydration include light headedness, dizziness, headaches and tiredness. It reduces alertness and the ability to concentrate. Once you feel thirsty, mental function may be affected by up to 10%. Mental performance gets worse as the individual becomes more dehydrated. In older people this affects cognitive function, leading to increasing frailty, reduced ability to do things for themselves, and a reduction in quality of life.

Falls
The risk of falls increases with age. In older people, falls can result in injury and fractures. For example, a broken hip can lead to a reduced quality of life, over and above the trauma and hurt. Such individuals rarely get back to the same degree of independent living as they enjoyed before they fell.

Dehydration has been identified as one of the risk factors for falls in older people. This is because it can lead to a deterioration in mental state and increase the risk of dizziness and fainting. Maintaining adequate hydration in older people helps to prevent falls.

Skin
Being well hydrated is a good way to keep the skin healthy and young-looking. The skin acts like a water reservoir and helps regulate fluid for the whole body. Mild dehydration causes skin to appear flushed, dry and loose, with a loss of elasticity, which makes it look older than it is.

Importance of nutrition
There are concerns that the typical diets of individuals can contribute to health problems such as:
•   being overweight
•   eating too few fruits and vegetables and not enough fibre
•   high intakes of sugar and soft drinks that can cause damage to teeth and lead to unhealthy weight gain
•   not eating enough food such as fish, in particular oily fish
•   eating too much salty and processed food
•   anaemia due to too little iron and low intakes of other important nutrients
•   those on lower incomes may be more at risk of having a poorer quality diet and are more likely to be overweight or obese
•   older people, particularly those living in care settings, are at greater risk of being underweight and malnourished.

Childhood and adolescence are a time of rapid growth and development and a healthy diet is needed to support this. Poor nutrition can lead to faltering growth where children don't grow at the expected rate for their age. Poor growth in childhood can affect health in later life.

Legislation
The Food Safety Act (1990) provides a framework for the food hygiene and safety legislation in England, Wales and Scotland.

The Food Hygiene Regulations (Wales) 2006 make it an offence for food businesses to supply food which should not be eaten and could be harmful. These regulations would apply to any social care service which provides food to individuals. All workers involved in handling,

preparation or provision of food must have received appropriate training in how to do this safely.

The Food Standards Agency are an independent Government department who protect public health in relation to food, they have lots of helpful information on their website.

Levels of support
- Ask: a verbal prompt to let an individual know its time to do something
- Instruct: a number of verbal prompts breaking down the task into easy steps
- Prompt: a gesture or sign to tell the individual what to do or using signs to mimic the act. This can be used with 'instruct'
- Show: a demonstration of what needs to be done. This gives more information about the task and is visual. It can be used with 'instruct' and 'prompt'
- Guide: is providing physical help to do something, depending upon the needs of the individual. Hand on hand support is the most effective and can be used for all or part of the task.

All of the different levels could be required during one whole task and part of the initial assessment will include identifying, with the individual, the right support needed at each stage of the task.

Positive reinforcement – when positively reinforcing an individual's participation in the task, its important to give praise and let them know they have completed it correctly. Sometimes, positive reinforcement is the natural end product of the task – in this case, eating the meal which has been prepared.

Task analysis – breaking down a task into smaller, more manageable steps is sometimes called task analysis. Every step can be supported at the right level the individual needs, using ask, instruct, prompt, show or guide.

At first, the steps should be small and manageable to help the individual achieve success and maintain motivation.

Once the task is broken down into steps for the individual, the support can start from either the beginning or the end of the task. This is known as 'backward' or 'forward' chaining.

In 'backward chaining' the worker would complete most of the steps in the task, leaving the final step for the individual to carry out. Once the individual completes the step, positive reinforcement occurs. When the step has been mastered, the previous step in the task analysis can be included in the teaching plan.

'Forward chaining' follows the same principle, but starts with the first step of the task.

Related legislation and guidance

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

Unit 380　Supporting children and young people to reach their educational potential

Level:	3
GLH:	10
Credit:	5
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to support children and young people to reach their educational potential
	In the context of this unit, the term 'children' refers to children and young people

Learning outcome:

1. Understand the importance of education and how to support children and young people to reach their potential

Assessment criteria

You understand:

1.1 Legislative frameworks related to the education of children

1.2 How and where to access information and support to inform your practice when supporting children to achieve their educational potential

1.3 How prejudice, stereotypes, unconscious bias and discrimination can limit children's educational development

1.4 The educational provision for children in general and specifically the provision relating to the children you support

1.5 The local educational provision and options available within that provision to support children's educational needs

1.6 The importance of meeting educational needs for children and the connection between education and life chances

1.7 How the educational performance of children who are looked after and/or experiencing disadvantage compares with educational norms

1.8 How the life experiences of children may impact on their educational development

1.9 Aspects of personal, social, emotional, identity, cognitive and linguistic development that might impact on children's educational development and achievement

1.10 Environmental, physical, social, cultural and genetic factors that may enhance or impair children's educational development and achievement

1.11 How children learn and achieve through education and how this relates to other aspects of their development

1.12 The effects of stress and distress on children and how this may impact on their ability to learn

1.13 Methods of encouraging children's educational aspirations, talents and interests and positively supporting children's successes and achievements

1.14 Methods of working with, engaging and sustaining children's interest when supporting them to complete educational activities and programmes

1.15 Methods of motivating and encouraging children who are disengaged from educational activities

1.16 The importance of stable family, adult and peer relationships and the impact of disruption, including disruption of living arrangements on children's educational achievements

1.17 Resources, information and advice to support children's educational development and achievements

1.18 Roles and responsibilities of specialist agencies in identifying educational need, providing resources and/or advocating on behalf of the children

1.19 The type of opportunities that occur naturally that can be used to help children in their educational development and achievement

1.20 Educational difficulties which may be experienced by children who have been abused, neglected or are otherwise defined as "in need" and systems to address such difficulties

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Learning outcome:

2. Support children and young people to identify their educational aspirations

Assessment criteria

You are able to work in ways that:

2.1 Take account of children's level of development when supporting them to identify their educational aspirations

2.2 Explore with children their interests, talents, abilities and beliefs and how these can relate to their educational aspirations

2.3 Explore with children any fears and concerns they may have about their education, and approaches that may help

2.4 Encourage children to communicate the types of educational activities they are good at and what they would like to do in the future

2.5 Identify with children how they can build on their educational talents and interests

2.6 Support children to explore what they want to achieve in their life

2.7 Support children to consider how education and their interests, talents and abilities could help them achieve their personal outcomes and improve their life chances

2.8 Encourage children to identify aspirations for their educational prospects that are both realistic and motivating

2.9 Respond to changes in children's educational aspirations as they develop

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Learning outcome:

3. Support children and young people to access educational opportunities and activities

Assessment criteria

You are able to work in ways that:

3.1 Support children to communicate their aspirations, concerns and fears about their education

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3.2 Encourage children to identify any extra support they believe would help them to achieve their educational aspirations

3.3 Promote active participation to plan with children educational activities that will help to overcome any difficulties they are having

3.4 Negotiate and agree with children and others involved in their education how best to meet their short, medium and long term educational preferences and needs

3.5 Support children to select from the educational opportunities that are open to them in the short and medium term

3.6 Support children to plan for their longer-term educational needs

3.7 Contribute to identifying resources available and creative solutions to help meet children's educational needs

3.8 Identify how any concerns will be addressed when implementing planned educational activities

3.9 Works with **others** as needed to provide and maintain stability for children when accessing educational opportunities and activities

Range

Others – education professionals/colleagues, local authorities

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Learning outcome:

4. Support children and young people to participate in educational activities

Assessment criteria:

You are able to work in ways that:

4.1 Provide children with agreed support to build their confidence and help them achieve educationally

4.2 Give positive feedback to children about their educational achievements and successes

4.3 Encourage others to give positive feedback for achievements and successes

4.4 Support children to address aspects of their life that may undermine their educational efforts and achievements

4.5 Support children to overcome difficulties in any part of their education

4.6 Support children to participate in educational activities, offering help and advice where required

4.7 Use agreed strategies to encourage children who are disengaged in education to participate in educational activities

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Learning outcome:

5. Contribute to reviewing educational activities

Assessment criteria

You are able to work in ways that:

5.1 Monitor the implementation of planned educational activities

5.2 Support children to identify how what they have learned through educational activities will affect their personal outcomes and positively influence their life chances

5.3 Review with children and others the outcomes of planned educational activities

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5.4 Involve children in negotiating, agreeing and implementing changes that need to be made to their educational plans

Unit 380   Supporting children and young people to reach their educational potential

Supporting Information

Evidence requirements

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack.

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Life experiences – to include how a child has and continues to experience the world around them, for example those experiences that occur throughout their development, within the relationships they have experienced and through their education. This should also include consideration of the impact of Adverse Childhood Experiences (ACEs), as well as the potential impacts of trauma and abuse.

National Occupational Standards

SCDHSC0039 Support children and young people to achieve their educational potential

Related legislation and guidance

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

Unit 381   Providing care and support for children and young people who are at risk of entering the care system

Level:	3
GLH:	100
Credit:	18
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to provide care and support for children and / or young people who are at risk of entering the care system
	In the context of this unit, the term 'children' refers to children and / or young people.
	Barred combination with unit 367: Providing care and support for children and young people who are looked after

Learning outcome:

1. Understand the role of prevention and early intervention support and services for families / carers and children and young people who are at risk of entering the care system

Assessment criteria

You understand:

1.1 Circumstances and specific issues which may lead to children and their families / carers needing prevention and early intervention support and services

1.2 What is meant by the term 'childhood disadvantage' and the potential impact of this on children

1.3 The range of prevention and early intervention support and services available to children, their families and carers

1.4 The role of advocacy for children who are at risk of entering the care system

Learning outcome:

2. Understand neurological and brain development

Assessment criteria

You understand:

2.1   The critical stages in neurological and brain development
2.2   The different parts and structures of the nervous system
2.3   The term 'windows of opportunity' and their relevance
2.4   The terms 'experience expectant' and 'experience dependent'
2.5   The term 'serve and return' and how this supports neurological and brain development
2.6   The possible **factors** and Adverse Childhood Experiences which could affect neurological and brain development in relation to **physical, emotional and cognitive growth,** during:
- the ante-natal period
- early childhood
- adolescence

2.7 The potential of toxic stress and trauma to cause harm to overall development and well-being of children throughout their life span

Learning outcome:

3.   Understand bonding and attachment and the impact on children and young people who are at risk of entering the care system

Assessment criteria:

You understand:

3.1   **Attachment theories** and their importance for supporting children's resilience, well-being and holistic development

3.2   The terms 'bonding', 'attachment, separation and loss', and their importance for children's holistic growth and development and well-being

3.3   The range of different **attachment classifications** and how these are connected to children's **life experiences**

3.4   Attachment difficulties that may be experienced by children who are at risk of entering the care system

3.5   Why children who are at risk of entering the care system may have difficulty with regulating their emotions

3.6   Links between the way children behave and types of attachment

3.7   Why children may behave in ways which could deliberately cause disruption of their services

3.8   The range of coping strategies children may use and how these can be influenced by:
- life journeys
- types of attachment
- the immediate environment

Range

Attachment theories – theorists – John Bowlby, Mary Ainsworth, Mary Main, Dollard and Miller

Attachment classifications – secure, ambivalent, avoidant, disorganised

Life experiences – neglect and abuse, trauma, Adverse Childhood Experiences

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4. Support the process of assessment, planning, implementation and review of children's care and support

Assessment criteria

You understand:

4.1 The **assessment and planning process**

4.2 The importance of families / carers supporting the assessment and planning process

4.3 Why families / carers may be reluctant to agree to support the assessment and planning process and the implementation of care and support plans

4.4 The implications of any reluctance of families / carers to support the care and support plan

4.5 How to engage families / carers in the assessment and planning process and the implementation of care and support plans

You are able to work in ways that:

4.6 Contribute to the assessment and planning process for children

4.7 Support children to contribute to and be actively involved in, the development of their care and support plan and the relevant review processes taking account of their age, ability and stage of development

4.8 Engage families / carers in the assessment and planning process

4.9 Support children and their families / carers to understand the different roles and responsibilities of those involved in their care and support

4.10 Actively contribute to ongoing assessment and planning in relation to the holistic learning, growth and development of the children you support

Assessment and planning process – would include identifying goals or outcomes and enabling participation in activities, monitoring, reviewing and evaluating plans

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Learning outcome:

5. Promote support for children and young people to achieve positive outcomes

Assessment criteria

You understand:

5.1 How to build trust with children and their families / carers

5.2 How effective support can make a difference to children, including establishing and maintaining positive relationships

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5.3 How the judgement, stereotypical assumptions and expectations of others can be unduly influenced because of the life journey and circumstances of the child or young person and / or their families / carers

5.4 How life journey work can help children develop a positive '**sense of self**'

5.5 How to work with families / carers to support children develop resilience, emotional intelligence and self-belief

5.6 Links between being a child or young person who is at risk of entering the care system and the achievement of **positive outcomes**

5.7 How to work with families / carers to support children to have high expectations and help them to set realistic goals towards achieving these

You are able to work in ways that:

5.8 Develop a positive environment to support the health, well-being and development of children

5.9 Promote support for children to explore their own social and emotional needs according to age, ability and stage of development

5.10 Promote support for children to develop a positive sense of self

5.11 Promote support for children to participate in and make a positive contribution to their communities and networks

5.12 Promote support for children to safely develop independence and life skills to build resilience

5.13 Support the development of a culture of non-restrictive and non-judgmental practice that achieves a good balance between risk and challenge

5.14 Promote support for children to access and engage in play, learning and development according to age and stage of development

Range

Sense of self – self-worth, self-confidence, sense of identity and belonging, emotional intelligence, feelings and resilience, sense of control, relationships (wider family members and informal networks), concepts of parental responsibility and accountability

Positive outcomes – educational attainment, employment or training, independence, stable and safe family and peer relationships, good physical and mental health, life choices, high aspirations, hope, recognising talents and abilities

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Learning outcome:

6. Promote and support holistic learning, growth and development

Assessment criteria

You understand:

6.1 Different methods of observation and assessment to monitor and identify stages of holistic learning, growth and development

6.2 The importance of speech, language and communication for holistic learning, growth and development

6.3 The role of play in children's holistic learning, growth and development

6.4 How to develop quality and rich play environments and/or experiences to **maximise potential** for holistic learning, growth and development

6.5 How experiential learning contributes to holistic learning, growth and development

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6.6 The role of positive reinforcement in supporting the holistic learning, growth and development of children

You are able to work in ways that:

6.7 Use observations and assessment to identify the child or young person's stage of development

6.8 Work with families/carers to provide opportunities for meaningful and enjoyable activities, experiences and everyday routines which:
- Respond to a range of needs
- Balance risk and challenge to promote holistic learning, growth and development
- Develop positive relationships
- Promote and develop independence skills
- Consolidate skills gained and support progression

6.9 Support families/carers to plan and promote the use of different types of play, applying the principles of a quality and rich play environment

6.10 Promote the creation of a child-led play space that facilitates:
- Freely chosen play
- Expression of feelings
- Experimentation and risk taking
- Creativity

6.11 Role model the use of positive reinforcement and labelled praise which supports children's holistic learning, growth and development

6.12 Take action if a child or young person is not developing in line with their expected stage of development

Range

Maximise potential – for socialisation, problem solving, creativity, resourcefulness, challenge and choice

Learning outcome:

7. Apply therapeutic approaches to caring

Assessment criteria

You are able to work in ways that:

7.1 Role model the use of **methods** to maintain and promote bonding and encourage secure attachments for children

7.2 Use and promote strategies to respond positively to different types of attachment behaviour

7.3 Use reflection and feedback to evaluate how own practice and personal attachment style impacts on your work with children

7.4 Use self-care strategies to maintain your own resilience

Range

Methods – stable base, calm, nurturing environment, attunement, proximity, predictability, consistency, PACE (playfulness, acceptance, curiosity, empathy), play as a therapeutic tool, safe touch, routines, realistic and consistent goals and boundaries, supporting smooth transitions (relevant to age and stage of development), co-production, partnership working, sharing of information, worker self-care.

Learning outcome:

8. Support children and young people during change and transition

Assessment criteria

You understand:

8.1   How a 'safe base' supports children to manage or adapt to change and transition
8.2   Why children who are at risk of entering the care system may need additional and focused support before, during and after change and transition
8.3   Interventions to **support** children through change and transition
8.4   Why it is important to involve families/carers and children as they prepare for change and transition

You are able to work in ways that:
8.5   Support children and their families/carers as they prepare for change and transition
8.6   Use interventions to support children through change and transitions
8.7   Contribute to the evaluation of interventions which support children through change and transition

Range
Support – practical and emotional

Learning outcome:
9. Promote and support safeguarding and safer care

Assessment criteria

You understand:
9.1 Why children who are at risk of entering the care system are more:
   * at risk from abuse and exploitation
   * likely to be targeted by perpetrators of abuse
   * vulnerable to exposure to physical and emotional health-harming behaviours
9.2 How to support children to understand why and how some relationships are beneficial and others may be detrimental to their health and well-being
9.3 Actions to take where you consider children's contacts or relationships
   * to be harmful and abusive for them
   * may lead to offending behaviour
   * may lead to the harm and abuse of others

You are able to work in ways that:

9.4 Promote an individualised approach to safeguarding, taking account of the particular vulnerabilities and experiences of children

9.5 Agree clear expectations and boundaries with children and their families/carers which help keep them safe in line with their age, ability and stage of development

9.6 Support children and their families/carers to establish, maintain and, where appropriate, separate from relationships, recognising the impact of loss and change

10. Promote and support nutrition and hydration of children and young people

You understand:

10.1 Current national guidance for a balanced diet for children

10.2 The role of essential nutrients for maintaining a balanced diet and supporting holistic growth and development, and well-being

10.3 The nutrition and hydration requirements at **defined stages of development**

10.4 How to support families to plan menus that respond to children's individual needs

10.5 The **potential challenges** that may arise and strategies to manage these

10.6 The reasons why food should not be used as a reward

10.7 The **potential impact** of poor nutrition and hydration

10.8 The importance of hydration for children

You are able to work in ways that:

10.9 Use strategies to ensure:

• safe eating and drinking routines that encourage social interaction according to age, abilities and stage of development

• opportunities for the development of independent skills according to age, abilities and stage of development

10.10 Take account of factors that influence intake of food and drink

10.11 Work with families/carers, children and young people to encourage children to experiment with new foods

10.12 Support families/carers to respond positively to children's objections to food and drink, making adaptations as necessary

10.13 Work with families/carers, children and young people to ensure that children are encouraged to drink a sufficient volume of fluid

10.14 Promote the benefits of a balanced diet for children

Range

Defined stages of development - 0 – 6 months, 6 months – 1 year, 1 – 5 years, 5 – 10 years, adolescence

Potential challenges - behavioural, environmental, physical

Potential impact - failure to thrive, malnutrition, dehydration, obesity, constipation

11. Support health promotion and health care

Assessment criteria

You understand:

11.1 Approaches that can be used to support children and their families/carers to access a range of healthcare checks and support

11.2 Incubation periods of illnesses, infections/ infestations and notifiable diseases

11.3 Physical and behavioural signs and symptoms of potential ill health, infections/ infestations and notifiable diseases in children

11.4 Actions to take where there are concerns about potential illnesses, infections/ infestations and notifiable diseases

11.5 Symptoms that require urgent action

You are able to work in ways that:

11.6 Support children and their families/carers to understand the concept of healthy living

11.7 Support children and their families/carers to access healthcare and support services

11.8 Respond to signs of ill health, according to workplace policies and procedures

Unit 381   Providing care and support for children and young people who are at risk of entering the care system

Supporting Information

Evidence requirements

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack.

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

The following guidance document has been developed by Social Care Wales as a supportive resource to improve the knowledge of residential child care workers, and provides useful content that will support the delivery of the content of this unit:
socialcare.wales/residentialchild-care-worker-resource

Attachment: Refers to a child's emotional connection with his/her primary caregiver that begins at birth, develops quickly between 0-2 years of age and continues developing throughout life.

-    Secure attachment: People with secure attachment are comfortable with others, able to depend on them and value (and are comfortable with) intimacy

-    Avoidant attachment: People with avoidant attachment have doubts about other people, find it harder to make relationships, shy away from intimacy and have trust issues

-    Anxious attachment: People with anxious attachment would like to develop close relationships with others but struggle with this because they fear rejection

-    Insecure attachment: Children with insecure attachment will avoid or ignore the caregiver showing little emotion when the caregiver departs or returns. This may be due to inconsistent care received from the caregiver themselves.

-    Ambivalent attachment: whilst the child can become very distressed when a parent or care give leaves, when reunited the child does not display behaviour that suggests a strong attachment to the parent or care giver. The child may or may not acknowledge or respond to the return of the parent or carer and can often seem to 'watch from afar'. Research suggests that, whilst relatively uncommon, ambivalent attachment is a result of poor and/or inconsistent 'maternal' or carer availability; the child having learnt that s/he cannot depend on the mother or care giver when the child is in need

-    Disorganised attachment: As the label suggests the child's attachment behaviour is unpredictable and can be inconsistent. The child may ignore or avoid the carer, or resist their attempts to engage or offer comfort. It has been suggested by some researchers that the lack of a clear attachment pattern is likely linked to inconsistent behaviour from caregivers – the child is unsure how the care giver will respond and

so is confused as to how to behave. The child may have experienced different behaviours from the carer in the past e.g. sometimes caring but on other occasions displays dismissive, aggressive or abusive behaviour.

Childhood disadvantage: children who are underprivileged and deprived of a decent standard of living and appropriate stimulation and environment, lacking access to education and services including healthcare, by poverty and a lack of opportunity

Critical stages: induction of the neural tube, development, structure and purpose of the neurons, (proliferation, migration, differentiation, and pruning), formation and purpose of synapses (exuberance and pruning), plasticity, myelination, evolving structures of the brain, their function and how they interact, formation and purpose of white and grey matter.

Factors: exposure to substance misuse (smoking, including passive smoking, alcohol, prescribed medication, illegal drugs, misuse of vitamins), insufficient dietary folic acid, ability of mother/ parent to address their own health needs, maternal diet, stress during pregnancy, birth trauma, premature birth, genetic factors, sexually transmitted infections, poor nutrition and hydration, non-responsive stressful and abusive environments, domestic abuse, poor physical activity, exposure to common childhood illnesses, pollution, over-exposure to the sun, over and under stimulation, toxic stress (including role and impact of cortisol and adrenaline), inadequate housing, poverty, lack of access to services.

Factors that influence the intake of food and drink:
• Special dietary requirements for medical reasons can include texture modification to make food easier to eat for example pureed or mashed; gluten free for children/ young people with Coeliac disease, modified diet for diabetes, food allergy and intolerances.
• Provision for cultural, religious reasons, vegetarian or vegan
• Shape, colour, texture, smell and presentation and choice of food, food avoidance, eating with peers, a consistent approach and positive role modelling, encouragement to experiment, fun food activities and initiatives including involving children in food preparation and serving.
• Low income and food poverty.

Healthcare checks and support: age relevant immunisation and boosters, registration with GP, dentist and optician or other health professionals according to need such as community and mental health service. Parental consent is needed for medical treatment.

Ill health, infestations and notifiable diseases:
• Common childhood illnesses: (mumps, rubella, polio, chicken pox, measles, meningitis, whooping cough)

• Allergies/ conditions: (eczema, asthma, hay-fever or food allergies)

• Minor illnesses: (cough, cold, earache, sore throat, croup, fever and high temperature, diarrhoea and vomiting, sunburn and heat stroke)

• Infections/ infestations: (ringworm, tapeworm, head lice, herpes simplex, impetigo, conjunctivitis, scabies).

Others: could include – wider family members, workers.

Play, learning and development - education, training, volunteering, work experience, leisure pursuits, social opportunities, play opportunities.

Prevention and early intervention support and services:
- Health visitors
- Speech and language therapist
- Dieticians
- Psychology
- Client and adolescent mental health
- Flying start
- Family conferencing
- Family support
- Parenting support
- Parent peer advocates
- Parenting programmes
- Teams around the family
- Short breaks services for disabled children
- Youth justice

Types of advocacy:
Advocacy underpins all the principles of the Social Services and Well-Being (Wales) Act and is an important tool to support the voice and control, and well-being of Children and young people. Advocacy can help children and young people access information about services, be involved in decisions about their lives, explore choices and options, and make their needs, views and wishes known. Advocacy upholds rights and challenges discrimination.

Advocacy is about: speaking up for children and young people, empowering children and young people to make sure their rights are respected and their views, wishes and feelings are heard at all times, representing the views, wishes and feelings of children and young people to decision-makers, and helping them to navigate the system.

There are lots of different types of advocacy:

Self-advocacy - when children and young people represent and speak up for themselves.

Informal advocacy - when family, friends or neighbours support a child or young person to have their views wishes and feelings heard.

Collective advocacy - involves groups of children and young people with common experiences, being empowered to have a voice, influence change and promote social justice.

Peer advocacy - one child or young person acting as an advocate for another who shares a common experience or background.

Formal advocacy - may refer to the advocacy role of workers in health, social care and other settings where they are required, as part of their role, to consider the wishes and feelings of the child or young person and to help ensure that they are addressed properly.

Citizen advocacy - involves a one-to-one long-term partnership between a trained or supported volunteer citizen advocate and a child or young person.

Independent volunteer advocacy - involves an independent and unpaid advocate who works on a short term, or issue led basis, with one or more children and young people.

Independent professional advocacy – involves a professional, trained advocate working in a one-to-one partnership with a child or young person to ensure that their views are accurately communicated and their rights upheld. This might be for a single issue or multiple issues.

The law states that children and young people have the right to say what they think should happen when adults are making decisions that affect them.

In practice, this is not always as easy as it sounds. Many children and young people need support to speak out or, sometimes, even someone to speak up on their behalf. Some children and young people will turn to their parents, friends or other family members for this support, but for others this is not possible and they will need professional support.

An independent professional advocate will support a young person and make sure their voice is heard when decisions affecting them are being made. The support to the child or young person will include:
- listening to them
- helping them look at their options
- supporting them to make a decision
- making sure they know their rights
- helping them to have their say.

An advocate will not:
- judge the young person
- tell the young person what to do
- talk to anyone else without their permission.

Independent advocates can help young people to get their voice heard:
- in school
- at home
- in care
- in hospital
- in housing
- in Court.

Local authorities have a legal obligation under the Social Services and Well-being (Wales) Act 2014 to provide an independent professional 'voice' or advocate for every looked after child and young person, care leaver and child in need of care and support, who wants to take part or comment on decisions about their lives. An independent professional advocate should also be provided if a child or young person wants to make a complaint.

The Active Offer of Advocacy is one element of the new statutory advocacy provision which involves a meeting between a child or young person and an advocate when the child comes into care or when the child or young person is the subject of child protection procedures.

At this meeting the child or young person is told of their rights under the UNCRC, about different types of advocacy and information about the local Independent Professional

Advocacy Service, the Children's Commissioner, the Meic Helpline (the helpline service for children and young people up to the age of 25 in Wales) and the right to complain.

The Welsh Government has published a National Standards and Outcomes Framework for independent professional advocacy for children and young people in Wales . This identifies the outcomes children and young people can expect in relation to children and young people's advocacy.

It sets out a framework against which advocacy service providers and those commissioning them can be sure those standards are being achieved, enabling them to evidence they are making a positive difference to children and young people's lives

Related NOS

- SCDHSC0038 Support children and young people to manage aspects of their lives
- SCDHSC0318 Provide a home for children and young people

Unit 382 Trauma informed practice with children and young people

Level:	3
GLH:	30
Credit:	5
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to provide positive support to children and young people who have experienced trauma.
	Where the term 'trauma' is used in the unit, this relates to 'trauma', 'complex trauma' and 'developmental trauma'
	The term 'children' relates to children and young people
	Barred combination with unit 372: Impact of abuse and trauma on the development of babies and young children

Learning outcome:

1. Understand the impact of trauma on child development

Assessment criteria

You understand:

1.1 What is meant by the terms; 'trauma', 'complex trauma' and 'developmental trauma'

1.2 The effect of trauma on:
- self-regulation
- emotional development
- social relationships
- sense of self
- language and communication
- learning and skills development

1.3 The neuroscience of trauma:
- early developmental experiences
- how the brain responds to danger
- hyperarousal and dissociation
- traumatic triggers

1.4 Why children who have experienced trauma may struggle with transitions

1.5 The potential for change in the presentation of children who have experienced trauma

1.6 The potential impact of trauma on mental health

Learning outcome:

2. Understand developmental trauma

You understand:

2.1 How **impacts of developmental trauma** relate to **the order in which the neurological system and brain develop**

2.2 Why some children may be more at risk of developmental trauma

2.3 Signs of the impacts of developmental trauma and dissociation

Range

Impacts of developmental trauma – Sensory development, dissociation, attachment development, emotional regulation, behavioural regulation, cognition, self-concept and identity development

The order in which the brain develops – initial development of the nervous system, and subsequent development of brain development following 3 stages: 1. The brainstem (sensory input and survival), 2. The mid brain (attachment and emotional development), 3. The cortical brain (thinking, learning, language and inhibiting)

Learning outcome:

3. Use interventions to help repair trauma

Assessment criteria

You understand:

3.1   What is meant by a '**safe base**' and why this is important for children who have experienced trauma

3.2   The range of responses which may be used by children who have experienced trauma to try to keep themselves safe

3.3   How **the neurosequential model** can be used to calm or alert the brainstem

3.4 The range of interventions which can be used to help repair the impacts of developmental trauma

3.5 The range of **brainstem calming activities** which can be used with children

3.6   The importance of observing behaviours and responding in ways which can help repair the impacts of trauma

3.7   Why it is important for workers to understand their own attachment style and strategies when responding to children and young people who have experienced trauma

3.8   The importance of being able to reflect on how your life experiences and attachment strategies impact on your relationship with the children you support

3.9   How to model **behaviours** which help repair developmental trauma

You are able to work in ways that:

3.10 Consistently provide a safe base for children

3.11 Form positive, safe, caring/nurturing relationships with children

3.12 Use a range of interventions and activities to help repair the impacts of developmental trauma

3.13 Monitor, review and evaluate interventions and activities used

3.14 Role model behaviours which help repair developmental trauma

3.15 Support children through failure and to make safe mistakes

3.16 Praise and celebrate successes

3.17 Reflect on and recognise own attachment style and strategies and how these impact on your responses to children

Range

Safe base – physical safety, emotional safety, social safety, cultural safety

The neurosequential model – relational (offered by safe adult), relevant (developmentally matched to child rather than actual age), repetitive (patterned), rhythmic (resonant with neural patterns), rewarding (pleasurable), respectful (of child or young person and their families/carers)

Brainstem calming activities – drumming, dancing, trampolining, swinging, walking, running, tapping, breathing rhythmically, singing, rapping

Behaviours – problem solving, communicate, show different emotions, cope when things go wrong, repair relationships

Unit 382   Trauma informed practice with children and young people

Supporting Information

Evidence requirements

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack.

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Complex trauma occurs when terrifying experiences, caused by someone who should be a figure of trust, are the norm in children's lives (D'Andrea et al, 2012). Children adapt to this hostile environment and their baseline reactivity changes. Children can become over-sensitised to threat and may respond negatively to neutral and even positive cues.

Developmental trauma occurs when children experience severe neglect in their earliest years. Neglect occurs when physical, emotional or cognitive experiences required for normal development are either inadequate or absent. The impact is severe whether neglect is deliberate or the consequence of problems caregivers face in managing their own and their children's lives. The terror and helplessness experienced by neglected infants have led many theorists to describe early neglect as 'developmental trauma' (D'Andrea et al, 2012).

Dissociation – a separation or disconnect between thoughts, feelings and behaviours and a separation between the mind and body. It is the mind's way of putting unbearable experiences and memories into different compartments. It occurs when the 3 areas of the brain disconnect from each other which results in the primitive brain shifting down as a way of protecting oneself from harm

Hyperarousal – excessive arousal : an abnormal state of increased responsiveness to stimuli that is marked by various physiological and psychological symptoms (such as increased levels of alertness and anxiety and elevated heart rate and respiration)

Note, the relationship between hyperarousal and disassociation and how the gap between the two widens with age and experience. For example, when babies cry they are demonstrating a state of hyperarousal; if the baby cries and is left for too long, they may start to dissociate.

Life experiences – for example, any personal experiences of trauma and own development of resilience (e.g. own experience of being parented, personal experience of trauma, attachment).

Trauma results from events outside normal human experience which overwhelm usual coping mechanisms. It is associated with terror and helplessness and often involves a feeling that the individual or someone important to them is at serious risk. All children have different genetic heritages and a unique set of life experiences which result in varying responses to adversity.

Trauma results from the way children experience adverse events not the events themselves. Some children suffer multiple adverse events without being traumatised, whereas others are overwhelmed by apparently less serious experiences. Some recover spontaneously from trauma but others suffer serious long-term effects that interfere with daily life.

Related legislation and guidance

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

National Occupational Standards

SCDHSC0038 Support children and young people to manage aspects of their lives

SCDHSC0312 Support children and young people to develop a positive identity and emotional well-being

SCDHSC0313 Work with children and young people to promote their own physical and mental health

Unit 383   Using communication methods to motivate individuals to achieve their personal outcomes

Level:	3
GLH:	20
Credit:	5
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to use communication methods to motivate individuals to achieve their personal outcomes
	In the context of this unit, the term 'individuals' refers to adults and / or children and young people accessing care and support services

Learning outcome:

1. Understand models of change

Assessment criteria

You understand:

1.1 A **range of models and frameworks** to support change

1.2 The transformational change process and what is meant by the term 'Decisional Balance'

1.3 How models of change can be used to support individuals to achieve their personal outcomes and 'what matters' to them

1.4 The **stages of change**

1.5 The characteristics of each of the stages of change

1.6 How to establish which stage an individual is at on their journey of change

1.7 Links between models of change and:
- person / child centred approaches
- strengths based approaches
- rights based approaches
- outcomes focused practice

Range:

Range of models and frameworks – Kubler Ross, Motivational Interviewing, Solution Focused Brief Therapy, counselling, Appreciative Inquiry, coaching

Stages of change –Pre-contemplation, contemplation, preparation, action, maintenance, relapse (Prochaska and Di Clemente Transtheoretical model of change)

2.   Use communication methods which support models of change and the achievement of personal outcomes

Assessment criteria

You understand:
2.1 What is meant by the term 'collaborative communication'
2.2 **Core communication skills** to support collaborative communication
2.3 The importance of using language which the individual can understand throughout all communication
2.4 The different levels of listening and the impact of these on individuals
2.5 Strategies which can be used to start conversations about change
2.6 The importance of trying to gain insight and understand the views, wishes and feelings of individuals from their perspective
2.7 How the views, wishes and feelings of individuals may change over time and the importance of being able to refocus on new personal outcomes
2.8 The importance of individuals hearing their own voice reflected back in conversations
2.9 How core communication skills can be used to evoke change in everyday conversations with individuals
2.10 The importance of developing trusting relationships with individuals

You are able to work in ways that:
2.11 Use a range of communication skills which motivate individuals to make changes and achieve their personal outcomes
2.12 Support individuals in the change process at their own pace
2.13 Support individuals to reflect on the change process and outcomes achieved
2.14 Celebrate successes and support individuals to learn from failures or when things go wrong

Range
Core communication skills – OARS: ask **O**pen ended questions, **A**ffirm – notice and reflect strengths and challenges, listen **R**eflectively, **S**ummarise

Learning outcome:

3.   Use reflective practice to support own communication skills

Assessment criteria

You understand:
3.1   How own personal experiences, values and attitudes may influence communication with individuals
3.2   How unconscious bias may influence own behaviour
3.3   How to access support to reflect on own practice

You are able to work in ways that:
3.4   Access support to reflect on communication skills and how these are used to motivate individuals through the change process

Unit 383 Using communication methods to motivate individuals to achieve their personal outcomes

Supporting Information

Strategies which can be used to evoke change conversations

- Ask Evocative Questions: Ask open questions
- Explore Decisional Balance: Ask first for the good things about status quo, then ask for the not-so-good things.
- Ask for Elaboration: When a change talk theme emerges, ask for more details. In what ways? Tell me more…? What does that look like?
- Ask for Examples: When a change talk theme emerges, ask for specific examples. When was the last time that happened? Give me an example. What else?
- Look Back: Ask about a time before the current concern emerged. How were things better, different?
- Look Forward: Ask what may happen if things continue as they are (status quo). Try the miracle question: If you were 100% successful in making the changes you want, what would be different? How would you like your life to be five years from now?
- Query Extremes: What are the worst things that might happen if you don't make this change? What are the best things that might happen if you do make this change?
- Use Change Rulers: Ask, "On a scale from zero to ten, how important is it to you to [target change] - where zero is not at all important, and ten is extremely important? Follow up: And why are you at ___and not _____ [lower number than they stated]? What might happen that could move you from ___ to [higher number]? Instead of "how important" (need), you could also ask how much you want (desire), or how confident you are that you could (ability), or how committed are you to (commitment).
- Explore Goals and Values: Ask what the person's guiding values are. What do they want in life? Using a values card sort can be helpful here. If there is a "problem" behaviour, ask how that behaviour fits in with the person's goals or values. Does it help realise a goal or value, interfere with it, or is it irrelevant?
  Come Alongside: Explicitly side with the negative (status quo) side of ambivalence. Perhaps _____is so important to you that you won't give it up, no matter what the cost.

<u>References</u>

Motivational Interviewing - Resources for Trainers (From the Motivational Interviewing Network of Trainers, Updated: September, 2014, page 128)

William R Miller and Stephen Rollnick – Motivational interviewing: Helping people change (3rd edition) (2013 – Guildford press)

Unconscious bias – examples include, halos and horns effect, contrast bias, confirmation bias, affinity bias, gender bias, race bias

Evidence requirements

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack.

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Related legislation and guidance

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

Unit 334   Supporting individuals with the use of electronic assistive technology

Level:	3
GLH:	20
Credit:	4
Unit Summary:	The aim of this unit is to provide learners with the knowledge, understanding, skills and confidence, to provide support to individuals with the use of electronic assistive technology.
	In the context of this unit, the term 'individual' refers to adults, children and young people.

1. Confidence in the use of electronic assistive technology

You understand:

1.1   How technology is part of everyday life and can **transform the lives** of individuals and families/carers

1.2   The potential for electronic assistive technology to be adapted and designed to meet specific needs

1.3   Strengths and weaknesses of a range of electronic assistive technologies

1.4   How to promote the benefits of electronic assistive technology

1.5   The importance of working with other professionals who have a particular role or expertise in electronic assistive technology

1.6   Own role for supporting the use of electronic assistive technology and how and when to seek additional support

1.7   Actions to take in the event of a failure/breakdown of electronic assistive technology

1.8   How to make appropriate referrals for support with electronic assistive technology

1.9   How to support the **safe use** of electronic assistive technology

You are able to work in ways that:

1.10 Use a co-productive approach to support individuals and families/carers to make informed choices about the use of electronic assistive technology

1.11 Support partnership approach with others who have a particular role or expertise in electronic assistive technology to support individuals, families/carers to achieve positive outcomes

1.12 Support individuals and families/carers to safely use electronic assistive technology

Range

Transform the lives - supports participation in a valued range of meaningful activities, supporting independence, learning and development, well-being, quality of life and access to services and information

Safe use - following instructions and guidance for installation, use, maintenance and disposal in line with own role and responsibilities, awareness of hazards associated with electrically powered devices, individual risk assessments, security measures when using internet and social media

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Learning outcome:

2. Rights, values and electronic assistive technology

Assessment criteria

You understand:

2.1 Potential positive and negative impacts of the use of electronic assistive technology on the rights, health and well-being of individuals and families/carers

2.2 How electronic assistive technology can support positive risk taking

2.3 How to ensure that electronic assistive technology promotes and safeguards health and well-being, dignity, autonomy, privacy and confidentiality

2.4 The importance of obtaining **consent** for the use of electronic assistive technology

You are able to work in ways that:

2.5 Support individuals and families/carers to understand implications for their health and well-being, dignity, autonomy, privacy and confidentiality in relation to electronic assistive technology

2.6 Maximise the benefits, take account of, and seek to minimise potential negative impacts of the use of electronic assistive technology

2.7 Use agreed processes for consent for the use of electronic assistive technology in accordance with own role and responsibilities

Range

Consent - informed consent from the individual/child and their parents/carers on the use of electronic assistive technology and the manner in which information is gathered, stored and used or agreed processes are followed where an individual is not able to provide informed consent

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Learning outcome:

3. Support assessment for and review of electronic assistive technology

Assessment criteria

You understand:

3.1 Processes for the outcome focused assessment for and review of the use of electronic assistive technology, including self-assessment

3.2 Own and **others'** role in the assessment for and review of the use of electronic assistive technology

3.3 How the use of electronic assistive technology fits within an overall plan of support for individuals

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3.4   How the use of electronic assistive technology can provide solutions that help individuals achieve positive outcomes

You are able to work in ways that:

3.5   Use a co-productive approach to support the assessment for and review of the use of electronic assistive technology

3.6   Support the design and implementation of a plan for the use of electronic assistive technology

3.7   Apply the principles and values of health and social care when supporting the assessment, planning and review of the use of electronic assistive technology

Range

Others: others who have a particular role or expertise in electronic assistive technology, social workers, health professionals, the individual, families/carers.

Learning outcome:

4.   Remote or virtual monitoring and response systems

Assessment criteria

You understand:

4.1   The role and purpose of services that use monitoring and response systems

4.2   How services that use monitoring and response systems work in collaboration with other services

Unit 334   Supporting individuals with the use of electronic assistive technology

Supporting Information

Evidence requirements

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Electronic assistive technology: In this unit, the term electronic assistive technology is used to cover everyday devices for example: mobile phones, smart living controls, smart phones, smart TVs, games consoles, computers and devices designed to support specific health and social care needs for example: personal and activity alarms, electronic reminders and prompts, talking clocks, communication aids, smoke alarms, telecare alarms, fall detectors, GPS devices, health monitoring, seizure monitoring

Valued range of meaningful activities: refers to the balance of activities that contribute to a good quality of life for individuals, incorporating vocational, domestic, personal, leisure, educational and social activities.

Related NOS

- SFHCHS239 Enable individuals to use assistive devices and assistive technology
- SFHCHS140 Select assistive devices or assistive technology to meet an individual's needs

Related legislation and guidance

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

Unit 336 Supporting individuals who misuse substances

Level:	3
GLH:	40
Credit:	7
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to support individuals who misuse substances.
	In the context of this unit, the term 'individual' refers to adults or young people who use/misuse substances.

Learning outcome:

1. Substance use and misuse

Assessment criteria

You understand:

1.1 Key legislation, national policy, guidance and standards that underpin the provision of substance misuse services

1.2 The types of substances individuals may use
- their appearance
- their effects
- associates risks
- routes of administration
- legal status

1.3 Clinical classifications of substances

1.4 Different **categories of substance use**

1.5 The meaning of the term 'substance misuse'

You are able to work in ways that:

1.6 Take account of specific legislation, national policy, guidance and standards for substance misuse services

Range

Categories of substance use - experimental, recreational, dependent/ problematic

Learning outcome:

2. Supply and exchange injecting equipment

You understand:

2.1   Different **types of injections and appropriate injecting techniques**

2.2   Potential injecting injuries

2.3   **Blood borne viruses** and potential transmission routes

2.4   How to deal with discarded needles and spillages

2.5   When it is appropriate to signpost to additional support

You are able to work in ways that:

2.6   Follow organisational procedures for the supply and exchange of injecting equipment in line with your role and responsibility

Range

Types of injections and appropriate injecting technique - for the drug used, intravenous, intramuscular, subcutaneously, appropriate equipment needed, the correct technique

Blood borne viruses - hepatitis B, hepatitis C, HIV

Learning outcome:

3.   Interventions for supporting individuals experiencing substance misuse to achieve positive outcomes

Assessment criteria

You understand:

3.1   Own role in the **planning process** with individuals

3.2   The difference in outcomes that may occur between focusing on an individual's strengths and aspirations rather than their needs only

3.3   The range of interventions that can be used with individuals

3.4   How to work with individuals to select the most appropriate intervention in line with identified outcomes

3.5   Protocols for gaining and confirming consent from individuals when sharing information with:
   * other services and professionals
   * families/carers

3.6   How to deal with conflicts between the views and choices of individuals and families/carers

You are able to work in ways that:

3.7   Embed a co-productive approach with individuals in the planning process

3.8   Support individuals to use agreed interventions and follow plans

3.9   Work with the individual to identify additional resources and support that may be used to assist them to achieve positive outcomes

3.10 Refer individuals to other services where additional support is needed

Range

Planning process - identifying goals or outcomes and enabling participation in activities; treatment, monitoring, reviewing and evaluating plans

4. Perceptions and perspectives of individuals who misuse substances

Assessment criteria

You understand:

4.1 Stigma associated with substance misuse
4.2 **Potential impacts** of societal attitudes and values on individuals
4.3 What the right to a full and valued life means for individuals and how this can be supported
4.4 How gender, ethnicity and social, cultural and religious environments may impact on individuals and the support they access

You are able to work in ways that:

4.5 Promote positive perceptions of and attitudes to individuals who misuse substances
4.6 Actively challenge prejudice, stereotypical assumptions, discrimination and negative attitudes towards individuals who misuse substances

Range

Potential impacts - on equality, diversity and inclusion compounding the difficulties that the individual is experiencing (exclusion, socio-economic, education, employment, independence, emotional and physical well-being, life choices)

Learning outcome:

5. Co-occurring mental health and substance misuse issues

Assessment criteria

You understand:

5.1 What is meant by the term 'co-occurring mental health and substance misuse'
5.2 Mental health problems associated with substance misuse
5.3 Issues faced by individuals with both mental ill-health and substance misuse
5.4 How to support individuals who are experiencing co-occurring mental health and substance misuse issues

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Learning outcome:

6. Managing risky situations

Assessment criteria

You understand:

6.1 Actions to take in the event of **risky situations**

Range

Risky situations - threatening, aggressive, inappropriate or violent behaviour, alcohol withdrawal, overdose, needle stick injuries

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Unit 336   Supporting individuals who misuse substances

Supporting Information

Evidence requirements

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Clinical classifications of substances: Stimulants, depressants, analgesics, hallucinogens.

The types of substances individuals may use: could include alcohol, cannabis, cocaine, amphetamine, heroin, solvents and gases, benzodiazepines, synthetic cannabinoids, ketamine, MDMA, image and performance enhancing drugs.
Substances may have a range of different names, e.g. Cannabis – weed/ hash/ dope/ pot/ ganja.

Related NOS

- SFHAI2 Help individuals address their substance use through an action plan
- SFJCJGE13 Carry out initial assessments to identify and prioritise the needs of individuals who misuse substances

Related legislation and guidance

Please refer to the **Overarching guidance on legislation,guidance and national policy** and **Overarching guidance on resources** sections.

Unit 339   Promoting positive approaches for behaviour support

Level:	3
GLH:	40
Credit:	6
Unit Summary:	The unit aims to support learners develop the knowledge, understanding and skills needed to support individuals to develop positive behaviour and reduce the use of restrictive practice
	In the context of this unit, the term 'individual' refers to adults or children and young people.

Learning outcome:

1. How legislation, national policies, codes of conduct and practice underpin positive approaches to reduce restrictive practices and support positive behaviour

Assessment criteria

You understand:

1.1   What is meant by the term 'challenging behaviour' and the importance of seeing the person first and not the behaviour

1.2   Specific legislation, national policies and guidance for the use of restrictive interventions

1.3   When and how restrictive practices and **restrictive interventions** can be used

1.4   Why it is important to always use the least restrictive option

1.5   Safeguards that need to be in place for the use of restrictive interventions

1.6   Circumstances when restrictive interventions should not be used

1.7   Why punishment or seclusion should never be used

1.8   The importance of an **ethical, values-based approach** and how this relates to positive approaches for behaviour support

1.9   How the key principles of the Social Services and Well-being (Wales) Act help to underpin positive approaches to reduce restrictive practices

1.10 How positive approaches to reduce the need for restrictive practices, have developed over time, as a result of social policy, legislation and reviews

You are able to work in ways that:

1.11 Implement an ethical, values-based approach in the use of restrictive practices and restrictive interventions

1.12 Adhere to legislative requirements, policies and guidance for the use of restrictive interventions

Range

Restrictive interventions - physical restraint, mechanical restraint, use of medication, psychosocial restraint (sanctions), time out or time away, environmental interventions

Ethical, values-based approach – person-centred practice, inclusion, participation, asset/strengths-based approach, strong networks and relationships, choice, dignity and respect, the importance of adopting the least restrictive approach

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Learning outcome:

2. Factors that can influence behaviour

Assessment criteria

You understand:

2.1   The behavioural model

2.2   Factors that may shape the behaviour of individuals

2.3   How the fundamentals of behaviour relate to everybody, not just individuals accessing care and support

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Learning outcome:

3. The importance of individuals having a voice in, and control over, achieving outcomes that support their well-being

Assessment criteria

You understand:

3.1   Why voice and control is important

3.2   The potential impact on individuals of not being listened to or feeling that they do not have a say or any control over events affecting them

3.3   Ways of working that support voice and control of individuals

3.4   The importance of:

- working with individuals to establish what they want from their service and the best way for this to happen
- individuals being able to make choices both about small day to day things as well as life defining decisions
- individuals being able to make mistakes and learn from them
- enabling individuals to maximise their participation in the development and management of their personal plan and behaviour support plan
- developing a range of ways in which individuals can give feedback on the services and support they receive
- enabling individuals to participate in the development of the service as equal partners

You are able to work in ways that:

3.5   Use strategies to promote and support the voice and control of individuals

3.6   Embed a co-productive approach that supports individuals to participate in, and give feedback on, the way that their care and support is delivered

4. How prevention and early intervention can reduce the need for restrictive interventions and support positive behaviour

Assessment criteria

You understand:

4.1 What prevention and early intervention means in relation to using positive approaches to reduce the use of restrictive interventions
4.2 The **range of primary prevention strategies and early interventions** to support positive behaviour
4.3 **Models and frameworks** that support positive approaches to reduce the use of restrictive practices and interventions

You are able to work in ways that:
4.4 Embed a range of primary prevention strategies and early intervention in your practice
4.5 Use agreed models and frameworks for behaviour support

Range

Range of primary prevention strategies and early interventions - changing or avoiding triggers that lead to behaviours that challenge, changing the environment in which an individual lives or spends time to meet their needs, participation in a valued range of meaningful activities to help individuals achieve outcomes that are important to them, changing reinforcements that maintain behaviours that challenge, providing support at the right level to assist individuals to increase their independence and ability to cope, offering reassurance and support to reduce feelings of anxiety or distress
Models and frameworks - Active Support, Restorative Practice, Positive Behavioural Support

Learning outcome:

5. Support individuals to develop positive behaviour

Assessment criteria

You understand:

5.1 The relationship between positive and proactive approaches and person-centred practice
5.2 The importance of being clear about expectations and setting personal development goals that support positive behaviour
5.3 Why it is important to include individuals in setting behavioural goals
5.4 How to support individuals to develop an understanding of:
   - why goals and boundaries for behaviour need to be set
   - why they behave in a certain way
   - when behaviour may be acceptable and unacceptable
   - the potential consequences of behaviour
   - the benefits of positive behaviour for both themselves and others
5.5 Why it is important for others to develop an understanding of the individual's behaviour and the need for consistent support strategies

You are able to work in ways that:

5.6   Use positive and proactive approaches to support the development of positive behaviour

5.7   Support individuals to develop an understanding of their behaviour in accordance with their ability

5.8   Use a co-productive approach with individuals to set and review personal development goals and agree boundaries for positive behaviour

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6.   Promote multi-agency collaboration and partnership working

You are able to work in ways that:

6.1   Embed the principles of effective partnership working in your practice

6.2   Develop, share and agree plans and approaches for behaviour support in accordance with role and responsibilities

6.3   Share with others the outcomes of reviews and assessments, including risk assessments

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7.   Support individuals and others following incidents of behaviours that challenge

You understand:

7.1   The importance of offering support and debriefing:
   •   for incidents of behaviours that challenge
   •   in all situations where restrictive interventions have been used

7.2   How individuals, workers and others should be supported following an incident of behaviours that challenge

You are able to work in ways that:

7.3   Implement techniques for debriefing and provide support following incidents of behaviours that challenge

7.4   Reflect on learning from incidents of behaviours that challenge and implement any changes needed to support approaches to practice

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8.   Review positive approaches and the use of restrictive practices and interventions

You understand:

8.1   Why it is important to monitor and review positive approaches and the use of restrictive practices/interventions

8.2   How to use **methods** that support the review of positive approaches and restrictive practices/interventions

8.3   How to use data to reduce the use of restrictive practices/interventions

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8.4   How to access additional support for individuals, workers and carers following reviews

You are able to work in ways that:

8.5   Embed a co-productive approach to monitor and review positive approaches and the use of restrictive practices and implement any changes needed

Range

Methods - recording information, analysing records of antecedents, behaviour and consequences, data informed decision making

Unit 339　　　　　　　Promoting positive approaches for behaviour support

Supporting Information

Evidence requirements

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Challenging behaviour may include behaviours that are:
* Repetitive / obsessive
* Withdrawn
* Aggressive
* Self-injurious
* Disruptive
* Anti-social or illegal
* Verbally abusive.

Factors that may lead to individuals having difficulties with their behaviour could include: Adverse childhood experiences, attachment difficulties, sensory loss, an acquired brain injury or other neurological condition, physical causes or a response to pain or ill health, communication difficulties, poor parenting, inconsistent or inappropriate responses to behaviour, stereotypical expectations of others, unachievable expectations of others, environment, response to circumstances, events and feelings including fear and anxiety, transitions, loss, abuse, inappropriate care, demands to do something that the individual does not want to do, being ignored.

Frameworks / models:
a) Active Support
* What is meant by 'active support'
* How the Active Support model translates values into person-centred practice
* The different components of Active Support including:
* Daily plans and active participation
* Levels of help or support and assistance
* Positive interaction
* Positive reinforcement
* Skills teaching
* Task analysis
* Valued range of meaningful activities.

b) Restorative approaches
- What is meant by 'restorative approaches'
- Restoration – the primary aim of restorative approach is to address and repair harm
- Voluntarism – participation in restorative processes is voluntary and based on informed choice
- Neutrality – restorative processes are fair and unbiased towards participants
- Safety – processes and practice aim to ensure the safety of all participants and create a safe space for the expression of feelings and views about how harm has been caused
- Accessibility – restorative processes are non-discriminatory and available to all those affected by conflict and harm
- Respect – restorative processes are respectful of the dignity of all participants and those affected by the harm caused.

c) Positive Behavioural Support
- What is meant by 'positive behavioural support'
- The components of the positive behavioural support model to include:
  - Value based approaches
  - Theory and evidence base
  - Functional analysis
  - Primary prevention
  - Secondary prevention
  - Reactive strategies
- Why a values led approach is important for positive behavioural support
- Why punishment has no place in PBS
- Why it is important to understand what someone is feeling and why they are behaving as they are (functions of their behaviour)
- The difference between form (the behaviour) and function (the reason for that behaviour)
- The 4 common functions of challenging behaviour: social attention; avoidance/escape; access to tangibles; sensory stimulation
- The components of a behaviour support plan
- The importance of debriefing following an incident of challenging behaviour
- The components of debriefing sessions following incidents of challenging behaviour.

How individuals should be supported following an incident to include:
- Returning to a calm state
- Reflection on how they were feeling prior to and directly before the incident;
- the behaviour itself, the consequences of the behaviour and how they felt afterwards
- What would have helped them to achieve a more positive outcome.

How workers, carers and others involved should be supported following an incident to include:
- Emotional support
- First aid if needed

- Time away
- Quiet time
- Personal reflection
- Opportunities to express how they are feeling
- Additional training.

Others could include: families/carers, professionals /workers involved in the care and support of the individual.

Principles of effective partnership working to include:
- Trust between all involved in a person's care and support
- Consistency of support
- A clear understanding of one's own and each other's roles and responsibilities
- A clear understanding of people's rights and entitlements and that these must be exercised appropriately
- Confidentiality and information sharing
- Effective and appropriate communication.

Relationship between positive and proactive approaches and person-centred practice:
- Getting to know an individual
- Respecting and valuing an individual's history and background and understanding their likes and dislikes, and their preferred communication and support structures
- Understanding the impact of the environment on behaviour and using this to support an individual consistently
- Developing and monitoring plans which outline an individual's needs, desired well-being outcomes and how they will be supported to achieve these.

Restrictive interventions are part of a continuum of restrictive practices and, unless part of an agreed behaviour plan, should only ever be used as an immediate and deliberate response to behaviours that challenge or to manage a situation where there is a real possibility of harm if no action is taken. Restrictive interventions must never be used to punish, to inflict pain, suffering, humiliating or to achieve compliance.

Restrictive practices are a wide range of activities that stop individuals from doing things that they want to do or encourages them to do things that they don't want to do.

Valued range of meaningful activities refers to the balance of activities that contribute to a good quality of life for individuals, incorporating vocational, domestic, personal, leisure, educational and social activities.

Ways of working that support the voice and control of individuals:
  a) **Communication:**
 - The importance of:
     - Involving individuals in decisions which affect their lives
     - Asking individuals what they want in ways they understand
     - Listening carefully and actively
     - Using appropriate non-verbal communication techniques
     - Always making time for the individual to communicate

- Managing the environment to facilitate effective communication
- Speaking clearly and not giving too much information or asking too many questions
- Being reassuring and non-threatening in your expressions and tone
- Being supportive and encouraging and avoiding negative statements
- Using the individual's past experience and life story to support communication
- Understanding how particular conditions may affect communication
- Making sure a detailed description of how best to communicate with individuals is included in their records.

b) **Individuals being able to influence the way that their services and support are accessed and delivered:**

The importance for individuals of:

- Being able to make choices about both small day to day things as well as life defining decisions
- Having sufficient time to be fully involved in the decision making process
- Positive use of risk assessments positively to balance rights, responsibilities and perceived risks
- Being able to make mistakes and learn from them
- Influencing advance directives and crisis plans
- Agreeing, where possible, any restrictive practices that are to be used
- Being able to speak for themselves about their services and support or to have someone advocate on their behalf
- Having access to advice and information in a format and style they can understand
- Knowing what to expect from workers in relation to their conduct and practice
- Knowing how to make a complaint or compliment about the service.

c) **Understanding the meaning of behaviour**:

How behaviour can:

- Serve as an important function
- Be a form of communication
- Be affected by the individual feeling frustrated at not being able to understand others or make themselves understood
- Be influenced by your/other people's response to an individual's actions
- Be influenced by factors in the environment
- Have underlying physical causes/be a response to pain, ill health, sensory loss, an acquired brain injury or other neurological condition
- Be a response to circumstances, events and feelings including fear and anxiety, transitions, loss, abuse, inappropriate care, demands to do something that the individual does not want to or is not able to do or being ignored, etc.
- How the fundamentals of behaviour relate to everybody – not just individuals who are accessing care and support.

When and how restrictive interventions can be used: If restrictive interventions are used in an emergency or where an individual is intending to seriously harm themselves or others, they should always:
- Be used for no longer than necessary

- Be proportionate to the risk and the least restrictive option
- Be legally and ethically justifiable
- Be well thought through and considered when all other options have been tried or are impractical
- Be made in a manner transparent to all with clear lines of accountability in place
- Be openly acknowledged and never hidden
- Be determined by local policy and procedures
- Be recorded accurately and appropriately
- Be monitored, planned and reviewed to find a more positive alternative for the longer term
- Include debriefing and support to all involved.

Restrictive interventions, other than those used in an emergency, should always be planned in advance, and agreed by a multidisciplinary team and, wherever possible, the individual and included in their behaviour and support plan.

Related NOS

- SCDHSC0336 Promote positive behaviour

Related legislation and guidance

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

Unit 309 Promoting and supporting speech, language and communication skills

Level:	3
GLH:	25
Credit:	4
Unit Summary:	This unit covers the skills required to identify, assess and support children with speech, language and communication skills and needs. Learners working practice will involve identifying and assessing children whose communication and language skills are not developing as expected. They will carry out assessments and make referrals where necessary. Learners will carry out planning and developing activities designed to support the needs of children and promote speech, language, communication and literacy development.

In the context of this unit the term 'children' refers to children and young people. |

Learning outcome:

1. Guidance and frameworks which support speech language and communication

Assessment criteria

You know:

1.1 National policy and guidance that underpin speech language and communication
1.2 Theories and research evidence which have influenced policy and practice in promoting speech, language and communication skills

Learning outcome:

2. How speech, language, communication and literacy is developed

Assessment criteria

You know:

2.1 Principles that underpin speech, language and communication development
2.2 What is meant by the following terms
 - language
 - speech
 - communication
 - literacy
2.3 Typical patterns/stages of speech, language and communication
2.4 The benefits of bilingualism/multilingualism in relation to speech, language and communication development.

2.5 Identify potential barriers that could arise for children who's first language is not that of the setting

2.6 The terms:
- Simultaneous bilingualism
- Sequential bilingualism

2.7 What is meant by normal differences in typical speech language and communication development.

2.8 **Factors** that impact a child's speech, language and communication development

2.9 The features of a positive and communication rich environment

2.10 The impact of speech, language and communication on **other areas** of a child's development

You are able to work in ways that:

2.11 Support children to develop speech, language and communication skills

2.12 Provide a language rich environment in which children can play, learn and develop

Range

Factors – Physiological, psychological and sociological

Other areas - personal and social development, physical development, cognitive development, behaviour development, literacy skills.

Learning outcome:

3. Support speech, language and communication needs

Assessment criteria

You know:

3.1 The range of speech, language and communication needs and the differences between them

3.2 How to identify and assess children with **speech, language and communication needs** and how this is recorded and reported

3.3 Actions to take when children's speech language and communication is not within expected range

3.4 The different strategies and techniques available to support children with speech language and communication needs

3.5 The importance of a workplace/setting's policies and procedures on seeking advice and making referrals

3.6 National and local speech, language and communication support/interventions

3.7 The importance of monitoring, record keeping and sharing relevant information

3.8 Types of activities that could be used for the different age ranges to promote speech, language, communication and literacy development

You are able to work in ways
that:

3.9 Use observations and assessments to identify if there are differences in expected speech, language and communication development in line with workplace/ settings policies and procedures

3.10 Ensure observations and assessments are reported and recorded in line with workplace/settings policies and procedures

3.11 Promote the use of observations and reflections of children to inform planning

3.12 Support the planning and use of continuous and enhanced experiences and activities, to support the development of speech, language, communication and literacy skills in line with own roles and responsibilities

3.13 Support the development of a positive communication environment

3.14 Promote the use of a range of strategies and techniques to support children with speech, language and communication needs

3.15 Utilise national, local and setting speech, language and communication support/interventions

Range

Speech, language and communication needs: Primary speech, language and communication needs, speech, language and communication needs associated with other additional needs, short term speech, language and communication needs, persistent speech, language and communication needs.

Learning outcome:

4. Work with others to support children who have speech language and communication needs

Assessment criteria

You know:

4.1 The importance of the role of adults in developing speech, language and communication skills

4.2 The importance of a strength based approach to working with children with speech, language and communication needs in an:
- organisation/setting
- on a 1 to 1 basis within families/carers own home

4.3 The factors that facilitate working with other professionals and multi-agencies

You are able to work in ways that:

4.4 Support others to develop children's speech, language, communication and literacy skills

4.5 Provides a partnership approach to supporting children with speech, language, communication and literacy needs.

Unit 309   Promoting and supporting speech, language and communication skills

Supporting Information

Evidence requirements

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack.

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Age ranges: children under 2 years; 2-3 year olds; 3-4 year olds; 5-7 year olds.

Barriers: may include those relating to the physical environment; to interpersonal relationships and the emotional environment; to working practices; to the availability of resources including human or other aids or assistance; to the limitations of your own or other people's communication skills or attentiveness; to cultural contexts; to the specific circumstances of the child or young person, including disability, disadvantage, anxiety or distress.

Communication (sending and receiving messages) can be verbal or non-verbal
What do conversations involve?
- At least two people
- Turn taking
- Facial expressions
- Body language
- Synchronising -mirroring or imitating each other's gestures and sounds
- Pauses
- Rhythm, tone and melody
- Intonation
- Responses- verbal -sounds or words and non-verbal.

Factors: Physiological, psychological and sociological - impact of poverty on the provision of a quality home learning environment, the amount and quality of talk within the home, whether it is an additional language, hearing impairments, physical impairments, medical conditions.

Features of a positive and communication rich environment: policy in developing children's speech, language and communication skills including aims, references to research and guidance documentation, planning formats for a positive communication environment, staff roles and responsibilities and opportunities for professional development, approaches to teaching and learning-child centred/ high quality adult child interaction, equality of opportunity- ensuring all children can access the provision and the environment is adapted as appropriate, resources,

how you are going to assess children's skills and feed this back into the planning process, working with families/carers, monitored and reviewed on a regular basis.

Importance of adults in developing speech, language and communication skills:
- Communicate in an appropriate way with children which is appropriate to their stage of development using words and phrases they will understand
- Demonstrate active listening and respond to what children have said
- Role model by providing descriptions about what is going on
- Expand and repeat what children say
- Recast what children say
- Ask open ended questions
- Understand child development so can scaffold learning
- Ensure children have the time and play opportunities to practice speech, language and communication skills
- Provide play opportunities for children to talk with each other.
- Practitioners can support parents and carers to provide a language rich home environment.

Language:
- Receptive Language: what children understand from what they hear
- Expressive Language: how a child expresses themselves- putting words together, forming sentences and expressing increasingly complex ideas
- Syntax/Grammar-way words are combined to make phrases and sentences
- Morphology-word structure, including changes to words by for example adding an "s" to make plurals
- Pragmatics-use the correct word in the correct situation, listening and responding to what has been said.

Opportunities: interaction with print within their environment; opportunities for mark making; supporting emergent writing.

Principles: The five language-specific principles cited in Early Language Delays in the UK (2013)
1. Communication is key to the fostering of life chances in early childhood. Everyone in the child's environment has a role to play in fostering the child's communication skills. This starts at birth and includes immediate and extended family, and potentially a wide range of professionals, health visitors, speech and language therapists, early educators, teachers, psychologists.
2. The importance of early communication skills and their implications for the child's social and educational development across the early years and beyond need to be understood by all parents.
3. All professionals need to be aware of how to identify early language delays and confident about what they can do to enhance language skills.
4. We need to scale up and roll out interventions that have been shown to work, and test their value across whole populations and over an appropriate length of time.
5. We need to sustain the pressure on policy-makers to improve services for the child who is language-delayed, especially in the very early years (e.g. before three years).

Quality features of a positive communication environment:
- Policy in developing children's speech, language and communication skills including aims, references to research and guidance documentation
- Planning formats for a positive communication environment
- Staff roles and responsibilities and opportunities for professional development
- Approaches to teaching and learning-child centred/ high quality adult child interaction
- Equality of opportunity- ensuring all children can access the provision and the environment is adapted as appropriate
- Resources
- How you are going to assess children's skills and feed this back into the planning process
- Working with families/carers
- Monitored and reviewed on a regular basis.

Research evidence:
- Axford, N., Sonthalia, S., Wrigley, Z., Goodwin, A., Ohlson, C., Bjornstad, G., Barlow, J., Schrader-McMillan, A., Coad, J., Toft, A., (2015) The Best Start at Home: What works to improve the quality of parent/child interactions from conception to age 5 years? A rapid review of the interventions. Early Intervention Foundation
- Bercow (2008) A review of services for Children and Young People with Speech, Language and Communication needs.
- Hamer, C (2011) National Literacy Trust, Talk to your Baby: Guidance for developing a strategic approach to speech, language and communication in the early years.
- Welsh Government (2014a) 'A review of practice in the implementation of the early language development support element within Flying Start' Social Research Number: 62/2014
- Welsh Government (2014b) 'A review of the research evidence on the effectiveness of different approaches to promoting early speech and language development' Social Research Number 61/2014.

Speech:
- Articulation- pronouncing sounds
- Phonology- speech sounds, patterns, sequences and sound combinations.

Support/interventions: formal and informal interventions.

Ways in which families/carers can support their child's speech, language and communication development:
- Talk and sing to their baby/babies in the womb.
- Attachment and bonding-talking/ singing to baby right from the start
- Songs and rhymes
- Quantity and quality of talk
- Turning off the TV
- Sharing books and stories including visiting the local library
- Playing with their child including going to Parent and Toddler Group.

Related NOS
- SCD CCLD 0301 Promote effective communication

- SCD CCLD 303 Promote children's development
- SCD CCLD 0307 Promote the health and physical development of children
- SCD CCLD 0312 Implement positive environments for babies and children

- SCD CCLD 0321 Support the care learning and development of children with additional requirements in partnership with their families
- SCD CCLD 0327 Support children who have experienced trauma
- SCD CCLD 0345 Promote literacy, numeracy and language development for children's early learning, in partnership with their families

Related legislation and guidance

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

Unit 236　　Contributing to the support of individuals who misuse substances

Level:	2
GLH:	30
Credit:	4
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to contribute to the support of individuals who misuse substances. In the context of this unit, the term 'individual' refers to adults or young people who use/misuse substances.

Learning outcome:

1. Substance use and misuse

Assessment criteria

You know:

1.1 Key legislation, national policy, guidance and standards that underpin the provision of substance misuse services
1.2 The types of substances individuals may use:
   - their appearance
   - their effects
   - associated risks
   - routes of administration
   - legal status
1.3 Clinical classifications of substances
1.4 Different **categories of substance use**
1.5 The meaning of the term 'substance misuse'

You are able to work in ways that:

1.6 Take account of specific legislation, national policy, guidance and standards for substance misuse services

Range:

Categories of substance use - experimental, recreational, dependent/problematic

Learning outcome:

2. Contribute to interventions for supporting individuals experiencing substance misuse to achieve positive outcomes

You know:

2.1   The range of interventions that can be used with individuals

2.2   Services and professionals who can provide additional information, advice and support to individuals about substance misuse, and interventions that can help

2.3   How to access additional support for individuals for interventions

2.4   Protocols for gaining and confirming consent from individuals when sharing information with:

- other services and professionals
- families/carers

You are able to work in ways that:

2.5   Support the individual to identify:

- concerns about their use or misuse of substances
- what they would like to achieve and changes that may need to take place to help them do this
- additional resources and support that may be used to assist them to achieve positive outcomes

2.6   Follow organisational policies and procedures to refer individuals to other services where additional support is needed

Learning outcome:

3. Co-occurring mental health and substance misuse issues

Assessment criteria

You understand:

3.1   What is meant by the term 'co-occurring mental health and substance misuse'

3.2   Mental health problems associated with substance misuse

3.3   Issues faced by individuals with both mental ill-health and substance misuse

Learning outcome:

4. Perceptions and perspectives of individuals who misuse substances

Assessment criteria

You know:

4.1   Stigma associated with substance misuse

4.2   **Potential impacts** of societal attitudes and values on individuals

4.3   How gender, ethnicity and social, cultural and religious environments may impact on individuals and the support they access

You are able to work in ways that:

4.4   Promote positive perceptions of and attitudes to individuals who misuse substances

Range

Potential impacts - on equality, diversity and inclusion compounding the difficulties that the individual is experiencing (exclusion, socio-economic, education, employment, independence, emotional and physical well-being, life choices)

Learning outcome:

5. Managing risky situations

Assessment criteria

You understand:

5.1   Actions to take in the event of **risky situations**

Range

Risky situations - threatening, aggressive, inappropriate or violent behaviour, alcohol withdrawal, overdose, needle stick injuries

Unit 236   Contributing to the support of individuals who misuse substances

Supporting Information

Evidence requirements

The evidence for this unit will be presented through the structured tasks. Guidance for any additional evidence that may be needed can be found in the assessment pack.

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Clinical classifications of substances: Stimulants, depressants, analgesics, hallucinogens.

The types of substances individuals may use: could include alcohol, cannabis, cocaine, amphetamine, heroin, solvents and gases, benzodiazepines, synthetic cannabinoids, ketamine, MDMA, image and performance enhancing drugs.

Substances may have a range of different names, e.g. Cannabis – weed/ hash/ dope/ pot/ ganja.

Related NOS

- SFHAI2 Help individuals address their substance use through an action plan
- SFJCJGE13 Carry out initial assessments to identify and prioritise the needs of individuals who misuse substances

Related legislation and guidance

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

Unit 312   Supporting children living with epilepsy

Level:	3
GLH:	20
Credit:	3
Unit Summary	This unit covers the fundamental information necessary for those working in organisations/settings where they are responsible for providing assistance to children who may be living with epilepsy. Learners will develop an understanding of what epilepsy is, actions to take, how it can be managed and the impact it can have on children in everyday life.
	In the context of this unit, the term 'children' refers to children or young people.

Learning outcome:

1. Epilepsy and its effects

Assessment criteria

You know:

1.1   The term 'epilepsy'
1.2   The different types of epilepsy and classifications of seizures
1.3   Causes of epilepsy
1.4   Possible seizure triggers and warnings
1.5   Actions to be taken in the event of seizures

Learning outcome:

2. Treatments for epilepsy

Assessment criteria

You know:

2.1   Different types of currently used anti-epileptic medication
2.2   Benefits and risks of anti-epileptic medication

Learning outcome:

3. Understand the care provided for children with epilepsy in accordance with the agreed plan of care

Assessment criteria

You know:

3.1   Ways to support a child through the recovery process following a seizure

3.2 Potential risks and their impacts on the daily lives of children diagnosed with epilepsy

3.3 The importance of the recording and reporting process of seizures

3.4 Own role limitations when providing advice, guidance, information and care to a child with epilepsy, or their family/carer

3.5 How to adapt communication and support for children with epilepsy, depending on their age and stage of development

3.6 How to identify members of the multi-disciplinary team and/or multi-agency workers that support children with epilepsy in own organisation/setting

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Learning outcome:

4. Support and care for children with epilepsy

Assessment criteria

You are able to work in ways that:

4.1 Take measures to create safe environments for children with epilepsy in own organisation/setting

4.2 Provide reassurance to children with epilepsy and their families/carers

4.3 Support children or their families/carers to maintain, or contribute to, a seizure diary or equivalent way of recording seizures/absence of seizures

Unit 312   Supporting children living with epilepsy

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Reflective account by the learner signed by an expert witness, detailing providing support to children with epilepsy on at least one occasion.
- Related documentation/records must be completed clearly, accurately and legibly.

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Potential risks and their impacts on the daily lives of children: different life stages, confidence, self-esteem, personal preferences, lifestyles.

Safe environments: positive risk assessments – enabling rather than limiting.

Alternative treatments to anti-epileptic medications: psychological interventions, preventative measures, counselling.

Seizure diary: these would include the type and duration of any seizures witnessed, and seizure free periods.

Related legislation and guidance

- Joint Epilepsy Guidelines - Joint Epilepsy Council, September 2011 **http://www.epilepsyscotland.org.uk/pdf/Joint_Epilepsy_Council_Prevalence_and_Incidence_September_11_(3).pdf**
- **Epilepsy Society www.epilepsysociety.org.uk**
- Epilepsy Action **www.epilepsy.org.uk**
- NICE Epilepsies **www.nice.org.uk/Guidance/cg137**
- **Young Epilepsy www.youngepilepsy.org.uk**
- **Epilepsy Wales https://public.epilepsy-wales.org.uk/**
- SUDEP Action **www.sudep.org**
- Health and Care Standards Welsh Government April 2015 **http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf**

Unit 314   Undertaking capillary blood glucose monitoring

Level:	3
GLH:	15
Credit:	3
Unit Summary:	This unit covers the skills and knowledge required to enable learners to undertake capillary blood glucose monitoring. Learners will cover practical skills required to monitor blood glucose levels to maintain control over diabetes in others.
	In the context of this unit, the term 'individual' refers to adults, children and young people.

Learning outcome:

1. Legislation and policies relevant to supporting capillary blood glucose monitoring

Assessment criteria

You know:
1.1 Current national and local guidelines and protocols which influence capillary blood glucose monitoring
1.2 Organisational/setting processes relating to capillary blood glucose monitoring
1.3 Why it is important to take responsibility and accountability in relation to scope of practice
1.4 Potential consequences of not adhering to procedures
1.5 Why valid consent must be obtained and confirmed prior to actions being taken
1.6 What a capillary blood sample is and sites where they can be taken

Learning outcome:

2. Undertake capillary blood glucose monitoring

Assessment criteria

You know:
2.1 The importance of cleaning sites when obtaining capillary blood samples
2.2 The importance of collecting capillary blood samples of the right quality
2.3 Factors which could affect the quality of the capillary blood sample
2.4 Concerns which individuals, or their families/carers, may have in relation to capillary blood sampling
2.5 Ways to prepare individuals for obtaining sampling capillary blood
2.6 Potential causes of discomfort to individuals during and after obtaining capillary blood samples
2.7 Ways in which discomfort can be minimised
2.8 Actions to take if there are problems in obtaining capillary blood

2.9   Reporting and recording mechanisms for problems relating to capillary blood sampling

2.10 Safe disposal methods for hazardous and non-hazardous waste

2.11 The importance of maintaining sufficient supplies and safe storage of materials and equipment

You are able to work in ways that:

2.12 Ensure that individuals and others have accurate and accessible information about the procedure

2.13 Identify a suitable place for carrying out capillary blood sampling

2.14 Follow safe and hygienic procedures prior to, during and after capillary blood sampling

2.15 Ensure that correct procedures are followed during capillary blood sampling

2.16 Record and report of capillary blood sampling, acting on results in line with organisation/setting

Unit 314   Undertaking capillary blood glucose monitoring

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner monitoring the capillary blood sampling of an individual/child on a minimum of **three** occasions.

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

It is recommended that learners must complete the following units prior to beginning this unit:

- Supporting children living with diabetes mellitus

or

- Supporting adults living with diabetes mellitus

Others: could include family, friends, carers and others with whom the individual/child has a supportive relationship

Suitable place: with consideration of privacy, safety, taking account of hygiene requirements

Correct procedures: in line with setting/organisation procedures and agreed ways of working including;

- comparing measurements correctly
- recording and reporting measurements accurately
- disposing of hazardous and non-hazardous waste materials safely and hygienically
- returning materials and equipment to safe storage after the procedure

Related NOS

- CHS131 Obtain and test capillary blood samples
- Diab HA8 Enable children with diabetes to monitor their blood glucose levels
- DIB 201 Diabetes Awareness
- Diab HA13 Provide information and advice to enable an individual with diabetes to minimise the risks of hypoglycaemia

Related legislation and guidance

- Diabetes Delivery Plan for Wales 2016-2020: The best standard of care for everyone with diabetes   December 2016 **https://gov.wales/docs/dhss/publications/161212diabetes-delivery-planen.pdf**
- "Think Glucose" campaign **https://webarchive.nationalarchives.gov.uk/20100304061513/http://www.institute. nhs.uk/quality_and_value/think_glucose/welcome_to_the_website_for_thinkglucose. html**
- Making Every Contact Count   Public Health Wales **http://www.wales.nhs.uk/sitesplus/888/page/65550i**
- Infection Prevention and Control for Childcare Settings (2014) **http://www.wales.nhs.uk/sitesplus/documents/888/Infection%20Prevention%20and %20Control%20for%20Childcare%20Settings%20Final%202014%20%282%29.outpu t.pdf**
- NICE Guidelines **https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-diagnostics-guidance**
- Introduction to Specimen Collection **https://www.labcorp.com/resource/introduction-to-specimen-collection#**
- Specimen Collection **http://www.northcumbriaccg.nhs.uk/about-us/key-policies-and-documents/policies/infection-prevention/21-specimen-collection-october-2015-version-100.pdf**
- Understanding diabetes **https://webarchive.nationalarchives.gov.uk/20100305014525/http://www.nhs.uk/P athways/diabetes/Pages/Landing.aspx**
- Health and Care Standards   Welsh Government April 2015 **http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards% 20Framework_2015_E1.pdf**

Unit 315   Supporting children to undertake glucose monitoring

Level:	3
GLH:	15
Credit:	3
Unit Summary:	This unit covers the practical skills and knowledge required to enable learners to support children and key people to undertake glucose monitoring. Learners will cover practical skills required to help others to self-monitor blood glucose levels. In the context of this unit, the term 'children' refers to children and young people.

Learning outcome:

1. Legislation and policies relevant to supporting glucose monitoring

Assessment criteria

You know:

1.1   Current national and local guidelines and protocols which influence supporting glucose monitoring

1.2   Organisational/setting processes relating to supporting glucose monitoring

1.3   Potential consequences of not adhering to procedures

1.4   Why appropriate consent must be obtained and confirmed prior to actions being taken

Learning outcome:

2. Promote independence and safety when supporting children to undertake glucose monitoring

Assessment criteria

You are able to work in ways that:

2.1   Develop positive relationships and support children's participation within professional boundaries

2.2   Ensure children and key people have accurate and accessible information about the procedures

2.3   Check that information is clearly understood by children and key people

2.4   Explain to children and key people the importance of gathering equipment prior to starting blood collection activities

2.5   Explain to children and key people the importance of following hygiene precautions when carrying out procedures

2.6   Explain to children and key people the importance of collecting blood samples of the right quality and factors which affect the quality

2.7   Explain the importance of cleaning access sites when obtaining blood samples

2.8   Describe safe disposal methods for hazardous and non-hazardous waste

2.9   Explain to children and key people the importance of obtaining sufficient supplies and storing them safely

2.10 Encourage children and key people to develop their own abilities and skills in monitoring glucose levels

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3.   Support children to carry out glucose monitoring

Assessment criteria

You know:

3.1   Why it is important to keep full and accurate glucose monitoring records

3.2   The importance of investigating changes in children's condition and blood glucose measurements

3.3   Possible reasons for changes in condition and blood glucose measurements and the actions to be taken

3.4   The importance of recording and acting on results of glucose monitoring

3.5   Potential problems with recording results of glucose monitoring

You are able to work in ways that

3.6   Provide advice to children and key people when monitoring glucose to include the following:

- use of the correct equipment
- correct testing techniques
- how to compare the results of samples

3.7   Encourage children and key people to identify a suitable place for carrying out glucose monitoring

3.8   Support children and key people to prepare equipment before carrying out glucose monitoring

3.9   Support and observe children and key people during the procedure to ensure they:

- compare measurements correctly
- record measurements accurately
- dispose of hazardous and non-hazardous waste materials safely and hygienically
- return materials and equipment to safe storage after the procedure

3.10 Check the timing and children and key people's interpretation of measurements, taking action if they appear to be abnormal

3.11 Discuss any discomfort experienced by children during and after obtaining blood samples and advise on how to minimise it

3.12 Assist children and key people to monitor the child's overall condition, encouraging them to seek advice and support when changes occur

3.13 Complete records on activities undertaken by children and key people and outcomes achieved, in line with organisation/setting procedures

3.14 Take action promptly where observed changes occur in children

Unit 315   Supporting children to undertake glucose monitoring

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner assisting a child and/or key people to monitor blood glucose levels on a minimum of three occasions. This can be on different children or on the same child on a number of occasions.
- Documentation and records must be completed clearly, accurately and legibly.

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Key people: those who are important to a child and who can make a difference to his or her well-being. Key people may include family, friends, carers and others with whom the child has a supportive relationship. These key people may be involved in undertaking blood glucose monitoring if the child is unable to do so.

Related NOS

- Diab HA1 Assess the healthcare needs of children with diabetes and agree care plans
- Diab HA6 Help children with diabetes to change their behaviour to reduce the risk of complications and improve their quality of life
- Diab HA8 Enable children with diabetes to monitor their blood glucose levels
- Diab HA13 Provide information and advice to enable an individual with diabetes to minimise the risks of hypoglycaemia

Related legislation and guidance

- Diabetes Delivery Plan for Wales 2016-2020: The best standard of care for everyone with diabetes   December 2016
  https://gov.wales/docs/dhss/publications/161212diabetes-delivery-planen.pdf
- "Think Glucose" campaign
  https://webarchive.nationalarchives.gov.uk/20100304061513/http://www.institute. nhs.uk/quality_and_value/think_glucose/welcome_to_the_website_for_thinkglucose. html
- Making Every Contact Count   Public Health Wales
  http://www.wales.nhs.uk/sitesplus/888/page/65550
- Understanding diabetes
  https://webarchive.nationalarchives.gov.uk/20100305014525/http://www.nhs.uk/P athways/diabetes/Pages/Landing.aspx

- Infection Prevention and Control for Childcare Settings (2014) **http://www.wales.nhs.uk/sitesplus/documents/888/Infection%20Prevention%20and%20Control%20for%20Childcare%20Settings%20Final%202014%20%282%29.output.pdf**
- NICE Guidelines **https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-diagnostics-guidance**
- Introduction to Specimen Collection **https://www.labcorp.com/resource/introduction-to-specimen-collection#**
- Specimen Collection **http://www.northcumbriaccg.nhs.uk/about-us/key-policies-and-documents/policies/infection-prevention/21-specimen-collection-october-2015-version-100.pdf**
- Supporting Children with Type 1 Diabetes in Primary Schools and Early Years Settings (2016) **https://www.ouh.nhs.uk/childrens-diabetes/schools/documents/primary-school-care-statement.pdf**
- Health and Care Standards   Welsh Government April 2015 **http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf**

Unit 316   Taking venous blood samples from children

Level:	3
GLH:	20
Credit:	3
Unit Summary:	This unit covers the knowledge and skills required to take venous blood samples from children. Learners will gain the practical skills required to complete processes safely, efficiently and in ways that reduce distress as far as possible. In the context of this unit, the term 'children' refers to children and young people.

Learning outcome:

1. Take venous blood samples from children

Assessment criteria

You know:

  1.1   Local policy and procedures relating to the taking of venous blood samples
  1.2   Health and safety considerations relating to taking venous blood samples
  1.3   Potential adverse reactions and complications when taking blood samples from children
  1.4   Equipment and material requirements for taking blood samples from children of different ages
  1.5   Anatomy of a normal vein
  1.6   Suitable sites for taking venous blood samples from children
  1.7   Adaptations needed to take blood from children of different ages
  1.8   Considerations when taking blood samples from children

You are able to work in ways that:

  1.9   Prepare appropriate equipment for obtaining venous blood and confirm samples and volumes required
  1.10 Follow hand hygiene processes and select appropriate PPE
  1.11 Confirm identity of the child and obtain valid consent from family/carer
  1.12 Use methods to prepare and calm the child prior to and throughout blood sampling
  1.13 Gain venous access using the selected blood collection system, using techniques which will cause minimum discomfort
  1.14 Obtain blood from the selected site with consideration of
   • container according to investigation required
   • volume
   • order when taking multiple samples
  1.15 Mix blood and anti-coagulant thoroughly in required containers
  1.16 Monitor for indications of adverse reaction and complications taking appropriate action where necessary
  1.17 Remove blood collection equipment and stop blood flow with sufficient pressure

1.18 Apply suitable dressings to puncture sites according to organisation/setting protocols and advise families/carers how to care for the site

1.19 Complete records in line with organisation/setting procedures

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Learning outcome

2. Prepare blood samples taken from children for processing

Assessment criteria

You are able to work in ways that:

2.1 Label blood samples clearly, accurately and legibly, using pre-prepared labels where appropriate

2.2 Place samples in appropriate packaging and ensure correct request forms are attached

2.3 Place samples in nominated place for collection and transportation, ensuring blood is kept at the required temperature

2.4 Document evidence that appropriate checks have been made in line with organisation/setting procedures

2.5 Ensure immediate transportation of blood to the relevant department in line with urgency of sampling investigations

Unit 316   Taking venous blood samples from children
Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner taking blood samples from a child on a minimum of **five** occasions. This could be the same child on separate occasions or different children on separate occasions.
- Observe the learner preparing blood samples for processing on a minimum of **five** occasions.

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Simulation should be used as part of the training process to ensure learner confidence in taking samples before practice in a clinical setting.

When confirming identity setting/organisational protocol and procedures must be followed, but this should include a minimum of three from;

- name
- date of birth
- address
- NHS number
- hospital number.

Labelling of samples should follow organisation/setting requirements.

Health and safety considerations: including blood spillage, needle stick, environmental considerations, PPE, sharps disposal.

Adverse reactions and complications: could include bleeding, bruising, pain, fainting, failure to bleed, needle phobia, allergies, phlebitis.

Considerations including:

- Anatomical - sites, associated anatomy (veins and arteries), use of plasters
- Other - consent, restraint, pain management (application of creams and gels), communication with families/carers, involvement of families/carers.

Methods: could include use of play, distraction techniques, positive communication (reassure child, let child know what is happening, use age appropriate language, address communication to the child, praising and encouraging).

Techniques: could include application and removal of tourniquet, position and support of limb, position of self in relation to individual and equipment.

Related NOS

- CHS132 Obtain venous blood samples

Related legislation and guidance

- NICE Quality Standard for Hand hygiene
- Guidelines for hand hygiene in Irish healthcare settings (2015) http://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/guidelines/File,15060,en.pdf
- WHO Guidelines on Hand Hygiene in Health Care http://apps.who.int/iris/bitstream/handle/10665/44102/9789241597906_eng.pdf;jsessionid=2369B3883857B00CDD81279426F774EE?sequence=1
- Welsh Government: Doing Well – Doing Better - Standards for Health Services in Wales April 2010 http://www.wales.nhs.uk/sites3/documents/919/english%20web%20version.pdf
- WHO Guidelines on obtaining blood samples http://www.euro.who.int/__data/assets/pdf_file/0005/268790/WHO-guidelines-on-drawing-blood-best-practices-in-phlebotomy-Eng.pdf?ua-1
- Infection Prevention Control and Aseptic Non Touch Technique Welsh Government Guidelines http://www2.nphs.wales.nhs.uk:8080/WHAIPDocs.nsf/61c1e930f9121fd080256f2a004937ed/e4528983f2eddd3a80257f10003dd2f3/$FILE/ANTT%20Framework%20v4.0.pdf
- Marsden guidelines for venepuncture https://www.rcm.org.uk/news-views-and-analysis/analysis/how-to%E2%80%A6-perform-venepuncture
- NICE Guidelines https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-diagnostics-guidance
- Introduction to Specimen Collection https://www.labcorp.com/resource/introduction-to-specimen-collection#
- Specimen Collection http://www.northcumbriaccg.nhs.uk/about-us/key-policies-and-documents/policies/infection-prevention/21-specimen-collection-october-2015-version-100.pdf
- Health and Care Standards   Welsh Government April 2015 http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf
- Quality and Safety https://gov.wales/topics/health/nhswales/circulars/quality/?lang=en
- Supporting Learners with Healthcare Needs- Guidance document no: 215/2017. March 2017 http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en

Unit 317   Providing care for children living with cancer

Level:	3
GLH:	35
Credit:	8
Unit Summary:	This unit covers the skills and knowledge required for providing ongoing support and care to children living with cancer, and their families/carers. Learners will cover knowledge of issues which impact on children diagnosed and being treated for cancer and will use practical skills to support them and their families/carer when living with cancer. In the context of this unit, the term 'children' refers to children or young people.

Learning outcome:

1. The development and symptoms of cancer

Assessment criteria

You understand:

1.1   The term 'cancer'
1.2   List the most commonly diagnosed cancer in children
1.3   Why the early detection of cancer is important
1.4   The term 'metastasis'
1.5   The impact of metastasis on children with cancer
1.6   The term 'palliation of symptoms'
1.7   How genetics of cancer drive the symptoms and treatment of some cancers
1.8   'Red flag/alarm' signs and symptoms that may indicate cancer
1.9   Why improving symptom awareness among the public is important
1.10 Risk factors for cancer which are common to other diseases
1.11 Potential physical and psychological side effects of main treatment options for cancer

Learning outcome:

2. Care and support available for children diagnosed with cancer

Assessment criteria

You understand:

2.1   Specialist cancer services available for children
2.2   The role of play specialists in the care of children with cancer
2.3   The potential impact on the families/carers of a child diagnosed with cancer
2.4   The importance of the availability of equal access to cancer care services

2.5   Positive impacts a key worker can make to a child's experience of cancer services

Learning outcome:

3.   The care and support available for children experiencing cancer, their families/carers

Assessment criteria

You understand:

3.1   Ways of supporting children and their families/carers through and beyond treatment
3.2   The signs and symptoms of possible deterioration of a child being treated for cancer
3.3   The potential complications and impacts of cancer on children and their families/carers
3.4   The roles and responsibilities of different members of the multi-disciplinary team who may be involved in supporting children living with cancer
3.5   The short and medium term effects of main treatment options for cancer in children
3.6   Where families/carers can access financial advice and support following a child's cancer diagnosis

Learning outcome:

4.   Care and support to children surviving cancer, their families/carers

Assessment criteria

You understand:

4.1   The term 'cancer survivorship'
4.2   The principles and recommendations from the national cancer survivorship initiatives
4.3   The value of cancer research and clinical trials

You are able to work in ways
that:

4.4   Work with empathy and sensitivity when providing care to a child living with cancer, their family/carer and support network
4.5   Adhere to organsiational/setting policies that support children living with cancer, and their families/carers
4.6   Follow cancer personal plans when supporting children living with cancer, and their families/carers
4.7   Provide opportunities for children living with cancer, and their families/carers to express how they are feeling
4.8   Collaborate with key workers to support children, their families/carers during and after cancer treatment
4.9   Communicate relevant information and sources of advice to children and their families carers in an empathetic and sensitive manner
4.10 Document and report changes in a child's condition

Unit 317　　　　　　　Providing care for children living with cancer
Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.
For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:
- Reflective account by the learner signed by an expert witness, about providing support to individuals living with or surviving cancer on at least one occasion.
- Related documentation/records must be completed clearly, accurately and legibly.

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Cancer delivery plan: Making Every Contact Count; standards, pathway integration, early detection and person-centred care guidelines diagnostic services to cope with the expected increased demand; fast track pathways for patients with alarm symptoms; access to multi-disciplinary diagnostic centres for potentially serious, vague symptoms; direct access to certain tests for 'low-but-not-no' risk symptoms; imaging equipment; workforce shortages in pathology, radiology and oncology; reforming the way diagnostic pathways work.

Key worker: the cancer pathway is complex and a named key worker is fundamental to help the child and their family navigate the pathway and ensure a smooth patient journey. The key worker is usually the clinical nurse specialist, who as part of a wider multi-disciplinary team coordinates treatment and care. The healthcare system, and patients, should also be clear who their responsible doctor is at all stages of the care pathway.

Cancer survivorship: Having no signs of cancer after finishing treatment. The term also refers to living with, through, and beyond cancer. According to this definition, cancer survivorship begins at diagnosis and includes people who continue to have treatment over the long term, to either reduce the risk of recurrence or to manage chronic disease.

Metastasis: the medical term for cancer that spreads to a different part of the body from where it started.

Recovery packages: These elements form part of an overall support and self-management package for people affected by cancer.

Most commonly diagnosed cancers: non-Hodgkin lymphoma, Hodgkin lymphoma, leukaemia, brain and spinal cord, neuroblastoma, Wilms tumour.

Main treatment options: surgery, radiotherapy, chemotherapy.

Cancer care services: complex and very specialist care, clinical trials and other studies, opportunities to be involved in and engaged in research activities.

Members: primary, secondary, tertiary.

Potential impacts on child and family/carer: fatigue, developing relationships, financial hardship of family, anxiety/depression, fear of recurrence, changes in behaviour, family dynamics, physical changes, emotional changes, socialisation issues, impact on education.

Information and sources of advice: financial, well-being, follow up support, counselling, third sector services, specialist services.

Related NOS
- GEN44 Liaise between primary, secondary and community teams
- PHARM50.2011 Provide advice on anti-cancer therapy for an individual

Related legislation and guidance
- Welsh Government Cancer delivery plan - **http://gov.wales/topics/health/nhswales/plans/cancer-plan/?lang=en**
- Cancer Delivery Plan for Wales 2016-2020 - The highest standard of care for everyone with cancer Produced by the Wales Cancer Network Nov 2016 https://gov.wales/docs/dhss/publications/161114cancerplanen.pdf
- End of life care delivery plan - **http://gov.wales/topics/health/nhswales/plans/end-of-life-care/?lang=en**
- National cancer survivorship initiative https://webarchive.nationalarchives.gov.uk/20100809113601/http://www.improvement.nhs.uk/cancer/LinkClick.aspx?fileticket=4apVUSvGcow%3d&tabid=214
- National cancer survivorship initiative: new and emerging evidence on the ongoing needs of cancer survivors (2011) https://eprints.soton.ac.uk/342572/1/The_National_Cancer_Survivorship_Initiative_-_new_and_emerging_evidence.pdf
- End of Life Care Plan and Palliative Care Implementation Board **http://wales.pallcare.info/**
- Macmillan Cancer Support - https://www.macmillan.org.uk/
- Marie Curie Care and Support - https://www.mariecurie.org.uk/?gclid=EAIaIQobChMI7tjhp9mj3AIV4ZztCh1AOguhEAAYASAAEgLa1vD_BwE&gclsrc=aw.ds
- Contact a Family https://contact.org.uk/wales
- Care after cancer https://www.macmillan.org.uk/documents/getinvolved/campaigns/campaigns/survivorship/survivorshipreport2009.pdf
- Living with and beyoung cancer: taking action to improve outcomes (2013) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/181054/9333-TSO-2900664-NCSI_Report_FINAL.pdf
- Supporting Learners with Healthcare Needs- Guidance document no: 215/2017. March 2017 http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en

Unit 318   Palliative and end of life care for children and young people

Level:	3
GLH:	35
Credit:	9
Unit Summary:	This unit provides the learner with the knowledge and skills required to support children receiving palliative care and support at the end of life, with consideration of their families/carers. It includes the principles of child-centred approaches and the importance of building positive relationships with children, families/carers. The learner will understand the range of specialist services available to provide support. In the context of this unit, the term 'children' refers to children and young people.

Learning outcome:

1. Policies and processes that underpin the provision of palliative and end of life care for children

Assessment criteria

You understand:

1.1 Terms relating to palliative and end of life care for children
- palliative care
- end of life care
- life limiting condition
- terminal care

1.2 National guidance and current approaches to palliative and end of life care and how they underpin care

1.3 What is meant by 'child based approaches' when providing palliative care/caring for children approaching end of life

1.4 The importance of upholding children's rights to express themselves about their palliative and end of life care

1.5 The ways that power and influence may be used and/or abused when providing palliative care/supporting children approaching end of life

1.6 Conflicts and legal or ethical issues, specific to children, that may arise in relation to death, dying, palliative or end of life care

1.7 The roles of next of kin in relation to
- palliative care
- end of life care

2. Child-centred approaches relating to palliative/end of life care

Assessment criteria

You understand:

2.1 Ways to involve children, their families/carers in decisions about their palliative/end of life care
2.2 The role of **key people** and support services who may be involved in palliative/end of life care
2.3 The benefits of caring networks and local schemes
2.4 The importance of always acting in the child's best interest
2.5 The concept of a holistic approach in caring for life limiting conditions, palliative and end of life care

Range
Key people - family members, friends, others who are important to the well-being of the child, multi-disciplinary team

Learning outcome:

3. The importance of effective communication with children, their families/carers in developing positive relationships during palliative/end of life care

Assessment criteria

You understand:

3.1 Why positive relationships are important for children who are receiving palliative/end of life care
3.2 The challenges that may occur in developing positive relationships with children who are receiving palliative / end of life care, their families/carers
3.3 The importance of the use of first language when communicating with children who are receiving palliative / end of life care, and their families/carers
3.4 How different **customs and preferences** may influence palliative/end of life care
3.5 The challenges of sensory impairment on palliative/end of life care
3.6 The importance of checking that communication has been understood by the child at end of life, their carers/family and those involved in their care and support
3.7 Considerations in relation to young carers involved in palliative/end of life care

Range
Customs and preferences - beliefs, religion, culture

Learning outcome:

4. The meaning of well-being in the context of palliative and end of life care for children

You understand:

4.1 The importance of discussing with and involving children, their families/carers in decisions about their palliative/end of life care

4.2 The importance of supporting the **well-being** of children and families/carers, in the context of palliative/end of life care

4.3 Ways in which children's well-being may be **enhanced** when receiving palliative/end of life care

4.4 Ethical considerations in relation to nutrition and hydration of children receiving palliative/end of life care

4.5 Potential conflicts that might arise during palliative/end of life care

4.6 The actions to be taken when conflicts have arisen

4.7 The importance of working in partnership with **key people** to support children's well-being

4.8 Coping strategies that may be adopted by children and their families/carers when facing death and dying

4.9 **Models** of loss and grief

Range

Well-being - social, emotional, cultural, spiritual, intellectual, economic, physical and psychological

Enhanced - environmental factors, medical/non-medical interventions, use of equipment and aids, alternative/complementary therapies, hospice provision, third sector bodies

Key people - family members, friends, others who are important to the well-being of the child, multi-disciplinary team

Models – Kübler-Ross grief cycle, Worden's theory, Stroebe & Schute

Learning outcome:

5. Provide palliative/end of life care and ongoing support to children living with life limiting conditions

Assessment criteria

You are able to work in ways that:

5.1 Actively listen to children and families/carers in relation to end of life care

5.2 Communicate the requirements of children and families/carers to others

5.3 Provide support to families/carers

5.4 Identify and report behavioural changes in children when receiving palliative/end of life care

5.5 Record and report the physical changes in the condition of children receiving palliative/end of life care

5.6 Support children's physical and emotional needs when receiving palliative/end of life care

5.7 Contribute to addressing distress experienced by children and families/carers

Unit 318 Palliative and end of life care for children and young people

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.
For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Witness signed reflective account about providing palliative support or end of life care for children and families/carers/ others on at least one occasion.
- Evidence of documentation/records must be completed clearly, accurately and legibly.

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Learning outcome 3, assessment criteria 3.1 - Learners should cover the importance, impact and benefits of building and maintaining any relationship from the aspect of the child – why it is important for self-expression, trust etc. It could just be that the child has a trusted adult, not necessarily one who is involved in health care provision.

Learning outcome 5, assessment criteria - Learners can achieve these criteria through simulation/professional discussion, where necessary in light of the sensitive nature and the likelihood of occurrence.

The content of this unit should incorporate learning that palliative care in children may occur over a prolonged period of time (including over years), and consideration of the support and care that learners develop from this unit should reflect and reinforce this.

Core Elements of Palliative Care: Timely and open communication and information; Choices/options in all aspects of care, including complementary therapies; death in the place of choice; co-ordination of services at home, where this is the chosen place of care; expert symptom management; access to 24-hour specialist advice and expertise; emotional and practical support for all family members; respite care, with medical and nursing input, when required.

End of Life: the last 12 months that a person is expected to live

Physical needs: oral care, continence care, constipation, personal care, mobility

Others with whom information may need to be shared: care workers, different agencies

Support to carers and families: may include referral to support services, third sector services, bereavement support, emotional and practical support

Related NOS

- SCDHSC0385 Support individuals at the end of life

Related legislation and guidance

- All Wales Standards on Palliative Care - http://www.wales.nhs.uk/palliativecare
- United Nations Convention on the Rights of the Child 1991 https://www.unicef.org.uk/what-we-do/un-convention-child-rights/
- The Children Act (2004) http://www.legislation.gov.uk/ukpga/2004/31/contents
- The Childcare Act (2006) http://www.legislation.gov.uk/ukpga/2006/21/contents
- Children's Act 1989 https://www.legislation.gov.uk/ukpga/1989/41/contents
- NICE Guidance - End of life care for infants, children and young people with life limiting conditions: planning and management (NG61) December 2016 https://www.nice.org.uk/guidance/ng61
- NICE Quality Standard - End of life care for infants children and young people (QS160) September 2017 https://www.nice.org.uk/guidance/qs160
- Together for short lives https://www.togetherforshortlives.org.uk/about-us/
- Contact a Family https://contact.org.uk/wales
- Supporting Learners with Healthcare Needs- Guidance document no: 215/2017. March 2017 http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en

Unit 320   Undertaking stoma care

Level:	3
GLH:	20
Credit:	3
Unit Summary:	This unit covers undertaking the care of a bowel/bladder stoma. This may be for individuals with new stomas or for individuals with established stomas who are unable to or need support to manage their own stoma care.
	In the context of this unit, the term 'individual' refers to adults, children or young people.

Learning outcome:

1. Stoma care

Assessment criteria

You understand:

1.1 Anatomy in relation to the position and function of different **types of stoma**
1.2 Sites for stomas
1.3 The differences in stool consistency for different **types of stoma**
1.4 Personal responsibilities and accountability in relation to stoma care
1.5 The importance of applying standard precautions for undertaking stoma care
1.6 The potential consequences of poor practice when providing stoma care
1.7 Why an individual may have a stoma
1.8 The effects of diet and mobility on stoma function

Range
Types of stoma - colostomy, ileostomy, ileal conduit, nephrostomy, urostomy

Learning outcome:

2. How to maintain an individual's dignity when providing stoma care

Assessment criteria

You understand:

2.1 Potential concerns and worries individuals and their families/carers may have in relation to undertaking stoma care and how to overcome them
2.2 The importance of exercising sensitivity to individuals perception of the situation and impact on their lives
2.3 Factors which may affect the level of stoma care assistance required

3. Factors impacting on stoma care provision

Assessment criteria

You understand:

3.1 Potential adverse reactions which may occur during and following stoma care activities and how they should be dealt with
3.2 The role of stoma care specialist practitioners and how they can be contacted
3.3 Potential consequences of contamination of stoma drainage systems
3.4 Equipment and materials required for undertaking stoma care
3.5 Types of stoma appliances available and their suitability for different types of stoma
3.6 Personal protective clothing and additional protective equipment which should be worn for own protection and that of the individual
3.7 Records required for stoma care activities to be undertaken

Learning outcome:

4. Provide stoma care to individuals

Assessment criteria

You are able to work in ways that:

4.1 Follow health and safety measures including precautions for infection prevention and control when providing stoma care
4.2 Confirm individual's identity and obtain valid consent before carrying out stoma care activities
4.3 Provide individuals and their families/carers with relevant information, support and reassurance in a manner which is sensitive to their needs and concerns
4.4 Confirm all equipment and materials for stoma care are fit for purpose
4.5 Carry out stoma care following appropriate techniques, in line with manufacturer's instructions
4.6 Work in a manner which optimises the individual's comfort and dignity and minimises pain and trauma
4.7 Report conditions or behaviour which may cause adverse reactions to the activity and take the appropriate action
4.8 Dispose of equipment and soiled linen safely, hygienically and in ways which minimise the risk of cross-infection
4.9 Record and report outcomes of stoma care activity accurately using methods agreed in the organisation/ setting
4.10 Report findings and/ or issues to an appropriate member of the care team

Learning outcome:

5. Use person-centred care practices to support individuals/families/carers in caring for their stomas

Assessment criteria

You are able to work in ways that:

5.1 Encourage individuals to communicate any concerns about their stoma and its function

5.2 Monitor and report on individuals' patterns of stoma function, consistency of body waste and changes that may have occurred

5.3 Encourage individuals to consume appropriate food and drink to maintain effective stoma function

5.4 Provide active support to individuals to manage their own stomas in a manner that promotes self-respect and self-esteem, maximises privacy and is consistent with care plans

5.5 Provide stoma care equipment at a time and place convenient to individuals' needs and circumstances

5.6 Take appropriate action when stoma care equipment appears to be inappropriate or unsuitable

Unit 320   Undertaking stoma care
Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Learners should be able to evidence care for individuals on at least **three** different occasions.

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Learners who complete this unit would benefit from having undertaken the Level 2 Continence unit prior to or alongside this unit.

Where the stoma is newly formed in the immediate post-operative period, these activities must be undertaken using aseptic techniques and following local guidelines and procedures

Active support - Active Support is a way for people to engage in meaningful everyday activities of their choice, with the amount of support they need.

Factors - age, medical condition, personal beliefs and preferences

Impact – diet, mental health

Related NOS

- SFHCHS10 Undertake stoma care

Related legislation and guidance

- Good Practice in Health Care, Incontinent urostomy (2009) - Publisher: European Association of Urology Nurses (EAUN) **https://nurses.uroweb.org/wp-content/uploads/EAUN_IU_Guidelines_EN_2009_LR.pdf**
- Clinical Practice Guidelines for Ostomy Surgery (2015) **https://www.fascrs.org/sites/default/files/downloads/publication/clinical_practice_guidelines_for_ostomy_surgery.pdf**
- Stoma care guidance and formulary **http://www.wales.nhs.uk/sites3/Documents/814/FORMULARYstomaAccessoriesABUHBfinal%5BFeb2016%5D.pdf**
- Living with colostomy **https://www.nhs.uk/conditions/colostomy/living-with/**

- Supporting Learners with Healthcare Needs- Guidance document no: 215/2017. March 2017 **http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en**

Unit 321   Undertaking non-complex wound care

Level:	3
GLH:	20
Credit:	4
Unit Summary:	This unit is aimed at supporting learners to provide non-complex wound care; this will cover the knowledge and skills required to carry out the treatment and dressing of lesions and wounds, and is applicable in a variety of health and care organisations/settings, including hospitals, care homes and the individuals own home.
	In the context of this unit, the term 'individual' refers to adults, children and young people.

Learning outcome:

1. Understand legislation and agreed ways of working when undertaking non-complex wound care

Assessment criteria

You understand:

1.1 Guidelines and agreed ways of working which inform non-complex wound care
1.2 The importance of complying with infection control and Personal Protective Equipment requirements at all times when undertaking non-complex wound care

Learning outcome:

2. Wound healing and contamination

Assessment criteria

You understand:

2.1 The stages of the wound healing process
2.2 Factors that promote or delay the wound healing process
2.3 Signs and symptoms of infection of non-complex wounds
2.4 The differences between asepsis, antisepsis and cross-infection
2.5 Potential sources of wound contamination
2.6   Actions to take if a wound becomes contaminated

Learning outcome:

3. The procedures and techniques to treat and dress lesions and non-complex wounds

You understand:

3.1 The importance of own responsibility and accountability, and when additional guidance should be sought, when applying treatments and dressings

3.2 The importance of following specified guidance documents when applying treatments and dressings

3.3 The types and functions of different treatments and dressings used in own work area

3.4 Procedures for dressing lesions and non-complex wounds

3.5 Procedures for dealing with adverse reactions that occur when applying treatments and dressings

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Learning outcome:

4. Prepare to dress non-complex lesions and wounds

Assessment criteria

You are able to work in ways that:

4.1 Refer to the treatment plan and wound assessment documentation

4.2 Check for any contraindications to treatments and dressings

4.3 Check required equipment, treatments and dressings are fit for purpose

4.4 Provide information, support and reassurance respecting personal beliefs and preferences

4.5 Confirm identity and gain valid consent to carry out the activity

4.6 Apply health and safety measures relevant to the procedure and environment

4.7 Assist the individual to position themselves to enable access to the wound or lesion site

4.8 Assist the individual to adjust clothing whilst maintaining their privacy and dignity

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Learning outcome:

5. Carry out dressing treatments for non-complex wounds

Assessment criteria

You are able to work in ways that:

5.1 Remove existing dressings following agreed procedures

5.2 Observe lesion or wound for any changes in appearance

5.3 Maintain the sterility of dressings prior to and during application

5.4 Apply dressings to non-complex wounds following standard procedures

5.5 Provide support throughout dressing treatments with consideration for minimising anxiety and discomfort

5.6 Manage the safety, dignity and comfort of the individual during and following the procedure

5.7 Dispose of waste safely following standard procedures

5.8 Record the outcomes and **findings** of the activity, according to agreed ways of working

5.9 Report outcomes and **findings** following agreed ways of working

Range

Findings – condition of wounds/lesions, healing progress, inflammation, pain

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Unit 321   Undertaking non-complex wound care
Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.
For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Learners need to evidence practical demonstration of treating and dressing wounds on a minimum of **three** separate occasions
- Completion of documentation

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Aseptic Non Touch Technique (ANTT): Aseptic Non Touch Technique or ANTT® is a tool used to prevent infections in healthcare organisations/settings.

Factors that promote - wound type, hygiene, nutrition, age.

Factors that delay: infection, age, obesity, medication, co-morbidity.

Stages of the wound healing process: haemostatsis, inflammation, proliferation, maturation.

Related NOS

- CHS12 Undertake treatments and dressings related to the care of lesions and wounds

Related legislation and guidance

- Guidelines for hand hygiene in Irish healthcare settings (2015) **http://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/guidelines/File,15060,en.pdf**
- WHO Guidelines on Hand Hygiene in Health Care **http://apps.who.int/iris/bitstream/handle/10665/44102/9789241597906_eng.pdf;jsessionid=2369B3883857B00CDD81279426F774EE?sequence=1**
- Welsh Government: Doing Well – Doing Better - Standards for Health Services in Wales April 2010 **http://www.wales.nhs.uk/sites3/documents/919/english%20web%20version.pdf**
- NICE Guidelines **https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-diagnostics-guidance**

- Health and Care Standards   Welsh Government April 2015
  http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf
- Quality and Safety
  https://gov.wales/topics/health/nhswales/circulars/quality/?lang=en
- Infection Prevention Control and Aseptic Non Touch Technique Welsh Government Guidelines
  http://www2.nphs.wales.nhs.uk:8080/WHAIPDocs.nsf/61c1e930f9121fd080256f2a004937ed/e4528983f2eddd3a80257f10003dd2f3/$FILE/ANTT%20Framework%20v4.0.pdf
- Best practice guidelines: effective skin and wound management of non-complex burns
  https://www.bbraun.se/content/dam/b-braun/global/website/products-and-therapies/wound-management/Docs/Best%20Practice%20non-complex%20burns%20and%20wound.pdf.bb-.45729854/Best%20Practice%20non-complex%20burns%20and%20wound.pdf
- Supporting Learners with Healthcare Needs- Guidance document no: 215/2017. March 2017 **http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en**

Unit 324 Administering adrenaline auto-injections

Level:	3
GLH:	15
Credit:	3
Unit Summary:	This unit covers the principle and use of different types of auto-injection devices so they can be confident in how to manage in the case of a severe reaction. In the context of this unit, the term 'individual' refers to adults, children and young people.

Learning outcome:

1. Support the safe administration of auto-injection adrenalin devices

Assessment criteria

You understand:

1.1   Reasons for the prescription of auto-injection adrenalin
1.2   The effect adrenaline has within the body and on anaphylaxis symptoms
1.3   Advantages and disadvantages of auto-injection adrenalin devices
1.4   Types of auto-injection adrenalin devices including doses available for different age groups
1.5   Reasons auto-injection adrenalin devices may not be suitable for different age groups
1.6   Policies, procedures and guidelines for the safe storage and administration of adrenalin auto-injection devices within organisations/settings
1.7   Local practices relating to the safe storage and maintenance of auto-injection adrenalin devices
1.8   Where to source advice and guidance on auto-injection adrenalin devices

You are able to work in ways that:

1.9   Demonstrate the correct administration of auto-injection adrenalin devices
1.10 Advise individuals/children and their families/carers on the actions to take following the administration of auto-injection adrenalin devices
1.11 Record and report actions taken in line with legislation and organisation/setting policy

Unit 324   Administering adrenaline auto-injections

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner assisting an individual/child with demonstration of administration of auto-injection on a minimum of three occasions - **Use of the auto-injector should be be simulated/ demonstrated.**

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

This unit must be delivered alongside or following the level 2 'Responding to anaphylactic reactions' unit (209).

Throughout learning outcome 2 learners must consider the age and situation of the child when communicating with them, their families/carers and wider support network. Depending on the situation it may or may not be appropriate to involve them directly, but consideration must be made around the language used, setting, communication methods etc. The delivery of this outcome should link to and draw on content covered in the core qualifications on positive communication and overcoming barriers.

Auto-injection adrenalin devices: a hand held device for administering a measured dose of adrenaline by auto-injection, used for the treatment of anaphylaxis. There are different branded versions of auto-injection adrenalin device (e.g. EpiPen, Jext, Emerade etc.), each with their own procedure for administration.

Advantages and disadvantages: including doses available, safety, ease of use, expiry date range.

Demonstration: learners should communicate the use of the injectors using demonstration of dummy equipment, i.e. simulation of the use of the injectors is appropriate.

Actions to be taken: in line with setting / organisation policies and procedures and in line with role and responsibilities. Including seeking emergency medical attention, removing the allergy trigger, self- positioning to ensure safety whilst waiting for assistance, actions to take in the event of accidental injection.

Related NOS

- SFHAL13 Enable an individual to use self-injected adrenaline

Related legislation and guidance

- EpiPen **http://www.epipen.co.uk/patients/epipenr-user-guide**
- Jext **http://www.jext.co.uk/jext-video-demonstrations.aspx**
- Emerade **http://www.emerade-bausch.co.uk/patient/how-to-use-emerade**
- Supporting Learners with Healthcare Needs- Guidance document no: 215/2017. March 2017 **http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en**
- BSACI (British Society for Allergy and Clinical Immunology) is an organisation for healthcare professionals caring for patients with allergy- **http://www.bsaci.org**
- Allergy UK **https://www.allergyuk.org/**
- NHS Wales Website-Allergies **http://www.nhsdirect.wales.nhs.uk/encyclopaedia/ff/article/allergies**
- Emergency Treatment of Anaphylactic Reactions **https://www.resus.org.uk/anaphylaxis/**
- NHS Wales **http://www.nhsdirect.wales.nhs.uk/Encyclopaedia/a/article/anaphylaxis/**
- Resuscitation Council UK **https://www.resus.org.uk/anaphylaxis/**
- Anaphylaxis UK **https://www.anaphylaxis.org.uk**
- Welsh Government: Doing Well – Doing Better - Standards for Health Services in Wales April 2010 **http://www.wales.nhs.uk/sites3/documents/919/english%20web%20version.pdf**
- NICE Guidelines **https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-diagnostics-guidance**
- Health and Care Standards   Welsh Government April 2015 **http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf**
- Quality and Safety **https://gov.wales/topics/health/nhswales/circulars/quality/?lang=en**

Unit 328   Facilitate group learning

Level:	3
GLH:	20
Credit:	4
Unit Summary:	The unit aims to support learners with the knowledge, understanding and skills needed to plan, prepare, deliver and evaluate group learning.

Learning outcome:

1. Plan and prepare training sessions

Assessment criteria

You know:

1.1   The **stages** of the training cycle
1.2   The importance of identifying the target audience prior to developing training sessions
1.3   The difference between teaching and facilitating
1.4   The learning cycle
1.5   Types of learning styles that are adopted by different learners
1.6   Learning methods and resources that can be used to support training
1.7   Potential barriers to learning, and approaches to overcome barriers

You are able to work in ways that:

1.8   Identify the aims of the session
1.9   Set **SMART** objectives
1.10 Establish the background and experience of the participants
1.11 Prepare session plans in line with identified aims and objectives
1.12 Prepare and access the range of resources required for delivery of the session to include:
  - environment
  - technology
  - accessibility requirements
  - housekeeping requirements
  - stationery and handouts

Range
Stages - identify training need, design training, deliver training, evaluate outcomes
SMART - Specific, Measurable, Achievable, Relevant, Time bound.

Learning outcome:

2. Facilitate training sessions

Assessment criteria

You know:

2.1   Delivery techniques to meet a range of learning styles

2.2   The importance of setting ground rules with participants that includes an understanding of confidentiality and any information that may need to be shared

2.3   How to ensure that all participants have an opportunity to contribute and participate in sessions

2.4   Methods used to deal with difficulties that may arise within training sessions

2.5   Potential impacts of own opinions on the participants and the delivery of training sessions

2.6   How to signpost participants to further information that will support their ongoing learning

You are able to work in ways that:

2.7   Develop a shared understanding of expectations of the training session

2.8   Promote active participation of all participants

2.9   Facilitate discussions, using individual and group work as appropriate

2.10 Support a range of different learning styles ensuring inclusion of participants in group and/or individual work

2.11 Take account of equality, diversity and bilingualism when facilitating training sessions

2.12 Use a range of different forms of **communication**, that promote interaction within the session

Range

Communication- verbal, non-verbal, active listening, questioning techniques, open body language, tone of voice

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Learning outcome:

3.   Review and evaluate training sessions

Assessment criteria

You understand:

3.1   The value of participant feedback and evaluation

3.2   Methods of feedback collection and evaluation

3.3   How to support participants to reflect on their own learning

You are able to work in ways that:

3.4   Review feedback against the objectives of the training session

3.5   Evaluate and use feedback to improve future training sessions

3.6   Maintain records of training sessions undertaken

Unit 328   Facilitate group learning
Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Evidence of session plans
- Observe the delivery of part of a training session ensuring that this covers all of the practice elements of this unit
- Evidence of how feedback has been used to evaluate and improve training sessions.

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Learning styles: refer to a range of theories that aim to account for differences in individuals learning. These theories propose that all people can be classified according to their style of learning. A common concept is that individuals differ in how they learn.

The Learning Cycle: a concept of how people learn from experience. It will have several steps or phases, the last of which can be followed by the first. Examples could be:

- Kolb Learning Cycle
- Honey and Mumford Learning Cycle

Related NOS

- LSILADD01 Identify collective learning and development needs
- LSILADD03 Plan and prepare learning and development programmes
- LSILADD05 Develop and prepare resources for learning and development
- LSICLD1.2.1V2 Plan, prepare and facilitate community learning and developmental group work
- LSILADD06 Manage learning and development in groups
- LSILADD07 Facilitate individual learning and development
- LSIAG27 Facilitate learning in groups
- LSICLD44.1V2 Monitor and evaluate the quality of learning and development activities
- LSILADD13.Evaluate and improve learning and development provision
- SFTDW9 Identify the learning and development needs of the groups you work with
- SCDCCLD0415 Lead in advising and supporting practitioners in early years settings working with children who have additional support needs
- LSILADD04 Plan and prepare specific learning and development opportunities.

- LSIFL308v2 Develop training sessions
- Facilitate the development of effective group practice in health and social care or children and young people's settings (O20c) 683
- Manage induction in health and social care or children and young people's settings (O35) 684

Related legislation and guidance

- List of required Qualifications to work within early years and childcare in Wales 2017. **https://socialcare.wales/resources/list-of-required-qualifications-to-work-within-early-years-and-childcare-sector-in-wales**
- National Occupational Standards guide for Social care early years and childcare. **https://socialcare.wales/learning-and-development/national-occupational-standards-nos**
- Legislative framework for childcare in Wales. **http://www.childreninwales.org.uk/resource/legislative-framework-childcare-wales/**
- Welsh Government. Regulation and inspection of childcare. **https://gov.wales/topics/people-and-communities/people/children-and-young-people/childcare/regulation/?lang=en**
- Welsh Government Early Years. **https://gov.wales/topics/people-and-communities/people/children-and-young-people/early-years/?lang=en**
- National Minimum Standards for regulated childcare for children up to the age of twelve ((2016) **http://careinspectorate.wales/docs/cssiw/publications/160303regchildcareen.pdf**
- Early Years and Childcare qualifications, Social Care Wales. **https://socialcare.wales/learning-and-development/early-years-and-childcare-qualifications**
- Welsh Medium childcare and early years education provision (2017) **http://www.comisiynyddygymraeg.cymru/English/Publications%20List/Welsh%20Medium%20Childcare%20and%20Early%20Years%20Provision%20Briefing%20Note.pdf**
- Health and Safety legislation relevant to early years. **http://resources.hwb.wales.gov.uk/VTC/ngfl/nln_materials/nln_health_and_social_care/Health%20and%20safety%20legislation%20relevant%20to%20an%20early%20years%20setting/access/reference.html**
- Childcare, Play and Early years Workforce Plan December 2017. **https://gov.wales/topics/people-and-communities/people/children-and-young-people/early-years/childcare-play-early-years-workforce-plan/?lang=en**
- National Occupational Standards guide for Social care early years and childcare. **https://socialcare.wales/learning-and-development/national-occupational-standards-nos**
- Welsh Government Flying Start. **https://gov.wales/topics/people-and-communities/people/children-and-young-people/parenting-support-guidance/help/flyingstart/?lang=en**
- Reflective practice – what is it and why is it so important? (2018) **https://issuu.com/playwales/docs/reflective_practice?e=5305098/62475902**
- Inspiring learners – how to be a more effective trainer (2018) **https://issuu.com/playwales/docs/inspiring_learners_2018?e=5305098/62476148**

Unit 329   Supporting individuals with enteral feeding

Level:	3
GLH:	15
Credit:	3
Unit Summary:	This unit covers methods for feeding individuals using techniques other than oral feeding namely gastrostomy tube feeding. Learners will develop an awareness of policies and protocols and person-centred approach. They will understand the process and techniques relating to enteral tube feeding. They will also develop skills to carry out enteral tube feeding with individuals and the ability to manage stocks of products.
	In the context of this unit, the term 'individual' refers to adults, children and young people

Learning outcome:

1. Current guidelines, policies and protocols related to enteral feeding

Assessment criteria

You understand:

1.1 Current organisational policies, protocols, national and local guidelines related to enteral feeding

1.2 The potential consequences of not adhering to procedures when caring for **individuals** requiring enteral tube feeding

1.3 The local guidelines in relation to:
   - administering enteral tube feed to individuals and their personal plan
   - infection control procedures associated with enteral tube feeding
   - the importance of clearing away and safe disposal of used equipment
   - The roles of others in caring for individuals with enteral feeding tubes

1.4 The importance of knowing where and when to seek clinical support

Range

Individuals - refers to adults or children in a care setting or living in the community in receipt of home enteral tube feeding

Roles - community nurse, nutrition nurse specialist, dietitian, support roles including speech and language therapist, pharmacist, the broader/virtual team e.g. dental referral/oral health issues as appropriate, roles of third parties e.g. home enteral feeding company

Learning outcome:

2. Undertake enteral tube feeding techniques

Assessment criteria

You understand:

2.1 The different enteral tubes available and appropriate care for the tube the patient has in situ

2.2 The range of enteral tube feeds available and that the feed prescribed will be dependent upon the individual's nutritional needs

2.3 The importance of maintaining adequate nutrition and hydration to individuals

2.4 The importance of monitoring and recording fluid and feed intake according to an individual's personal plan

2.5 The importance of accurately checking feed, expiry date and volume to be administered according to the individual's personal plan

2.6 The different techniques of enteral tube feed administration e.g. bolus/pump

2.7 The importance of stock rotation and storage conditions

2.8 The adverse reactions or **problems** which may occur prior to, during or post feeding and how to escalate these

2.9 How to minimise the adverse effects of enteral tube feeds e.g. Gastrointestinal symptoms

2.10 The reasons why a feed may need to be delayed or stopped and help to be sought

2.11 The factors which will affect the level of care and support required by individuals, families/carers/others

2.12 The potential psychological, emotional and physical impact enteral tube feeding may have on individuals, families/carers/others

You are able to work in ways
that:

2.13 Carry out daily care of the tube in accordance with the individual's personal plan

2.14 Confirm equipment and feed is:
- appropriate to the procedure
- fit for purpose
- in the personal plan

2.15 Check whether the individual has taken any fluids/nutritional products recently and the completion time of last feed

2.16 Select, check and prepare the feed according to the individual's personal plan

2.17 Position the individual to ensure their safety and comfort during feeding

2.18 Ensure enteral tube feeding is set up:
- Using the most appropriately dated feed
- according to the timing in the individual's personal plan
- using appropriate techniques
- in line with manufacturer's instructions
- to optimise comfort and dignity

2.19 Check that sufficient fluids, feeds and equipment are available for future needs

2.20 Record and report in line with organisational policy and protocol

Range

Problems - include tube blocking/tube leakage/tube displacement (falling out)/buried bumper/infections around the stoma site/reflux/aspiration/nausea and vomiting/constipation/diarrhoea

Unit 329   Supporting individuals with enteral feeding
Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Reflective account by the learner signed by an expert witness, on supporting an individual (or individuals) who has an enteral feeding tube in situ on a minimum of 3 occasions.
- Documentation/records must be completed clearly, accurately and legibly.

Guidance for delivery

It is recommended that this unit is to be assessed by a registered nurse or nutrition nurse with current enteral feeding experience.

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

IDDSI (the International Diet Dysphagia Standardisation Initiative) has developed a global framework to standardise the way food and fluids for people of all ages with feeding, chewing or swallowing problems are described. The current levels and associated descriptors can be found here: **https://iddsi.org/framework/**

Gastrostomy - a tube inserted directly into the stomach, via a stoma. This tube provides a safe and effective method of ensuring adequate nutritional and fluid intake when oral nutrition and hydration are compromised or where additional intake is necessary (Löser, 2005). This includes **Percutaneous Endoscopic Gastrostomy (PEG)** and **Radiologically Inserted Gastrostomy (RIG)**

Appropriately dated feed – this would be in accordance with stock rotation principles

Related NOS

- CHS17.2012 Carry out Enteral tube feeding techniques to ensure individuals nutritional and fluid intake
- A/601/8980 Prepare for and carry out Enteral tube feeding techniques

Related legislation

- Social Services and Well-being (Wales) Act 2014 - Information and Learning Hub **http://www.ccwales.org.uk/the-act/**
- More Than Just Words and the Follow-on Strategic Framework for Welsh Language Services in Health and Social Care **http://gov.wales/topics/health/publications/health/guidance/words/?lang=en**
- Doing Well, Doing Better: Standards for Health Services in Wales (April 2010)

- Wales Competency Framework to Support Adults who Require Home Enteral Tube Feeding via a Gastrostomy Feeding Tube (April 2016) **www.**wales**.nhs.uk/governance-emanual/opendoc/290078**
- NICE Quality Standard 61 (2014) Infection Prevention and Control **https://www.nice.org.uk/guidance/qs61**
- NICE Clinical Guideline 32. (2017) Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition **https://www.nice.org.uk/Guidance/CG32**
- BAPEN **http://www.bapen.org.uk/**
- PINNT **http://pinnt.com/Home.aspx**

Unit 347   Health promotion

Level:	3
GLH:	20
Credit:	3
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to promote health and support individuals and/or families/carers to make changes to their lifestyle that support healthy living. In the context of this unit, 'individuals' refers to adults or children and young people.

Learning outcome:

1. Public health priorities and health promotion in Wales

Assessment criteria

You know:

1.1   Public health priorities in Wales
1.2   The relationship between public health priorities in Wales and:
- personal responsibility
- accountability
- availability and provision of information
1.3   How health promotion campaigns and programmes are targeted to change behaviour
1.4   Where current health promotion information, advice and support can be accessed

Learning outcome:

2. Support individuals and/or their families/carers to make lifestyle changes that promote their health

Assessment criteria

You understand:

2.1   What is meant by the term 'health harming behaviours'
2.2   Methods that can be used to support individuals and/or their families/carers to understand the implications of health harming behaviours and the benefits of making lifestyle changes
2.3   What is meant by realistic changes to lifestyle and why these are dependent on the personal circumstances of individuals and/or their families/carers
2.4   How to support individuals and/or their families/ arers to understand their personal responsibility for making changes to support their health
2.5   Methods that can be used to motivate behaviour change
2.6   The importance of role modelling best practice in relation to health promotion

2.7   How to access additional advice, information and support for health promotion

You are able to work in ways that:

2.8   Support individuals and/or their families/carers to understand the implications of health harming behaviours and the benefits of making lifestyle changes

2.9   Promote the benefits of healthy living

2.10 Assist individuals and/or their families/carers to identify realistic opportunities to change their lifestyle

2.11 Support individuals and/or their families/carers to develop a plan to improve health outcomes

2.12 Acknowledge and positively reinforce the efforts of individuals and/or their families/carers to change

2.13 Support individuals and/or their families/carers to review and evaluate their lifestyle changes

Unit 347   Health promotion
Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Reflective account by the learner signed by an expert witness, on engaging individuals (or individuals/families/carers) in the delivery of health promotion sessions. This should include an evaluation of the effectiveness of the activity.
- Documentation/records must be completed clearly, accurately and legibly.

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Related NOS

- SCDHSC3112 Support individuals to manage their own health and social well-being
- HT3 Enable individuals to change their behaviour to improve their own health and well-being
- PHP41 Enable people to address issues related to health and well-being
- PHS10 Advise others on health and well-being, related issues and their impact

Related legislation and guidance

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

Unit 374   Working as a personal assistant with children and young people

Level:	3
GLH:	20
Credit:	3
Unit Summary:	This unit aims to support the learner to develop knowledge, understanding and skills needed to work as a personal assistant with children and young people.

Learning outcome:

1. The role of direct payments

Assessment criteria

You understand:

1.1   The philosophy of personalised care and direct payments
1.2   How direct payments can be used for care and support
1.3   Legislation and policies relating to direct payments for providing care and support
1.4   Ways in which families/carers and children and young people can use direct payments to arrange support to achieve the outcomes that they want
1.5   The concept of 'the family/carer as the employer'

Learning outcome:

2. The role of personal assistants

Assessment criteria

You understand:

2.1   Your role as a personal assistant
2.2   The types of tasks and activities that you may be required to undertake
2.3   The difference between the role of a personal assistant and a care and support worker employed in formal service provision
2.4   How to clarify the expectations of the child or young person and your employer
2.5   How to deal with conflicts between the views and choices of the child or young person and their families/carers
2.6   Methods that can be used to develop the knowledge and skills needed to meet the requirements of your role
2.7   Actions to take if you do not feel that you are competent to undertake any aspects of your role
2.8   How to develop a positive, professional relationship with both your employer and the child or young person that you are supporting

You are able to work in ways that:

2.9 Clarify ongoing expectations of your role and responsibilities with the child or young person and your employer

2.10 Establish and undertake learning to develop the knowledge and skills needed to meet the requirements of the child or young person and your employer

2.11 Follow the agreed process if you or your employer have concerns about any aspects of your work

Unit 374   Working as a personal assistant with children and young people

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Expert witness/employer signed reflective account about working as a personal assistant with children and young people and/or witness testimony from employer

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Employer

Families and carers can access direct payments from local authorities for children and young people who are assessed as requiring care and support, this can include employing their own workers. They are known as direct payment employers. Being an employer allows greater choice and control over the care and support their child requires.

Personal Assistant

The person employed by the family/carer is called a Personal Assistant (PA). As paid staff the Personal Assistant supports the child or young person with a wide range of tasks and activities, helping to support their independence, choice and control and make a real difference to their quality of life.

The difference between the role of a personal assistant and a care and support worker employed in formal service provision: Working as a Personal Assistant is different to working as a care or support worker within a formal organisation. Some of the differences include:

- Their place of work will be their employer's home and local community;
- Generally they will work for one employer but some may have multiple employers;
- They work within a flexible structure to suit the needs of the child or young person they are supporting;
- There isn't a standard job description as the duties that a Personal Assistant will be asked to carry out will be dependent on the needs of the child or young person they are supporting to meet their personal objectives;
- The relationship between a Personal Assistant and their employer can be different to that of a support worker in a formal service setting. For example the Personal Assistant may be a family member or a neighbour which creates a different dynamic;
- They are not guided by the policies and procedures of a formal organisation, they would instead work to 'agreed ways of working';

- They will have a broader understanding of all aspects of the child or young person and their employer's life;
- The level of autonomy will vary for most Personal Assistants depending on the child or young person and employer's desired outcomes.

Related NOS

- SCDHSC 3123 Manage your relationship as an employee of the individual you support

Related legislation and guidance

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

Unit 375   Supporting children and young people to access advocacy

Level:	3
GLH:	25
Credit:	4
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to support children and young people to access advocacy.

Learning outcome:

1. Legislative frameworks and key principles relating to advocacy

Assessment criteria

You understand:

1.1 The history of advocacy and how it has evolved to current day provision
1.2 Legislation relating to advocacy
1.3 The purpose of advocacy
1.4 Principles of independent advocacy and why these are important
1.5 Models of advocacy and how these can be used to support children and young people
1.6 Characteristics of a positive advocacy relationship

Range

Models - instructed advocacy, non-instructed advocacy, self-advocacy, informal advocacy, collective advocacy, peer advocacy, citizen advocacy, independent volunteer advocacy, formal advocacy, independent professional advocacy

Learning outcome:

2. The role of independent advocates

Assessment criteria

You understand:

2.1 The role and responsibilities of independent advocates
2.2 Circumstances where referral to independent advocacy may be required
2.3 Referral procedures within own organisation/ setting

3. How independent advocacy can support children and young people

You understand:

3.1   Why particular groups of children and young people may require independent advocacy
3.2   Potential issues that may lead to children and young people accessing independent advocacy
3.3   Potential barriers to children and young people accessing independent advocacy, and how they can be overcome
3.4   Potential benefits young people can gain from accessing independent advocacy

Learning outcome:

4. Support children and young people to access independent advocacy services

Assessment criteria

You understand:

4.1   Why it is important to gain consent for referrals to independent advocacy services
4.2   Protocols for sharing information with advocacy services
4.3   Actions to take where children and young people are not able to provide consent

You are able to work in ways that:

4.4   Provide children and young people with information about independent advocacy
4.5   Work within information sharing protocols of organisation/setting and advocacy provider
4.6   Support children and young people to identify issues and any support needed for independent advocacy
4.7   Gain consent from the child or young person to make a referral and share information with independent advocacy services
4.8   Follow organisation/setting procedures for referral to independent advocacy services
4.9   Engage with independent advocates according to role and responsibilities and the nature of the referral for advocacy
4.10 Report and record involvement of advocacy services in line with organisation/setting procedures

Unit 375   Supporting children and young people to access advocacy

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

* Learners will need to evidence supporting a child/young person to access advocacy support/services.
* Observation or expert witness testimony is acceptable if the nature of the work or sensitivity of the situation will not allow direct observation.

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Advocacy: The Social Services and Well-Being (Wales) Act 2014 defines "Advocacy services" as: services which provide assistance (by way of representation or otherwise) to persons for purposes relating to their care and support. Advocacy supports and enables people who have difficulty representing their interests, to exercise their rights, express their views, explore and make informed choices and could include:

* Self-advocacy
* Informal advocacy
* Collective advocacy
* Peer advocacy
* Citizen advocacy
* Independent volunteer advocacy
* Formal advocacy
* Independent professional advocacy.

Gain consent: from the child or young person to make a referral and share information with independent advocacy services: where the child or young person has capacity to provide consent. Where this is not possible, agreed protocols should be followed.

Groups of children and young people may require independent advocacy: children and young people who are looked after, children and young people experiencing childhood disadvantage or adverse childhood experiences, young carers, gypsy/travelers, asylum seekers and refugees, disabled children and young people, young people with mental ill-health, young people in need of care and support.

Independent advocacy: relates to independent professional advocacy and / or independent volunteer advocacy.

Potential barriers: not having this actively offered, lack of understanding of child or young person/workers/families/carers of role of independent advocate, not knowing what their rights are, not having the right information, lack of confidence, fear, anxiety, lack of capacity, language barriers, communication difficulties, coercive control by another person/people, stereotypical assumptions, judgement and expectations of others because of the life journey of the child or young person.

Potential benefits: having a voice and control, being listened to, gaining confidence, understanding rights, exercising rights, having the support of someone who is not judging or assessing them or has no conflict of interest, achieving positive outcomes.

Potential issues that may lead to children and young people accessing independent advocacy: harm, abuse or neglect, oppression, discrimination, participation in meetings/decision making processes, dissatisfaction with service provision, access to services, financial support, living arrangements, health issues, arrangements for family visits.

Principles: As outlined within the Advocacy Charter and Code of Practice and Independent Professional Advocacy: National Standards and Outcomes Framework for Children and Young People in Wales.

Related NOS

- SCDHSC0367 Support individuals to access independent representation and advocacy
- SFJCJGB7 Advocate on behalf of individuals

Related legislation and guidance

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

Unit 350   Supporting the use of medication in social care settings

Level:	3
GLH:	35
Credit:	5
Unit Summary:	This unit aims to develop the knowledge, understanding and skills of learners to support the use of medication in social care settings.

This unit is specifically aimed at those in a social care role where individuals are supported in a range of ways (including administration) with their oral and topical medication, in accordance with their care and support plan and in line with national guidance.

In the context of this unit 'individuals' refers to adults and children and young people. |

Learning outcome:

1. Common types of medication and their use

Assessment criteria

You know:

1.1   Common types of medication and their general uses
1.2   Legal classification of different types of medication and implications for their use in social care settings
1.3   Different preparations of medication
1.4   **Different routes** used for medication
1.5   Materials, equipment and aids that are used to support individuals with their medication
1.6   Changes in the individual that may indicate an adverse reaction to their medication
1.7   Actions that should be taken where there are signs or indicators of an adverse reaction to medication

Range
Different routes - oral, enteral (via percutaneous endoscopic gastrostomy - PEG) sublingual, transdermal, parenteral, topical, inhaled, nasal, rectal and vaginal

Learning outcome:

2. Receive, store and dispose of medication supplies safely

Assessment criteria

You know:

2.1 Actions to take when receiving medication
2.2 How to safely store medication
2.3 How to safely dispose of unused or spoilt medication

You are able to work in ways that:

2.4 Follow organisational policies and procedures to receive, store and dispose of medication

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Learning outcome:

3. Support the use of medication

Assessment criteria

You understand:

3.1 The importance of supporting the active participation of individuals when assisting use of medication
3.2 The importance of checking information for the **correct use of medication**
3.3 Actions to be taken if there are any:
   • discrepancies
   • conflicting instructions
   • missing or spoilt medications
   • issues with the individual refusing to take prescribed medication

You are able to work in ways that:

3.4 Check information to support the individual with correct use of medication
3.5 Confirm with the individual the level and type of support they need when using medication
3.6 Prepare equipment and the environment for use of medication
3.7 Support the individual with correct use of medication ensuring:
   • the promotion of active participation
   • dignity and respect
   • infection prevention and control measures are followed
3.8 Observe the use of medication to identify any practical difficulties that may occur
3.9 Take actions to address any practical difficulties
3.10 Record use of medication according to own role and responsibilities

Range
Correct use of medication - following information in personal plan, level of support needed, checking label to ensure that medication is in date, correct medication for the individual, the correct dose, the correct route, the correct time to take, checking records for last dose taken

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Unit 350   Supporting the use of medication in social care settings

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.
For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner supporting individual's within their care in taking medication on a minimum of **three** occasions.
- Observe the learner safely receiving, storing and disposing of medication within their role and responsibility.
- Evidence of documentation/records that are completed clearly, accurately, legibly

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Changes in an individual's physical, behavioural or interactive capacity could include: confusion, agitation, hyperactivity, drowsiness, unresponsiveness, fine motor tremor, fast heart rate, elevated temperature, rash, vomiting, diarrhoea, swollen tongue, swollen ankles, poor circulation, unusual discharge, unexplained bruising/ bleeding, thrush

Practical difficulties: include those that relate to lost medication; missed medication, spilt or dropped medication, difficulty taking medication in its prescribed form, the individual refusing to take medication, wrong medication used, adverse reactions to medication or discrepancies in records or directions are noted.

Related NOS

- SCDHSC3122 Support individuals to use medication in social care settings
- SFHRenTP7 Help the patient develop competence in self-administering medication

Related legislation and guidance

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

Unit 376 Undertaking physiological measurements in children

Level:	3
GLH:	40
Credit:	5
Unit Summary:	This unit will enable learners to develop the knowledge and skills required to undertake physiological measurements in a range of health and care organisations/settings. Physiological measurement is a major area of the diagnostic service portfolio. It provides a wide range of investigations and elements in the care pathway that are essential in diagnosis, recognise changes in conditions and identify the need for appropriate therapeutic interventions.

Learning outcome:

1. Agreed ways for undertaking physiological measurements

Assessment criteria

You know:

1.1 **Agreed ways of working** that affect own work practice when undertaking **physiological measurements**

1.2 Own role and responsibilities for obtaining valid consent and the importance of doing this

1.3 Standard checks that should be made on the equipment used to take physiological measurements

Range
Agreed ways of working - national guidelines, policies, protocols and good practice
Physiological measurements - blood pressure, pulse, temperature, Oxygen saturation, respiration, body mass index (BMI)

Learning outcome:

2. Undertake physiological measurements

Assessment criteria

You know:

2.1 The importance of baseline measurements

2.2 The anatomy and physiology of the
- o circulatory system
- o respiratory system

2.3 What blood pressure is and its normal systolic and diastolic ranges across different groups

2.4 The terms 'hypertension' and 'hypotension'

2.5   How and why to select the correct cuff size for blood pressure monitoring, for different groups

2.6   The main pulse points in the body

2.7   **Key features of a pulse** and its normal ranges across different **groups**

2.8   Pulse oximetry and what might affect accuracy of reading

2.9   Normal body temperature ranges and how the body maintains them

2.10 How and why respirations are measured, and the normal respiration ranges across different groups

2.11 **Features of breathing that** would be observed in addition to rate

2.12 Principles of body mass index (BMI) in relation to weight/dietary control

2.13 Actions to be taken if complications occur during the measurement

2.14 Responsibilities for action if physiological measurements fall outside normal ranges

2.15 Factors that affect physiological measurements

You are able to work in ways that:

2.16 Explain to the child, and their family or carer what physiological measurements will be undertaken and gain valid consent

2.17 Check equipment is fit for purpose when preparing to take physiological measurements

2.18 Check the documentation for which physiological measurements need to be taken and prescribed frequency

2.19 Take physiological measurements accurately adapting procedures according to different age groups

2.20 Monitor the condition of the child when taking physiological measurements

2.21 Record and report physiological measurements in line with agreed ways of working

2.22 Clean and decontaminate equipment used and dispose of waste

2.23 Restock and store equipment securely following the procedure

Range

Groups – new-borns, children aged 0-2 years, children aged 2-3 years, children aged 3-7, adolescents

Key features of a pulse – rate, rhythm, quality

Features of breathing – depth of breath, quality of breath, chest symmetry, noises, use of accessory muscles

Unit 376   Undertaking physiological measurements in children

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner carrying out a minimum of five sets full sets of physiological measurements, these should be taken in practice or under simulation where measurements not naturally occurring within organisation/setting role
- Learners must be able to identify a minimum of five factors affecting physiological measurements

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

The content of this unit requires learners to develop an understanding of nine key physiological measurements. It is anticipated that learners completing this unit will be undertaking the majority of these measurements within their work environment or placement environment. If any of the measurements are not applicable to the learner's environment, then coverage of these measurements via simulation is acceptable.

Consent relating to children - Like adults, young people (aged 16) are entitled to consent to their own treatment and this can only be overruled in exceptional circumstances. They are presumed to have sufficient capacity to decide on their own medical treatment unless there is sufficient evidence to suggest otherwise. Children under the age of 16 can consent to their own treatment if they're believed to have enough intelligence, competence and understanding to fully appreciate what's involved in their treatment. Otherwise, someone with parental responsibility can consent for them.

Oximetry: A pulse oximeter is a medical device that indirectly monitors the oxygen saturation of a patient's blood

Sphygmomanometer: An instrument for measuring blood pressure, typically consisting of an inflatable rubber cuff which is applied to the arm and connected to a graduated scale, enabling the determination of systolic and diastolic blood pressure by increasing and gradually releasing the pressure in the cuff

Consent: including informed, assumed, implied, verbal

Equipment: including sphygmomanometer, oxygen saturation machine, stethoscope, thermometer, weighing scales, height measure

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Condition: could include level of conciousness and response, confusion, skin state

Related NOS

- CHS19 Undertake routine clinical measurements
- CHS224 Set up equipment to monitor physiological function

Related legislation and guidance

- CIW https://careinspectorate.wales/?lang=en
- GMC Website www.gmc-uk.org

Unit 208   Supporting children living with diabetes mellitus

Level:	2
GLH:	20
Credit:	5
Unit Summary:	This unit will enable learners to understand what diabetes is; different types of diabetes and treatment and management. Learners will explore the importance of well-being in the context of care and support. They will be able to implement a child-centred approach to support children to manage their diabetes.
	In the context of this unit, the term 'diabetes' refers to diabetes mellitus and the term 'children' refers to children and young people.

Learning outcome:

1. Causes and treatments of diabetes

Assessment criteria

You know:

1.1 Different **types of diabetes** and common treatments
1.2 The normal blood glucose range for type 1 diabetes
1.3 Signs and symptoms of unstable diabetes
1.4 Potential long-term complications of unstable diabetes
1.5 The importance of recognising ketonuria
1.6 The action to take if a child with diabetes is unresponsive
1.7 Risk factors that may lead to the early onset of type 2 diabetes
1.8 **Ways** in which type 1 diabetes can be managed
1.9 The effect of insulin on blood glucose levels in type 1 diabetes
1.10 The terms 'hypoglycaemia', 'hyperglycaemia' and 'glycaemic control'
1.11 The impact of other illnesses on glycaemic control

Range
Types of diabetes - type 1, type 2
Ways - non-pharmacological (lifestyle advice) and pharmacological (injectable)

Learning outcome:

2. The importance of child-centered approaches when supporting children living with diabetes

Assessment criteria

You know:

2.1   Challenges faced by children diagnosed with diabetes and their families/ carers
2.2   Factors that impact on the well-being of children living with diabetes
2.3   The importance of a 'child-centred' approach when working with children living with diabetes and their families/carers
2.4   How to support children living with diabetes, including adaptations to support their daily lives
2.5   The roles of
   - Families/carers
   - multi-disciplinary teams
   - diabetic specialist nurses

Learning outcome:

3.   Support children and their families/carers to manage their diabetes

Assessment criteria

You know:

3.1   How to support children and their families/carers to manage their own condition in accordance with their age and stage of development
3.2   The effects of glycaemic control in relation to:
   - home environment
   - eating patterns
   - attitudes to food
   - physical activity
   - long health complications
3.3   The importance of recording and reporting the care and support provided for children living with diabetes

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Learning outcome:

4.   The importance of nutrition to children living with diabetes

Assessment criteria

You know:

4.1   The nutritional needs of children living with diabetes
4.2   The principles of a balanced diet for children living with diabetes
4.3   The importance of regular meals for children living with diabetes
4.4   The effect of different carbohydrates and refined sugars on blood glucose levels

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Learning outcome:

5.   Use child-centred approaches to support children and the management of their diabetes in accordance with their age and stage of development

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You are able to work in ways that:

5.1 Use methods that positively encourage children to behave in ways that supports their care with the management of diabetes

5.2 Provide reassurance to children living with diabetes and their families/ carers

5.3 Record and report concerns that might affect the ability of a child with diabetes to self-care

Unit 208   Supporting children living with diabetes mellitus

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner communicating with/supporting a child on a minimum of three occasions.
- Documentation and records must be completed clearly, accurately and legibly.

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

As part of the delivery of this unit, learners need to be provided with an overview of **Diabetes Insipidus**. Whilst this is an unrelated condition to Diabetes Mellitus; the two conditions are sometimes confused, therefore an overview of Diabetes Insipidus (causes and effects, including its association with Acquired Brain Injuries) would be useful. Guidance on Diabetes Insipidus can be found through the following websites:

- https://www.pituitary.org.uk/media/386047/To-A-E-and-hospital-ward-staff-–-Diabetes-Insipidus-patient-Oct-2014-PM.pdf
- https://www.pituitary.org.uk/information/publications/conditions-and-procedures/diabetes-inspidus-booklet/

Child-centred: a way of working which aims to put the person at the centre of the care situation taking into account their individuality, wishes and preferences

Factors that impact on well-being: diet, physical and mental health

Related NOS

- Diab HA6 Help children with diabetes to change their behaviour to reduce the risk of complications and improve their quality of life
- Diab HA10 Help children with diabetes reduce cardiovascular risk
- Diab HA9 Help an individual with diabetes to improve blood glucose control
- Diab HA5 Help an individual understand the effects of food, drink and exercise on their diabetes
- Diab HA13 Provide information and advice to enable an individual with diabetes to minimise the risks of hypoglycaemia

Related legislation and guidance

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

Unit 209   Responding to anaphylactic reactions

Level:	2
GLH:	10
Credit:	2
Unit Summary:	This unit provides learners with a full understanding of the causes and treatment of anaphylaxis, how it affects the body and how it can be diagnosed and treated. Learners will look in detail at how anaphylaxis impacts on the lives of individuals / children and their families/carers and will learn the skills required to support them in the event of an anaphylactic reaction.

In the context of this unit, the term 'individual' refers to adults, children and young people. |

Learning outcome:

1. Respond safely to an anaphylactic reaction

Assessment criteria

You know:

1.1   How anaphylaxis differs from other allergic reactions
1.2   Signs and symptoms of anaphylaxis
1.3   The associated body systems responsible for anaphylactic reaction
1.4   The different **types of anaphylaxis**
1.5   Potential triggers to anaphylaxis
1.6   Methods of treating anaphylactic reaction, including equipment and drugs
1.7   Factors that determine the appropriate treatment for anaphylactic reactions
1.8   Where to source advice, support and guidance on anaphylaxis and allergic reactions
1.9   Guidelines and protocols that relate to supporting children and their families/carers with anaphylaxis and allergic reactions
1.10 Procedures that can minimise the likelihood of allergic reaction and anaphylaxis occurring

You are able to work in ways that:

1.11 Provide support to individuals/children who are exhibiting the signs and symptoms of an anaphylactic reaction
1.12 Follow the ABCDE approach to treating an anaphylactic reaction
1.13 Follow organisation/setting procedures for the safe storage of adrenalin for treating anaphylactic reactions
1.14 Report and record the instance of anaphylactic reaction and actions taken in line with organisation/setting policy and procedures, and any agreements with individual's/child's family/carer

Range

Types of anaphylaxis - uniphasic, biphasic, protracted

Unit 209   Responding to anaphylactic reactions
Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner carrying out a simulated response to an anaphylactic reaction. **Simulation of anaphylactic reaction and required response is allowed.**

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Anaphylaxis: Anaphylaxis is an extreme and severe, life-threatening, generalised or systemic hypersensitivity reaction. It is characterised by rapidly developing life-threatening airway and/or breathing and/or circulation problems usually associated with skin and mucosal changes.

Signs and symptoms: could include flushing of the skin, hives/rash on the skin, panic/anxiety, swelling of mucus membranes (e.g. tongue, throat, lips and mouth), difficulty in swallowing or speaking, elevated heart rate, severe asthma/breathing difficulties, abdominal pain, nausea/vomiting, drop in blood pressure, dizziness, feeling faint/fainting, collapse and unconsciousness.

Potential triggers: could include food (e.g. peanuts, almonds, walnuts, cashews, Brazil nuts, sesame, fish, shellfish, dairy products, eggs), medicine (e.g. penicillin, aspirin), chemicals, materials (e.g. latex), bee/wasp/insect stings, environment (e.g. hay fever).

Support: Support should be provided in line with setting/organisation policies and procedures and in line with role and responsibilities. Support could include calling for help, making them comfortable and safe, administering injectable adrenalin where appropriate and in line with role and responsibility, removing the trigger.

ABCDE approach: This approach can be used to assess and treat patients suffering an anaphylactic shock. ABCDE stands for - Airway, Breathing, Circulation, Disability, Exposure.

Related NOS

- SFHAL1 Link an individual to follow up care after an acute, severe allergic reaction
- SFHAL 2 Recognise when to consider allergy in an individual
- SFHAL10 Enable staff in educational environments to support the management of an individual's allergy

Related legislation and guidance

- NICE Guidelines **https://www.nice.org.uk/Search?q=Anaphylaxis**
- NICE Guidance QS119 on Anaphylaxis **https://www.nice.org.uk/guidance/qs119**
- BSACI (British Society for Allergy and Clinical Immunology) is an organisation for healthcare professionals caring for patients with allergy- **http://www.bsaci.org**
- Allergy UK **https://www.allergyuk.org/**
- NHS Wales Website-Allergies **http://www.nhsdirect.wales.nhs.uk/encyclopaedia/ff/article/allergies**
- Royal College of Paediatrics and Child Health-Allergy Care Pathways **http://www.rcpch.ac.uk/improving-child-health/clinical-guidelines-and-standards/search-paediatric-clinical-guidelines/publi#allergy**
- NHS Wales **http://www.nhsdirect.wales.nhs.uk/Encyclopaedia/a/article/anaphylaxis/**
- Resuscitation Council UK **https://www.resus.org.uk/anaphylaxis/**
- Anaphylaxis UK **https://www.anaphylaxis.org.uk**
- Health and Care Standards   Welsh Government April 2015 **http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf**

Unit 210   Introduction to breathlessness and asthma in children

Level:	2
GLH:	10
Credit:	2
Unit Summary:	This unit provides learners with an introduction to breathlessness and asthma. Learners will develop an understanding of breathlessness and asthma and will know how to support children who are experiencing these conditions. In the context of this unit, the term 'children' refers to children and young people.

Learning outcome:

1. Causes and impacts of breathlessness

Assessment criteria

You know:
1.1 What is meant by 'breathlessness'
1.2 Causes of breathlessness
1.3 Links between breathlessness and other illnesses
1.4 Signs and symptoms of breathlessness in children
1.5 Potential complications that breathlessness can cause in children

Learning outcome:

2. Causes and impacts of asthma

Assessment criteria

You know:
2.1 The signs and symptoms of asthma
2.2 How asthma is monitored in children
2.3 Potential causes and triggers of asthma
2.4 Potential impacts of asthma on children's everyday lives and their development

Learning outcome:

3. How asthma can be managed

Assessment criteria

You know:

3.1 Medicines used to treat asthma
3.2 The use and operation of different types of inhaler
3.3 The purpose of 'spacers' and when they should be used
3.4 How asthma can be managed on an ongoing basis
3.5 How and when to seek additional support/guidance

Learning outcome:

4. The support needed by children in managing acute asthma episodes

Assessment criteria

You know:

4.1 How children and their families/carers can be supported to manage acute asthma episodes
4.2 Own role and responsibilities in supporting children and their families/carers with acute asthma

Learning outcome:

5. Support children and their families/carers to manage breathlessness and asthma

Assessment criteria

You are able to work in ways that:

5.1 Use appropriate language and communication methods when talking to children about their asthma and its effects.
5.2 Signpost families/carers/others of children to information on how to access services, information and support on asthma
5.3 Follow organisation/setting procedures for the correct storage and maintenance of inhalers
5.4 Communicate organisation/setting procedures on storage and maintenance of inhalers to families/carers of children
5.5 Record and report advice and guidance given in line with organisation/setting procedures

Unit 210   Introduction to breathlessness and asthma in children

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Documentation is maintained to record advice that is given to individuals regarding breathlessness.
- Learners are able to explain the process that should be undertaken should a child experience an acute asthma episode.

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

The advice that learners provide to children and their families/carers for the management of breathlessness should be recorded and reported in line with legislation and organisation/setting policies.

Causes of breathlessness: asthma, pneumonia, anaphylaxis, anaemia, obesity, exertion/physical exercise.

Other illnesses linked to breathlessness: bronchitis, upper respiratory tract conditions, hay fever.

Related NOS

- SCDHSC0225 Support individuals to carry out own healthcare and monitoring procedures
- SCDHSC 0243 Support the safe use of materials and equipment

Related legislation and guidance

- NHS Wales Website-Asthma
  http://www.nhsdirect.wales.nhs.uk/encyclopaedia/a/article/asthma/
- British Lung Foundation-asthma treatment **https://www.blf.org.uk/support-for-you/asthma/treatment**
- Asthma UK information on managing asthma.
  https://www.asthma.org.uk/advice/manage-your-asthma/action-plan/
- Asthma UK information on inhalers **https://www.asthma.org.uk/advice/inhalers-medicines-treatments/inhalers-and-spacers/**

- NHS Website-Asthma pages http://www.nhs.uk/Conditions/Asthma/Pages/Treatment.aspxowse-all/supporting-learners-with-healthcare-needs/?lang=en
- British Lung Foundation-Breathlessness https://www.blf.org.uk/support-for-you/breathlessness/causes
- NHS Website http://www.nhs.uk/Conditions/shortness-of-breath/Pages/Introduction.aspx
- NICE breathlessness- www.nice.org.uk
- British Lung Foundation https://www.blf.org.uk/support-for-you/asthma
- Royal College Royal College of Paediatrics and Child Health-Allergy Care Pathways – asthma **https://www.rcpch.ac.uk/resources/allergy-care-pathway-asthma-andor-rhinitis**
- Asthma UK https://www.asthma.org.uk/ and in Wales https://www.asthma.org.uk/cymru/
- Health and Care Standards   Welsh Government April 2015 **http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf**

Unit 211   Supporting continence care in children

Level:	2
GLH:	20
Credit:	4
Unit Summary:	This unit develops and enables learners to support children who have ongoing issues with continence, not consistent with their age or stage of development. Learners will develop skills to support children to reduce discomfort and other complications. In the context of this unit, the term 'children' refers to children and young people.

Learning outcome:

1. Support children to manage their continence

Assessment criteria

You know:

1.1 What is meant by 'continence' and 'incontinence'
1.2 The anatomy and physiology of the urinary system
1.3 The anatomy and physiology of the alimentary canal
1.4 Factors that impact on continence in children
1.5 The importance of maintaining cleanliness and hygiene, of self and others, when supporting with continence management

You are able to work in ways that:

1.6 Support children to communicate their preferences about managing their continence
1.7 Support children to make regular use of toilet facilities to enable them to achieve a pattern of elimination in line with their personal plan
1.8 Maintain accurate records and report changes in children's patterns of elimination if required
1.9 Support children to select food and drink that will support continence
1.10 Support children to use continence aids in line with their needs and preferences
1.11 Encourage children to use recommended clothing, continence aids and management techniques to support continence
1.12 Support children to use continence aids and management techniques in ways that maximise their independence, self-respect, dignity and privacy
1.13 Record and report when continence aids and management techniques being used appear to be unsuitable

Learning outcome:

2. Support children with urinary incontinence

Assessment criteria

You understand:

2.1   Types of urinary incontinence

2.2   Symptoms of urinary incontinence

2.3   Causes of and conditions associated with urinary incontinence

2.4   Treatments and interventions for urinary incontinence

2.5   Aids that may be used to support urinary incontinence

You are able to work in ways that:

2.6   Maintain environment, equipment and materials correctly in accordance with guidelines and protocols

2.7   Support children to maintain their personal hygiene whilst managing urinary continence

2.8   Apply infection control principles when supporting children with urinary incontinence

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Learning outcome:

3.   Support children with faecal incontinence

Assessment criteria

You understand:

3.1   Causes of faecal incontinence in children

3.2   Symptoms of faecal incontinence and associated conditions

3.3   Tests for causes of faecal incontinence

3.4   Treatments and interventions for faecal incontinence

You are able to work in ways that:

3.5   Maintain environment, equipment and materials correctly in accordance with guidelines and protocols

3.6   Support children to maintain their personal hygiene whilst managing faecal incontinence

3.7   Apply infection control principles when supporting children with faecal incontinence

Unit 211   Supporting continence care in children
Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Reflective account by the learner signed by an expert witness, detailing providing support to children with continence care on at least one occasion.
- Supporting children to manage incontinence can be assessed via discussion of what the learner has done, and why, as opposed to actual observation (for the benefit of respecting the child's dignity).

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

- Learners should be aware that faecal incontinence is a symptom, often with multiple contributory factors and should therefore avoid making simplistic assumptions that causation is related to a single primary diagnosis.
- Providing individuals with support charts would form part of the support of individuals to maintain their continence.

Symptoms: leakage of urine, frequency of urination, reluctance to drink fluids.

Anticholinergics: can control overactive bladder (OAB) by relaxing bladder muscles. OAB drugs, which are most common in tablet form, also help prevent urine leaks by controlling bladder spasms

Aids: incontinence pads, slip pads, incontinence pants, sheath, self-intermittent catheters, catheters (urinary drainage bags, link systems, catheter valves, support garments, straps and stands)

Causes of faecal incontinence (to include): constipation with overflow soiling; neurological damage, psychological (including sexual abuse)

Causes of urinary incontinence: nonorganic factors (e.g. developmental issues, overproduction of urine); voluntary holding of urine; constipation; urinary tract infections, other underlying medical problems; giggle incontinence, physical, emotional or sexual abuse, stress incontinence, neurological

Equipment: catheters, urinary drainage bags, link systems, catheter valves, support garments, straps and stands

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Treatments and interventions: lifestyle, physical and behavioural therapies (e.g. bladder retraining); Review of eating habits and fluid intake; Medication (e.g. anticholinergics), surgical approaches, neuro-stimulation, invasive procedures, conservative management options (e.g. catheters)

Related NOS

- SCDHSC0219 Support individuals to manage continence
- CC01 Assess bladder and bowel dysfunction
- CC11 Implement toileting programmes for individuals
- CC09 Enable individuals to effectively evacuate their bowels
- CC08 Care for individuals using containment products

Related legislation and guidance

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

Unit 212   Supporting individuals with moving and positioning

Level:	2
GLH:	20
Credit:	3
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to assist individuals with moving and positioning. The unit covers the principles of moving and positioning, ergonomics and posture as well as techniques for safe moving and positioning. In the context of this unit, the term 'individual' refers to adults, children and young people.

Learning outcome:

1. Anatomy and physiology related to manual handling and moving and positioning

Assessment criteria

You know:

1.1 The anatomy and physiology of the human body in relation to manual handling and moving and positioning
1.2 The importance of good posture
1.3 What is meant by the term 'musculoskeletal disorders' (MSD's) and the potential short term and long term implications of these
1.4 The importance of an **ergonomic approach** to manual handling and moving and positioning for musculoskeletal health
1.5 Potential risks to individuals and those assisting if moving and positioning is not carried out correctly

Range:

Ergonomic approach - takes into account the nature of the task, the individual, the load, the environment and worker participation

Learning outcome:

2. Preparation for assisting individuals with moving and positioning

Assessment criteria

You understand:

2.1 **Actions** that need to be undertaken before assisting an individual with moving and positioning

You are able to work in ways that:

2.2   Follow required actions before assisting an individual with moving and positioning

Actions: check risk assessments and plans (personal plans, manual handling plans, risk assessments for pressure area care), agree any support required from other workers, ensure footwear and clothing are safe for moving and positioning, prepare the environment removing any hazards and ensuring adequate space for the move, check and prepare moving and positioning equipment that is to be used ensuring that it is safe, clean, charged and in date, apply infection prevention and control measures, establish with the individual the level of support they need for the move, where possible ensure the individual understands the reason for being moved or positioned in a particular way, where possible obtain consent from the individual for the move

Learning outcome:

3.   Assist individuals with moving and positioning

Assessment criteria

You know:

3.1   **Moving and positioning activities** that may be used to assist individuals
3.2   Why individuals should not be dragged
3.3   Moving and positioning equipment that is used to assist individuals
3.4   The importance of clear communication and co-ordination of actions for moving and positioning
3.5   Actions to take where there are concerns about:
   • an individual
   • moving and positioning equipment
   • unsafe practice

You are able to work in ways that:

3.6   Follow the agreed plans for safely assisting individuals with moving and positioning
3.7   Encourage active participation in moving and positioning activities
3.8   Communicate with, observe the individual and adjust their position to:
   • minimise pain, discomfort and friction
   • ensure dignity, privacy and respect
   • maximise independence
   • ensure safety
3.9   Co-ordinate actions with others when assisting individuals with moving and positioning
3.10 Return the environment to its normal arrangement
3.11 Ensure that moving and positioning equipment is clean, safe, returned to its agreed location and is ready for future use
3.12 Apply infection and prevention control standards
3.13 Complete records according to workplace procedures

Range
Moving and positioning activities - individuals moving independently, walking independently from one surface to another, moving independently with instruction, being assisted by one

care and support worker, being assisted by two care and support workers, being assisted using agreed moving and positioning equipment

Unit 212   Supporting individuals with moving and positioning

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.
For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

* Observe the learner supporting individuals with moving and positioning on a minimum of **three** occasions.
* Documentation and records must be completed clearly, accurately and legibly.

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Moving and positioning equipment: could include fixed hoists, mobile hoists, glide sheets, tubular sheet, handling slings, moving and handling belt, electric profiling bed, turntable, bed ladder, hand blocks, leg raiser, full-length lateral transfer board, straight and curved transfer board, stand aid, stand and turn disc, sleep systems.

Musculoskeletal disorders: covers any injury, damage or disorder of the joints or other tissues in the upper/lower limbs or back.

Related NOS

* SCDHSC0360 Move and position individuals
* HSC 2028 Move and position individuals in accordance with their plan of care
* HSC223 Contribute to moving and handling individuals
* PCS23 Assist in the transfer and positioning of patients within the perioperative environment

Related legislation and guidance

* Manual Handling Operations Regulations 1992 (amended 2002)
  http://www.hse.gov.uk/foi/internalops/ocs/300-399/313_5.htm
* Lifting Operations and Lifting Equipment Regulations (1998)
  http://www.hse.gov.uk/work-equipment-machinery/loler.htm
* Reporting of Injuries, Diseases & Dangerous Occurrences Regulations (2013)
  http://www.hse.gov.uk/riddor/index.htm
* All Wales NHS Manual Handling Training Passport and Information Scheme (2010)
  http://www.nationalbackexchange.org/files/training_guidelines/all_wales_nhs_manual_handling_passport_scheme.pdf
* WLGA Manual Handling Passport Scheme, Manual Handling of People Guidance for Social Care

- Health and Care Standards   Welsh Government April 2015
  http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf
- HSE – What you need to do – Moving and handling
  http://www.hse.gov.uk/healthservices/moving-handling-do.htm

Unit 240 Supporting individuals to maintain mobility and minimise the risk of falls

Level:	2
GLH:	20
Credit:	2
Unit Summary:	This unit aims to support the learner to develop the knowledge and skills to support and monitor an individuals' mobility. It covers principles of fall prevention and the importance of risk assessment to minimise risk of falls to maintain mobility. In the context of this unit, the term 'individuals' refers to adults and children and young people.

Learning outcome:

1. The importance of an individual maintaining their mobility

Assessment criteria

You understand:

1.1 The term 'mobility'
1.2 Factors that can affect an individual's mobility
1.3 Benefits of an individual maintaining mobility
1.4 The impact of reduced mobility on an individual's health and well-being
1.5 Professionals who can provide advice and support for mobility
1.6 The importance of following individuals' personal plans for **mobility activities**

Range
Mobility activities - daily living, social, exercise, physiotherapy, occupational therapy

Learning outcome:

2. Reducing the risk of falls

Assessment criteria

You understand:

2.1 The importance of using risk assessments to identify and manage factors which might contribute to a person falling
2.2 The importance of exercise to improve strength and balance to minimise the risk of falls
2.3 The use of **mobility equipment and appliances** and their role in falls prevention
2.4 The process to follow if an individual has fallen

You are able to work in ways that:
2.5 Use risk assessments to identify and manage factors and hazards that can lead to falls

2.6 Promote the use of suitable footwear, clothing and mobility equipment and appliances to reduce the risk of falls

2.7 Record and report concerns about factors that may lead to falls and any actions taken to reduce risks

Range

Mobility equipment and appliances - walking frames, wheel chairs, sticks, custom made appliances

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Learning outcome:

3. Support individuals with mobility activities in line with their personal plan

Assessment criteria

You are able to work in ways that:

3.1 Communicate with individuals about support for mobility activities

3.2 Ensure safe practice by:
* removing or minimising hazards before beginning mobility activities
* checking the suitability of individuals' clothing and footwear for safety and mobility
* checking the safety and cleanliness of mobility equipment and appliances

3.3 Promote the active participation of individuals during mobility activities

3.4 Assist individuals to use appropriate equipment safely and correctly

3.5 Provide feedback and encouragement to individuals during mobility activities

3.6 Support individuals to review and continually develop skills for managing their mobility

3.7 Report on progress or problems relating to mobility activities

Unit 240   Supporting individuals to maintain mobility and minimise the risk of falls

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner on a minimum of **two** occasions supporting individuals with mobility activities in line with their personal plan
- Related documentation/records must be completed clearly, accurately and legibly.

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Active participation: a way of working that recognises an individual's right to participate in the activities and relationships of everyday life as independently as possible; the individual is regarded as an active partner in their own care or support, rather than a passive recipient.

Related NOS

- SCDHSC0215 Help individuals maintain mobility
- SCDHSC0235 Enable individuals to make their way around specific places.

Related legislation and guidance

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

Unit 243   Supporting food safety practice in health and social care settings

Level:	2
GLH:	10
Credit:	2
Unit Summary:	This unit aims to support learners to develop the knowledge and skills needed to support food safety practice in health and social care settings.
	The unit is not an accredited food safety qualification, it does however, reflect current best practice.
	In the context of this unit, the term 'individual' refers to adults, children and young people.

Learning outcome:

1. Maintain food safety requirements when handling food and drink

Assessment criteria

You know:

1.1   Legislation related to food safety

1.2   Potential **food safety hazards** when handling food and drink

1.3   Causes of food poisoning and illness related to the handling of food and drink

1.4   The importance of maintaining **food safety measures** when handling food and drink for individuals

1.5   The importance of promoting food safety measures with individuals

1.6   Where to access information about food safety when handling food and drink

You are able to work in ways that:

1.7   Promote the importance of effective hand washing

1.8   Follow food safety measures when handling food and drink for individuals

1.9   Promote the safe handling of food and drink with individuals

Range

Food safety hazards - microbiological, chemical and physical, allergenic

Food safety measures - effective controls, minimise risks, hand washing, use of appropriate personal protective equipment, ensuring clean surfaces, equipment and utensils before and after handling food, clearing away promptly and safely, safe disposal of food and drink, safe food temperatures, effective controls for storing food and drink, utensils and equipment

Unit 243   Supporting food safety practice in health and social care settings

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner on a minimum of **two** occasions following food safety measurements when handling food and drink with individuals

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Causes of food poisoning and illness: cross contamination, microscopic bacteria on hands, food, surfaces and equipment, preparation of food too far in advance of eating, food within the temperature 'danger zone' range of 5 – 63°

Effective controls: ambient/dry food stores, correct dates on packaging /use by date, labels on opened packaging or cooked foods, refrigerated cold storage (5^0c), hot holding food (63^0), frozen storage (-18^0), ingredients / foods that can cause food allergy, prevention of pests in the kitchen

Hand washing: six steps of washing hands, use of hot soapy water

Information about food safety: websites, local EHO, local government publications, food standards agencies

Legislation: the Food Safety Act 1990, the Food Hygiene Regulations [Wales] 2006

Personal protective equipment: including hairnets, disposable aprons, gloves, no perfume or jewellery

Related NOS

- PPL2GEN309 Maintain food safety when storing, preparing and cooking food
- SCDHSC0213 Provide food and drink to promote individuals' health and well-being

Related legislation and guidance

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

Unit 244   Supporting individuals to manage pain and discomfort

Level:	2
GLH:	15
Credit:	2
Unit Summary:	This unit aims to provide learners with the knowledge and skills needed to support individuals to manage pain and discomfort. It covers approaches to pain management, assistance in minimising pain and discomfort and monitoring, recording and reporting on the management of pain and discomfort. In the context of this unit, individuals can refer to adults and children and young people.

Learning outcome:

1. Assist in minimising pain and discomfort

Assessment criteria

You know:

1.1   What is meant by the terms 'pain' and 'discomfort'
1.2   Potential non-verbal indications that an individual may be in pain or discomfort
1.3   How pain and discomfort may affect an individual's well-being and communication
1.4   How to support the use of **measures to alleviate pain and minimise discomfort**
1.5   Agreed ways of working that relate to managing pain and discomfort
1.6   The importance of a holistic approach to managing pain and discomfort

You are able to work in ways that:

1.7   Encourage an individual to express if they feel pain and discomfort
1.8   Encourage an individual to use self-help methods of pain control
1.9   Carry out agreed measures to alleviate pain and minimise discomfort
1.10 Offer support to others who may be distressed by the individual's pain and discomfort
1.11 Carry out required monitoring and recording for the management of an individual's pain or discomfort
1.12 Follow organisational / setting procedures for escalation and referral where:
- there are concerns about an individual's pain and discomfort
- pharmacological interventions may be required

Range:

Measures to alleviate pain and minimise discomfort: medication, repositioning, hot and cold packs, adjustment to bedding, heating, lighting or noise, use of specialised mattresses, pressure

reducing aids, different approaches (meditation and relaxation, massage, aromatherapy, acupuncture, acupressure, TENS machines, distraction techniques)

Unit 244 Supporting individuals to manage pain and discomfort

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Reflective account by the learner signed by an expert witness, about supporting individuals to manage pain and discomfort on at least one occasion
- Related documentation/records must be completed clearly, accurately and legibly.

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Agreed measures: in accordance with personal plan and accountability of own role.

Others could include: families/carers, workers, other individuals or children and young people.

Related NOS

- SFHCHS164 Manage pain relief for an individual
- SCDHSC0216 Help address the physical comfort needs of individuals

Related legislation and guidance

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.

Unit 245   Undertaking peak expiratory flow rate (PEFR) readings

Level:	2
GLH:	15
Credit:	2
Unit Summary:	This unit will enable learners to develop the basic knowledge and skills required to undertake peak expiratory flow rate readings. Learners will develop the practical skills required to perform recordings to gain accurate results with minimum discomfort and anxiety to the individual being tested. In the context of this unit, the term 'individual' refers to adults, children and young people.

Learning outcome:

1. Current guidelines for undertaking Peak Expiratory Flow Rate (PEFR) procedures

Assessment criteria

You know:

1.1 Current legislation, local and national guidance and protocols which relate to PEFR procedures
1.2 Standard checks that should be undertaken on equipment used to obtain PEFR readings
1.3 National 'age wise' distribution of height and PEFR ranges

Learning outcome:

2. Undertake PEFR procedures

Assessment criteria

You know:

2.1 The normal resting **breathing** rate

2.2 Factors that affect respiratory rates in individuals

2.3 Conditions that can be detected and monitored by PEFR procedures

2.4 Equipment used to take PEFR measurements

2.5 Care and hygiene considerations for PEFR measurement equipment

2.6 Potential concerns individuals may have in relation to PEFR procedures

2.7 Risk factors to undertaking PEFR readings

You are able to work in ways that:

2.8 Explain to the individual, their family or carer, the nature of the procedure and gain valid consent

2.9 Check equipment is fit for purpose when preparing to take PEFR readings

2.10   Ensure the privacy and dignity of the individual throughout the procedure

2.11   Provide instructions to the individual on how to perform PEFR

2.12   Instruct individual to stand or support them to sit upright

2.13   Use equipment to obtain measurements accurately

2.14   Record the highest reading taken from three attempts in line with national guidelines

2.15   Monitor the condition of individuals when taking measurements

2.16   Answer questions and concerns raised by the individual in line with role responsibility

2.17   Clean and decontaminate equipment used and dispose of waste

Range

Breathing - rate, rhythm, depth

Unit 245   Undertaking peak expiratory flow rate (PEFR) readings

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner carrying out a minimum of **three** PEFR procedures.

Guidance for delivery

Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

Organisation/setting Standard Operating Procedure (SOP) - must be followed when completing this unit.

Peak Expiratory Flow Rate: a simple measurement of the maximum speed of expiration in one second. It is often used to help diagnose and monitor asthma. A peak flow test involves blowing as hard as possible into a small, hand-held device called a peak flow meter following full inspiration. The recording taken is the best of three attempts.

Risk factors: could include medication, existing conditions, exacerbating condition, bronchospasm, excessive wheeze, recent surgery.

Related NOS

- CHS217 Perform point of care testing

Related legislation and guidance

- British Thoracic Society Guidance – Management of asthma
- NICE guidelines https://www.nice.org.uk/guidance/ng80

Appendix 1　　　Relationships to other qualifications

This qualification has connections to the following qualifications:

- Level 2 Health and Social Care: Core
- Level 2 Health and Social Care: Principles and Contexts
- Level 3 Health and Social Care: Practice (Adults)
- Level 3 Health and Social Care: Practice (Children and Young People)