

WJEC Level 2

# Children's Care, Play, Learning & Development: Practice & Theory

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.

## Specification

Version 2 - Teaching from September 2025



## Qualification at a glance

Qualification Title	Level 2 Children's Care, Play, Learning and Development: Practice and Theory
Subject area	Children's health and care
City & Guilds number	C00/1249/4
Age group approved	16+
Entry requirements	None
Assessment	90% internal assessment (Structured tasks and portfolio) and 10% external exam
Grading	Pass/Fail
Approvals	Centre and qualification approval is required
Support materials	Specification Internal assessment pack Sample external assessment Tutor/Assessor guide Student guide
Registration and certification	Consult the Consortium website for details

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## Version History

Version	Description	Page number
2	Amendments to content in Unit 216	105
	Replacement of references to the Foundation Phase with references to the Curriculum for Wales	
	Minor amendments to delivery guidance to ensure that the most recent legislation and regulations are referenced	
Our specifications may change over time. WJEC will inform centres of any amendments and the most up to date version of the specification will always be on the hclw website ( <a href="http://www.hclw.wales">www.hclw.wales</a> )		

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# 1 Introduction

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

Area	Description
Who is the qualification for?	<p>This qualification is primarily for those working, or seeking to work, in regulated childcare settings with families and children under the age of 8 and/or NHS children's services for those working with families and children aged 0-19 years.</p> <p>It is primarily aimed at learners studying in a further education setting but may be delivered by a range of learning providers.</p> <p>This qualification is required for learners to work as a qualified childcare practitioner in a supervised capacity as set out in the Social Care Wales Qualification Framework for Social Care and Child Care.</p>
What does the qualification cover?	<p>This qualification allows learners to develop the knowledge and skills required for employment and/or career progression in childcare or health settings.</p> <p>It combines both practice units that are assessed within the workplace, with, additional theoretical knowledge. The practice element of this qualification mirrors that of the Level 2 Children's Care, Play, Learning and Development: Practice qualification.</p> <p>The theoretical aspect provides learners with knowledge of issues related to children's health, well-being and a broad understanding of health and childcare services.</p> <p>The knowledge, understanding and skills a learner is required to achieve within this qualification build on the content of the Level 2 Children's Care, Play, Learning and Development: Core qualification. It is strongly recommended that a learner undertaking this qualification has completed or is currently undertaking the Level 2 Children's Care, Play, Learning and Development: Core qualification.</p>
What opportunities for progression are there?	<p>The qualification allows learners to progress into employment or to the following qualifications:</p> <ul style="list-style-type: none"><li>• Level 3 Children's Care, Play, Learning and Development: Practice</li><li>• Level 3 Children's Care, Play, Learning and Development: Practice and Theory</li><li>• GCE Health and Social Care, and Childcare</li></ul>



Who did we develop the qualification with?	<p>The unit content of the practice element of this qualification has been developed and is owned by Social Care Wales and Health Education and Improvement Wales.</p> <p>The Mandatory Group 2 content has been developed in conjunction with Social Care Wales and Health Education and Improvement Wales, as well as stakeholders, tutors, teachers and assessors from across the children's health and care sectors.</p>
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## Qualification aims and objectives

The Level 2 Children's Care, Play, Learning and Development: Practice and Theory qualification will enable learners to develop and demonstrate their knowledge, understanding, behaviours, skills and practice within a children's care, play, learning and development setting.

In particular, by studying this qualification, learners will be able to demonstrate that they:

- understand and can apply in practice, the principles and values which underpin children's care, play, learning and development
- understand and can apply in practice, child-centred approaches to care, play, learning and development
- can make a positive contribution to the children's care, play, learning and development sector through their own practice
- can reflect on practice to continuously improve
- understand job roles and functions within the children's care, play, learning and development sector
- can apply their knowledge in different contexts within children's care, play, learning and development
- can use literacy, numeracy and digital competency skills as appropriate within their role.

This specification has been designed to enable centres to concentrate on innovative delivery of the course whilst creating a balance between practical and theoretical knowledge and understanding of aspects of children's care, play, learning and development in different contexts. The structure allows for flexibility of delivery and for learners' opportunities to be maximised.

Please note that it is a requirement of Social Care Wales that an individual working within the children's care, play, learning, and development sector will need both:

- Level 2 Children's Care, Play, Learning and Development: Core qualification  
and either
  - Level 2 Children's Care, Play, Learning and Development: Practice qualification  
or
  - Level 2 Children's Care, Play, Learning and Development: Practice and Theory qualification
- in order to work within specific job roles.

For more information on requirements to work within the children's care, play, learning and development sector, please refer to the qualification framework for social care and regulated childcare in Wales; available from [Social Care Wales](https://www.skillsactive.com) website.

Those working in regulated childcare settings with children aged 8–12 years will also need to complete an additional play work qualification identified by Skills Active [www.skillsactive.com](https://www.skillsactive.com).

## Structure

To achieve the **Level 2 Children's Care, Play, Learning and Development: Practice and Theory** qualification learners must achieve a minimum of **40** credits in total:

- 25 credits must be achieved from the Mandatory Group 1
- a minimum of 3 credits must be achieved from Optional Group A
- the balance of 7 credits can be achieved from units in Optional Groups A, B or C
- the minimum of 5 credits must be achieved from Mandatory Group 2.

The Level 2 Children's Care, Play, Learning and Development: Practice and Theory will be graded pass or fail. Learners who achieve the credit required from Mandatory Group 1 and Optional Groups A-C and achieve a Pass in the external assessment (Mandatory Group 2) will be awarded the qualification.

Unit number	Unit title	GLH	Credits
<b>Mandatory Group 1</b>			
200	Supporting core practice in children's care, play, learning and development	65	14
201	Supporting play, learning, growth and development	25	4
202	Supporting nutrition and hydration in early years	20	4
203	Responding to signs of potential illness and infestation/infection	15	3
<b>Optional Group A</b>			
204	Supporting the care of 0-2 year olds	20	3
205	Supporting the care of 2-3 year olds	20	3
206	Working with 3-7 year olds	25	4
<b>Optional Group B</b>			
207	Supporting the acquisition of a new language through immersion	15	3
310	Positive approaches to behaviour support in early years	25	4

Unit number	Unit title	GLH	Credits
<b>Optional Group C</b>			
208	Supporting children living with diabetes mellitus	20	5
209	Responding to anaphylactic reactions	10	2
210	Introduction to breathlessness and asthma in children	10	2
211	Supporting continence care in children	20	4
212	Supporting individuals with moving and positioning	20	3
213	Introduction to physiological measurements in children	15	3
214	Undertaking point-of-care testing	15	3
215	Undertaking collection of specimens	10	3
312	Supporting children living with epilepsy	20	3
314	Undertaking capillary blood glucose monitoring	15	3
315	Supporting children to undertake glucose monitoring	15	3
<b>Mandatory Group 2</b>			
216	Understanding Children's Care, Play, Learning and Development	50	5

Note, the distinction made between Optional Groups B and C 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 practice assessment pack.

## Mandatory Group 2: Unit 216

Unit 216 complements the units in Mandatory Group 1 of this qualification, and in the Children's Care, Play, Learning and Development: Core qualification, whilst giving learners the opportunity to gain additional knowledge in relation to areas which are not available within the other mandatory and optional units.

The content for Mandatory Group 2, Unit 216, has been designed to add stretch, challenge and progression to the knowledge and understanding acquired by learners through their chosen practice units and introduce additional topics to reflect the wider needs of the children's care, play, learning and development sector, and to ensure that learners' opportunities can be maximised.

There are two main topic areas for this unit:

- children's health, well-being and development, 0-19 years, and factors that support health, well-being and development
- the role and value of social care, education and health services available in Wales to support with children's care, health, well-being and development needs.

This unit will ensure that learners gain knowledge and understanding of children covering the entire age range of 0-19 years. It will build on and consolidate knowledge and understanding gained during their work placements which is focused on children aged 0-8 years (or a subsection within this age range).

Learners will gain knowledge and understanding of how different settings can promote health, well-being and development, 0-19 years. This will again give learners the opportunity to broaden their knowledge and understanding as their work placement opportunities may be limited to one or two settings.

In addition, as this unit focusses on the health aspects of children's care, play, learning and development for children from pre-conception to age 19 years, learners will gain knowledge and understanding of the role and value of many different areas within the health care sector. This will extend knowledge and understanding of health care services and give learners an insight into employment opportunities within the health care sector, that they may wish to pursue, as appropriate, on completion of this qualification as well as further qualifications.

The content requirements and the assessment structure of this unit will ensure learners are able to demonstrate and apply knowledge of the content in different contexts and analyse and reflect on children's care, play, learning and development.

## Guided Learning Hours (GLH) and Total Qualification Time (TQT)

Guided Learning Hours (GLH) give an indication to centres of the amount of supervised learning and assessment time required to deliver a unit, which can be used for planning purposes.

The minimum guided learning hours requirement for this qualification is 400. This includes 350 hours for the Practice units (Mandatory Group 1 and Optional Groups A-C) of which a minimum of 280 hours must be spent in work placement, and an additional 50 guided learning hours for Mandatory Group 2, Unit 216.

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 and hours spent in preparation, study and undertaking some formative assessment activities, some of which may be in a workplace/setting.

The TQT for this qualification is 460 hours.

Credit is calculated using a formula that equates to the TQT value divided by 10. The credit value of this qualification is 46.

	GLH	TQT	Credit
Level 2 Children's Care, Play, Learning and Development: Practice and Theory	400	460	46

Centres will enter learners for this qualification by following standard WJEC entry processes.

The current edition of the WJEC's Entry Procedures for Coding Information provides up-to-date entry procedures.

## 2 Centre requirements

### Qualification approval

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

Centre approval is based upon an organisation's ability to meet the centre approval criteria. The centre approval requirements for this qualification can be found in the following documents:

- Administration Guide
- JCQ General Regulations for Approved Centres.

Prospective centres are 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 WJEC confirms the status in writing to the centre, and not before.

Centres applying for approval for this qualification will need 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

#### Delivery staff

Staff delivering this qualification must be able to demonstrate that they meet the following occupational expertise requirements. They must:

- be occupationally competent or technically knowledgeable in the area for which they are delivering training. This knowledge must be at least to the same level as the training being delivered
- have recent relevant experience in the specific area they will be assessing
- have credible experience of providing training.

Centre staff may undertake more than one role, for example, subject tutor and subject assessor or internal quality verifier, but cannot internally verify their own assessments.

The Consortium will conduct training and CPD sessions for delivery staff, internal verifiers and centre managers to ensure that training and guidance is standardised across the sector. It is the centre's responsibility that all delivery staff attend these events, as appropriate.

## 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.
  - Level 3 Award in Assessing Competence in the Work Environment**or**
  - 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 (EQA).

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 (IQA)

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.
- Level 4 Award in the Internal Quality Assurance of Assessment Processes and Practice or
- Level 4 Certificate in Leading the Internal Quality Assurance of Assessment Processes and Practice or
- 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 (EQA)

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.



## 3 Delivering the qualification

### Learner entry requirements

Whilst the Consortium does not set entry requirements for this qualification, 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 Children's Care, Play, Learning and Development: Core qualification.

### Age restrictions

This qualification is approved for learners aged 16+. The Consortium cannot accept any registrations for learners under the age of 16.

### Entering Learners

Centres will enter learners for this qualification following standard WJEC entry processes. The current edition of the WJEC's Entry Procedures for Coding Information gives up-to-date entry procedures.

### 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.

It is recommended that centres provide an induction programme so that 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.

### Work placement

This qualification (as stipulated by Qualifications Wales' Approval Criteria) requires **all candidates** to undertake work placement in an appropriate childcare/child health setting. Participation in work placement will ensure adequate learning opportunities to demonstrate competence and enable personal and professional development.

Therefore, in addition to meeting all the learning outcomes within the qualification content, candidates will also need to fulfil the mandatory requirement of a minimum of 40 days (280 hours) work placement working with children (0-7 years 11 months) in order to achieve this qualification.

This requirement can be achieved in the following ways:

- for candidates in related employment the requirement can be met in their place of work as long as their role allows them to meet all necessary assessment criteria for the units they are working towards
- for candidates who are not employed in the childcare sector the requirement must be met via unpaid work placement(s) as an integral part of the course
- work placement may be undertaken in any regulated childcare or child health settings where learners can work with children 0-7 years 11 months
- work placement may be undertaken in more than one regulated childcare or child health setting if this is appropriate to ensure learners can meet all required assessment criteria for the units they are working towards
- school placements are only appropriate if the setting enables learners to gain experience with children aged 0-7 years and 11 months. The placement must allow learners the opportunity to meet all assessment criteria/requirements of the Mandatory Group 1 Units, at least **one** of optional group A units 204, 205 or 206, plus all assessment criteria/requirements for their chosen units from Optional Groups A, B and C.

Learners who require access arrangements will need to be appropriately supported by the centre – teacher/tutor or work-based assessor to ensure they can participate in meaningful work placement\*. The placement will need to be made aware of any access requirement for anyone placed in their setting and agree to support as their capacity allows.

*\*Meaningful work placement should include and encourage the involvement of children requiring support, and their carers or representatives, to gain these important perspectives at this early stage of learning and to support understanding of the values and context of Children's Care, Play, Learning and Development.*

The 40 days (280 hours) requirement **cannot** be met via time spent with children within a learner's family/extended family or through babysitting for neighbours, friends or through any other such informal arrangements.

Further information can be found in the Good Practice Guide for Work Placement on the Consortium website.

## Support materials

The following resources are available for this qualification:

Description	How to access
Assessment pack	Consortium website
Tutor/Assessor Guide (Practice)	Consortium website
Guidance for Teaching (Theory)	Consortium website
Student Guide	Consortium website
Sample Assessment Materials	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) and external markers.

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 for this qualification are performance managed by staff within WJEC. If concerns are identified with an individual, WJEC will take corrective action which may include improvement actions and close monitoring or in some instances quality issues in performance may lead to the 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 outlined in the Consortium's guidance to centres. Details of these guidance documents can be accessed through the Administration Guide available on the Consortium website at [www.healthandcarelearning.wales](http://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 WJEC.

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 Guide available on the Consortium website at [www.healthandcarelearning.wales](http://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, WJEC 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 WJEC 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 WJEC at the earliest possible stage for advice about appropriate arrangements in individual cases.

## Malpractice

Please refer to the WJEC guidance *Malpractice-a guide for centres and the JCQ suspected malpractice in examinations and assessments policies and procedures*. These documents set out the procedures to be followed in identifying and reporting malpractice by learners and/or centre staff and the actions which WJEC may subsequently take. These documents include examples of learner and centre malpractice and explain the responsibilities of centre staff to report actual or suspected malpractice. Centres can access this document via the website. [www.wjec.co.uk](http://www.wjec.co.uk) and [www.jcq.org.uk](http://www.jcq.org.uk)

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.

To report malpractice please use the forms in the JCQ document: *suspected mal-practice in examinations and assessments policies and procedures*.  
[www.wjec.co.uk](http://www.wjec.co.uk) and [www.jcq.org.uk](http://www.jcq.org.uk)

### Access arrangements and special consideration

Access arrangements are adjustments that allow learners with disabilities, additional learning 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* information is available on the JCQ website: [www.jcq.org.uk](http://www.jcq.org.uk).

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 WJEC 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 JCQ website: [www.jcq.org.uk](http://www.jcq.org.uk).

## 4. Assessment

### Summary of assessment methods

The Level 2 Children's Care, Play, Learning and Development: Practice and Theory is assessed through 90% internal assessment and 10% external assessment. Candidates must successfully complete:

- an externally set, internally marked set of tasks
- a portfolio of evidence
- a discussion with their assessor
- an external examination to assess Mandatory Group 2

An assessment pack detailing the requirements of the internal assessment can be downloaded 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 candidate 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 Guide available from the Consortium website at [www.healthandcarelearning.wales](http://www.healthandcarelearning.wales).

## External Assessment (Unit 216)

Unit 216 is assessed through an external examination set and marked by WJEC. The examination will assess the candidate's ability to:

- (a) Demonstrate knowledge and understanding of children's care, play, learning and development.
- (b) Apply knowledge and understanding of children's care, play, learning and development.
- (c) Analyse and reflect on aspects of children's care, play, learning and development.

The external examination will consist of one 75 minute paper (which can be taken on paper or on-screen) and will:

- include a maximum of 70 marks
- include a balance of short and extended answer questions, based on stimulus material and applied contexts
- assess all four learning outcomes (LO) each series
- assess a sample of assessment criteria (AC) within each learning outcomes (LO) each series
- assess all assessment criteria (AC) over the lifespan of the specification
- align with the agreed % mark ranges for each learning outcome in each version of the examination
- only use the command verbs listed in Appendix 2
- be graded pass/fail
- be available in January and May/June each year

The mark allocation per Learning Outcome (LO) for each live examination paper will be as follows.

	LO1	LO2	LO3	LO4
%	20-25%	25-30%	15-20%	28-33%
Mark	14-17	17-21	10-14	19-23

WJEC will produce a mark scheme which will be used as the basis for marking the examination papers and will train examiners using live completed scripts prior to marking the examination. This will ensure accuracy, all possible correct responses are given credit and consistency across the examination team.

## Unit Outcome

Unit 216 is graded pass/fail. The pass mark for the external examination is determined as part of the awarding process after each live paper has been sat by candidates.

## Resits

Candidates who do not achieve a Pass in the external examination will be able to resit the external examination. There are no restrictions on the number of resits allowed.

## Grading the qualification

The Level 2 Children's Care, Play, Learning and Development: Practice and Theory will be graded pass/fail.

## 5 Units

### Availability of units

All units are contained within this qualification specification.

### Practice units

Unit Number	Unit title
200	Supporting core practice in children's care, play, learning and development
201	Supporting play, learning, growth and development
202	Supporting nutrition and hydration in early years
203	Responding to signs of potential illness and infestation/infection
204	Supporting the care of 0-2 year olds
205	Supporting the care of 2-3 year olds
206	Working with 3-7 year olds
207	Supporting the acquisition of a new language through immersion
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
213	Introduction to physiological measurements in children
214	Undertaking point-of-care testing
215	Undertaking collection of specimens
310	Positive approaches to behaviour support in early years
312	Supporting children living with epilepsy
314	Undertaking capillary blood glucose monitoring
315	Supporting children to undertake glucose monitoring



## Theory Unit

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216	Understanding Children's Care, Play, Learning and Development
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The unit content for the Practice units has been developed and is owned by Social Care Wales and Health Education and Improvement Wales.

The content of Unit 216 has been developed in conjunction with Social Care Wales and Health Education and Improvement Wales, as well as stakeholders, tutors, teachers and assessors from across the children's health and care sector.

### Guidance for the delivery of the practice units

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

### Application of Unit 200

The content within this unit is the application of practice that reflects the underpinning knowledge that learners have gained through the Level 2 Children's Care, Play, Learning and Development: Core qualification.

The content within unit 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. All learning outcomes are supported by a number of assessment criteria.

### Assessment criteria

Assessment criteria break down the learning outcomes 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 be made as a holistic judgement, and based at the level of the learning outcome.

### Evidence requirements

Evidence requirements 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 C. 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 200 the definitions of the terms that are presented in **bold** are 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 children's health and care sector, are provided with guidance on the units that will be of most benefit for them in these roles.

A table has been provided (Appendix 1) to support identification of the units that are most recommendable for certain roles.

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 Hours (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. 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.

## Unit 200

## Supporting core practice in children's care, play, learning and development

Level:	2
GLH:	65
Credit:	14
Unit Summary:	<p>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.</p> <p>This content builds on the underpinning knowledge developed in the Level 2 Children's Care, Play, Learning and Development: Core.</p>

### Outcome 1: Principles and values

#### 1.1 Legislation, national policies, guidance and frameworks

You are able to work in ways that:

- Reflect the principles that underpin children's care, play, learning and development to your practice
- Uphold all relevant Codes of Conduct and Professional Practice in your work.

#### 1.2 Rights based approaches

You are able to work in ways that:

- Embed a rights based approach in your work.

#### 1.3 Equality, diversity and inclusion

You are able to work in ways that:

- Respect and promote equality and diversity towards children, their families/carers and others.

#### 1.4 Child-centred approaches

You are able to work in ways that:

- Embed child-centred approaches in practice
- Support children to engage in activities and experiences that reflect their preferences and are meaningful and enjoyable
- Reflect own duty to make the best interests of the child paramount and demonstrate this in your practice

#### 1.5 Allowing children to take risks

You are able to work in ways that:

- Balance a child's need to experiment and take some risks with your duty to keep them safe
- Follow agreed risk assessments in your organisation/setting that supports children to explore and take acceptable risks'
- Contribute to the review of risk assessments for children.

### **1.6 Well-being**

You are able to work in ways that:

- Support the well-being of children
- Value the importance of children's family/carers.

### **1.7 Positive relationships and professional boundaries**

You are able to work in ways that:

- Develop positive relationships with children, their families/carers and professionals whilst maintaining clear professional boundaries.

### **1.8 Communication**

You are able to work in ways that:

- Identify and use a range of communication methods that are appropriate to the children's needs, preferences, ages, abilities and levels of development
- Promote a calm and nurturing environment which enables children to communicate and express their feelings
- Recognise the importance of children and their families/carers being able to access provision in their preferred language.

### **1.9 Welsh language and culture**

You are able to work in ways that:

- Support children to engage in activities that develop their Welsh language skills and understanding of Welsh culture.

### **1.10 Positive approaches to positive behaviour support**

You are able to work in ways that:

- Embed the use of positive approaches for behaviour support in your work
- Support the development of positive behaviour
- Follow organisation/setting policies, procedures and processes that are in place for behaviour support.

## Outcome 2: Health, well-being, learning and development

### 2.1 Factors that impact upon health, well-being, play, learning and development

You are able to work in ways that:

- Support children's developmental progress
- Support children in ways that promote their self-esteem, sense of security and belonging
- Support children to recognise and celebrate their abilities, talents and achievements
- Support children to engage in a range of play opportunities, both freely-chosen and through adult-led activities
- Contribute to the assessment of the development of children
- Follow plans that support the development of children
- Prepare for and carry out activities and experiences that support the development of children
- Support children to develop friendship skills and social relationships.

### 2.2 Positive environments for the health, well-being and learning, development and play of children

You are able to work in ways that:

- Support a positive and safe environment that meets the health, well-being, development and individual needs of children
- Contribute to the planning, preparation and use of a stimulating, positive and safe environment that supports the development of children
- Provide a safe, caring, nurturing and responsive environment that values children and their families/carers.

### 2.3 Speech, language and communication

You are able to work in ways that:

- Follow plans to support the speech, language and communication development of children
- Work in ways that identify when children are not demonstrating typical patterns.

### 2.4: Additional support needs

You are able to work in ways that:

- Adapt your communication, the environment and activities to support the inclusion and participation of children with additional support needs including more able and talented children
- Support children with additional support needs to take part in a full range of activities and experiences.

### 2.5 Physical care of children

You are able to work in ways that:

- Support physical care routines that meet the individual needs of children in a way that treats them with dignity and respect
- Support the physical care routines of children in a way that protects both the child and yourself from harm or allegations of harm.

## 2.6 Nutrition and hydration

You are able to work in ways that:

- Take account of any specific nutrition and hydration requirements for the children in your care
- Provide support for a balanced diet and good hydration
- Support children in your care to make healthy food choices

## Outcome 3: Professional practice in early years and childcare

### 3.1 Roles and responsibilities of the early years and childcare worker

You are able to work in ways that:

- Reflect the ethos of the organisation/setting you work for
- Adhere to your role and responsibilities
- Follow organisation/setting policies, procedures and processes
- Maintain confidentiality in your day to day work.

### 3.2 Partnership working

You are able to work in ways that:

- Recognise the range and roles of other workers in your organisation/setting and other agencies that you may come into contact with
- Apply the principles of partnership working in your work with others
- Apply the principles of confidentiality in all communication with others
- Develop good working relationships with other workers and professionals whilst maintaining professional boundaries.

### 3.3 Team working

You are able to work in ways that:

- Contribute to the work of your team
- Fulfil your role and responsibilities in your own team
- Support effective communication with other team members
- Reflect on your own performance, that of other team members and the team as a whole
- Use team meetings to reflect on your performance as a team.

### 3.4 Handling information

You are able to work in ways that:

- Follow your 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 early years and childcare workers

You are able to work in ways that:

- Uphold the profession of Early Years and Childcare workers and role model best practice in your work.

### 3.6 Continuing professional development

You are able to work in ways that:

- Meet organisation/setting 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
- Actively prepare for and contribute to supervision and appraisal
- Reflect on your practice to support your professional development
- Develop the literacy, numeracy and digital competency skills needed to meet the requirements of your role.

## Outcome 4: Safeguarding children

### 4.1 Safeguarding children from harm, abuse or neglect

You are able to work in ways that:

- Follow your local and organisation/setting policies, procedures and processes for safeguarding children
- Establish, develop and maintain relationships that support trust and rapport with children and their families/carers
- Keep yourself safe from allegations of harm and abuse.

### 4.2 Recording and reporting in relation to safeguarding

You are able to work in ways that:

- Follow organisation/setting policies, procedures and processes to record and report any concerns or incidents.
- Demonstrate that you know where and how to access additional personal support if dealing with safeguarding issues.

## Outcome 5: Health and safety

### 5.1 Health and safety in the organisation/setting

You are able to work in ways that:

- Meet your responsibilities in line with health and safety legislation
- Adhere to your organisation/setting policies, procedures and processes for health and safety
- Follow organisation/setting policies, procedures and 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 in ways that:

- Are compliant with health and safety risk assessments for your organisation/setting
- Ensure safe practice by routinely carrying out risk assessments.

### 5.3 Fire safety

You are able to work in ways that:

- Adhere to the policies, procedures and processes of your organisation/setting that must be followed in the event of a fire.



#### **5.4 Infection prevention and control**

You are able to work in ways that:

- Follow good hygiene practice
- Implement your organisation/setting policies, procedures and processes for infection prevention and control
- Follow hand washing technique that is used to prevent the spread of infection.

#### **5.5 Food safety**

You are able to work in ways that:

- Follow your organisation/setting policies, procedures and processes in relation to food safety.

#### **5.6 Hazardous substances**

You are able to work in ways that:

- Follow organisation/setting policies and procedures for the storage, use and disposal of hazardous substances hazardous to health.

#### **5.7 Security in the organisation/setting**

You are able to work in ways that:

- Adhere to arrangements that are in place to ensure that you, children and others are safe in the organisation/setting
- Adhere to organisation/setting policies, procedures and processes for advising of whereabouts and access to the organisation/setting
- Adhere to policies, procedures and processes for the release of children from the setting.

#### **5.8 Managing stress**

You are able to work in ways that:

- Utilise support mechanisms to discuss your well-being.

## Unit 200      Supporting core practice in children's care, play, learning and development

### Supporting Information

#### Evidence requirements

- See assessment approach section below

#### Guidance for delivery

The Level 2 Children's Care, Play, Learning and Development: Practice qualification is underpinned by a mandatory unit – **Supporting core practice in children's care, play, learning and development**.

This unit contains five outcomes that reflect the application of knowledge elements covered in the **Level 2 Children's Care, Play, Learning and Development: Core** qualification:

1. Principles and values
2. Health, well-being, learning and development
3. Professional practice in early years and childcare
4. Safeguarding children
5. Health and safety

These five areas reflect the core principles that underpin the practice of all workers in the children's health and care sector and reflects the underpinning knowledge that learners have gained through the Level 2 Children's Care, Play, Learning and Development: Core qualification. The content has been developed to highlight the core values, principles and behaviours that any learner working in a Level 2 childcare 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.

**Activities and experiences** - play, learning and leisure activities that meet the preferences, needs and abilities of the child or young person with whom you work, such as outdoor play, free play, role play, mark making, playdough, skipping, football, reading and storytelling, ICT activities, arts and craft.

**Additional support needs** include:

- physical disability
- additional learning needs
- autism
- additional health needs
- sensory loss
- emotional and behavioural difficulties
- Attention Deficit Hyperactivity Disorder
- dyslexia
- dyspraxia
- complex multiple needs
- attachment disorder.

**Codes of conduct and professional practice** - include The Code of 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 the regulators of health or social care in Wales, e.g. The Practice Guidance for Residential Childcare for Workers Registered with the Social Care Wales, The Additional Learning Needs Code for Wales 2021.

**Digital competency** - also known as digital literacy or information and communication technology.

**Environment** - the diverse physical locations, contexts, and cultures in which learners learn.

**Factors that may affect the health, well-being and personal, physical, social and emotional development of children and young people** - include adverse circumstances or trauma before or during birth; attachment; autistic spectrum condition; family circumstances; harm or abuse; injury; additional learning needs; medical conditions (chronic or acute); mental health; (including self-harming and anorexia) physical disability; physical ill health; placement disruption; poverty; profound or complex needs; sensory needs; stability; social deprivation; substance misuse.

**Incident(s)** - an instance of something happening; a one-off event or occurrence, e.g. parent has not picked child up.

### **Legislation, national policies, guidance, standards and frameworks – include;**

- UN Convention on the Rights of the Child and the seven core aims developed by Welsh Government
  - have a flying start in life (the early years)
  - have a comprehensive range of education and learning opportunities
  - enjoy the best possible health and are free from abuse, victimisation and exploitation
  - have access to play, leisure, sporting and cultural activities
  - be listened to, treated with respect, and have their race and cultural identity recognised (participation in decision making)
  - have a safe home and a community which supports physical and emotional wellbeing
  - not be disadvantaged by poverty.
- European Convention on Human Rights
- UK General Data Protection Regulation (UK GDPR)
- Data Protection Act 1998
- Human Rights Act 1998
- Mental Health Act revision 2007
- Mental Capacity Act 2005
- Equality Act 2010
- Safeguarding of Vulnerable Groups Act 2006
- Social Services and Well-being (Wales) Act 2014
- Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015
- Prevent Strategy 2015
- Early Years and Childcare Plan (2013) Welsh Government
- 10-year workforce Development plan for early years childcare and play
- Children Act 1989 and 2004
- Working Together under the Children Act 2004
- Wales Safeguarding Procedures (2019)
  - Safeguarding children in relation to the Children (Abolition of Defence of Reasonable Punishment) (Wales) Act 2020
- 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
- Control of Substances Hazardous to Health (COSHH) Regulations 2002.
- Personal Protective Equipment at Work (Amendment) Regulations 2022
- Well-being of Future Generations (Wales) Act 2015

### **Legislation and national policies for Welsh language to include:**

- A Curriculum for Wales, A Curriculum for Life. Welsh Government 2015
- **Cymraeg 2050: A million Welsh speakers by 2050**
- Welsh-medium Education Strategy
- Welsh-medium Education Strategy: Next Steps
- The Welsh Language Standards (No.7) Regulations 2018
- Welsh in Education Strategic plan (local).
- Welsh Language (Wales) Measure 2011

**Others** - colleagues, other workers or professionals and families/carers that individuals may come into contact with when caring for and supporting a child.

**Physical care routines** - include:

- toileting
- hand washing
- care of skin
- care of teeth
- opportunities for rest, quiet time or sleep
- protection from sun
- care of nappy area.

**Play** - different types of play include:

- playing creatively
- physical play
- imaginative/pretend play or role play
- environmental play
- playing in a structured environment
- unstructured play
- self-directed play
- adult facilitated play.

The play work principles – <http://www.playwales.org.uk/eng/playworkprinciples>

**Play Types - Play Wales**

- Communication play
- Creative play
- Deep play
- Dramatic play
- Exploratory play
- Fantasy play
- Locomotor play
- Imaginative play
- Mastery play
- Object play
- Recapitulative play
- Role play
- Rough and tumble
- Social play
- Socio-dramatic play
- Symbolic play

**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.

**Risk** - when discussing risk-taking the types of risk to be supported could include:

- physical risks
- emotional risks
- behavioural risks
- environmental risks.

**Worker** - the person providing care, learning and development services for children.

## Related legislation and guidance

- Wales Safeguarding Procedures (2019)
- Children Act 1989 and (2004)
- Control of Substances Hazardous to Health (COSHH) Regulations (2002)
- Curriculum for Wales, Curriculum for Life. Welsh Government 2015 Cymraeg 2050: A million Welsh speakers by 2050
- The General Data Protection Regulation
- Early Years and Childcare Plan (2013) Welsh Government
- Equality Act (2010)
- European Convention on Human Rights
- Health and Safety at Work Act (1974)
- Human Rights Act (1998)
- Lifting Operations and Lifting Equipment Regulations (1998)
- Management of Health and Safety at Work Regulations (1999)
- Manual Handling Operations Regulations (1992)
- Mental Capacity Act (2005)
- Mental Health Act revision (2007)
- Personal Protective Equipment (PPE) at Work Regulations (1992)
- Prevent Strategy (2015)
- Provision and Use of Work Equipment Regulations (1998)
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013)
- Safeguarding of Vulnerable Groups Act (2006)
- Social Services and Well-being (Wales) Act (2014)
- United Nations Convention on the Rights of the Child (1989)
- Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act (2015)
- Welsh in Education Strategic plan (local)
- Welsh Language Standards (No.6) Regulations (2017)
- Welsh-medium Education Strategy
- Working Together under the Children Act (2004)
- Workplace (Health, Safety and Welfare) Regulations (1992)

## Unit 201 Supporting play, learning, growth and development

Level:	2
GLH:	25
Credit:	4
Unit Summary:	<p>This unit supports the learner to develop the knowledge and skills that are essential when supporting play, growth, learning and development of children.</p> <p>In the context of this unit, 'children' refers to 0 up to 8 years old.</p>

### Learning outcome:

1. Support holistic learning, growth and development

### Assessment criteria

You know:

- 1.1 How the nervous system and brain are formed, and how they work together to enable ongoing holistic growth and development
- 1.2 How adverse factors impact upon holistic growth and development
- 1.3 How adverse factors impact upon the brain
- 1.4 Different stages and sequences of holistic learning, growth and development and how these are monitored
- 1.5 How to support holistic learning, growth and development whilst ensuring a safe and stimulating **environment**
- 1.6 How to support and develop **independence skills** in line with age and expected stage of development
- 1.7 Actions to take if development is not in line with age and expected stage of development
- 1.8 The importance of using opportunities for language development to support holistic learning, growth and development

You are able to work in ways that:

- 1.9 Use observations to identify how expected stages of development are reflected in line with age
- 1.10 Use everyday activities, routines and experiences to develop positive relationships with children, making sure that they are enjoyable, inclusive and encourage holistic learning, growth and development
- 1.11 Provides positive reinforcement and praise that supports children's development

### Range

**Environment:** bilingual, quality and rich play environment

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

### Learning outcome:

2. The core role of play in the holistic learning, growth and development of children

### Assessment criteria

You understand:

2.1 Legislative frameworks and statutory guidance that relate to play

2.2 How quality and rich play environments **maximise potential for** holistic learning, growth and development

You are able to work in ways that:

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

2.4 Contribute to the support of children to create a child led play space that enables:

- freely chosen play
- expression of feelings
- experimentation and risk taking
- creativity

### Range

**Maximise potential for:** socialisation, problem solving and creativity, resourcefulness, challenge and choice



# Unit 201      Supporting play, learning, growth and development

## 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.

#### Different types of play:

- playing creatively
- physical play
- imaginative/pretend play or role play
- environmental play
- playing in a structured environment
- unstructured play
- self-directed play
- adult facilitated play.

The play work principles – <http://www.playwales.org.uk/eng/playworkprinciples>

#### Play Types - Play Wales

- Communication play
- Creative play
- Deep play
- Dramatic play
- Exploratory play
- Fantasy play
- Locomotor play
- Imaginative play
- Mastery play
- Object play
- Recapitulative play
- Role play
- Rough and tumble
- Social play
- Socio-dramatic play
- Symbolic play

**Everyday activities:** freely chosen play and adult facilitated activities, physical activity and contact, actions, games, rhymes, books, stories and songs

**Experiences:** planned, unplanned

**Use observations to identify how expected stages of development are reflected in line with age:**

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

**Quality and rich play environments:** to reflect guidance in 'Wales: a Play Friendly Country'. Quality play provision offers all children the opportunity to freely interact with or experience the following: other children and young people; the natural world; loose parts; the natural elements; challenge and risk taking; playing with identity; movement; rough and tumble; the senses; feelings. These environments are also: flexible, adaptable, varied and interesting offering continuous provision.

## **Related NOS**

- SCD CCLD 0203: Support the development of children and young people
- SCD CCLD 0205: Maintain environments to meet children's need
- SCD CCLD 0206: Support children's learning through play
- SCD CCLD 0208: Support the care of babies and children
- SCD CCLD 0209: Support a child with additional support needs
- SCD CCLD 0307: Promote the health and physical development of children

## **Related legislation and guidance**

- The importance of ages 0-3 years <https://www.unicef.org/sowc01/1-2.htm>
- Neuroscience and the infant brain  
[http://www.nurseryworld.co.uk/digital\\_assets/619/All-about-brain.pdf](http://www.nurseryworld.co.uk/digital_assets/619/All-about-brain.pdf)
- Brain Hero <http://developingchild.harvard.edu/resources/brain-hero/>
- Healthy baby healthy brain <http://www.healthybabyhealthybrain.ca/>
- Baby Brain Map <http://www.zerotothree.org/child-development/brain-development/baby-brain-map.html>

- Map of the human brain <http://www.cbc.ca/news2/interactives/brain>
- Genes to cognition <http://www.g2conline.org/2022>
- Brain basics  
[http://www.brainline.org/multimedia/interactive\\_brain/the\\_human\\_brain.html?gclid=CIm90P-H5L4CFdLHtAodxBgAhA](http://www.brainline.org/multimedia/interactive_brain/the_human_brain.html?gclid=CIm90P-H5L4CFdLHtAodxBgAhA)
- Neuroscience science of the brain an introduction for young students  
<http://brain.mcmaster.ca/BrainBee/Neuroscience.Science.of.the.Brain.pdf>
- A primer on the brain and nervous system <http://www.brainfacts.org/the-brain-facts-book>
- Wales: a Play Friendly Country <https://gov.wales/docs/dsjlg/publications/cyp/141007-wales-a-play-friendly-country-en.pdf>
- Play sufficiency assessment – Toolkit <https://gov.wales/topics/people-and-communities/people/children-and-young-people/play-and-leisure/toolkit/?lang=en>
- 'Children and Young People: Rights to Action' (2004)  
<https://dera.ioe.ac.uk/7717/1/090415rightstoactionen.pdf>
- United Nations Convention on the Rights of the Child (UNCRC) (Came into force in
- UK in 1992) <http://www.unicef.org.uk/UNICEFs-Work/Our-mission/UN-Convention/>
- 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>
- Shared Planning for Better Outcomes <https://gov.wales/about/open-government/publications-catalogue/circular/2007/betteroutcome/?lang=en>
- Rights of Children and Young Persons (Wales) Measure (2011)  
<http://www.legislation.gov.uk/mwa/2011/2/contents>
- The Children and Families (Wales) Measure (2010)  
<https://www.legislation.gov.uk/mwa/2010/1/contents>
- Child Minding and Day Care (Wales) Regulations (2010)  
<http://www.legislation.gov.uk/wsi/2010/2574/contents/made>
- National Minimum Standards for Regulated Childcare for children up to the age of 12 years **48841 National Min standards for regulated childcare for children up to the age of 12 (gov.wales)** The Education (Nursery Education and Early Years Development and Childcare Plans) (Wales) (Amendment) Regulations (2005)  
<http://www.legislation.gov.uk/wsi/2005/1813/contents/made>
- Curriculum for Wales – **A curriculum for funded non-maintained nursery settings (gov.wales)**  
Curriculum for Wales - Hwb ([gov.wales](http://gov.wales))
- Play England, Design for Play: A guide to creating successful play spaces  
<http://www.playengland.org.uk/media/70684/design-for-play.pdf>
- Play Wales, Resources for playing – providing loose parts to support children's play, A toolkit  
[https://issuu.com/playwales/docs/loose\\_parts\\_toolkit\\_3ead21bac8c4be?e=5305098/53227626](https://issuu.com/playwales/docs/loose_parts_toolkit_3ead21bac8c4be?e=5305098/53227626)
- Play Wales, The Toolkit, Use of school grounds for playing out of teaching hours  
[https://issuu.com/playwales/docs/using\\_school\\_grounds\\_out\\_of\\_teachin?e=5305098/4853824](https://issuu.com/playwales/docs/using_school_grounds_out_of_teachin?e=5305098/4853824)
- **Wales: a play friendly country (gov.wales)**
- Play Wales, Creating accessible play spaces, A toolkit  
[https://issuu.com/playwales/docs/creating\\_accessible\\_play\\_spaces?e=5305098/55847588](https://issuu.com/playwales/docs/creating_accessible_play_spaces?e=5305098/55847588)

## Unit 202      Supporting nutrition and hydration in early years

Level:	2
GLH:	20
Credit:	4
Unit Summary:	<p>This unit supports the learner to develop the knowledge and skills that are essential when supporting the nutrition and hydration of children in early years.</p> <p>In the context of this unit, 'children' refers to 0 up to 8 years old</p>

### Learning outcome:

1. Support nutrition and hydration for children

### Assessment criteria

You understand:

- 1.1 **Different types** of baby/ toddler feeding
- 1.2 Current national guidance for a balanced diet for children including the introduction of solid foods
- 1.3 Foods and drinks to limit and avoid in the first year
- 1.4 The role of essential nutrients in supporting holistic growth, wellbeing and development
- 1.5 The nutrition and hydration requirements at **defined stages of development**
- 1.6 Factors that influence the intake of food and drink
- 1.7 The reasons why food should not be used as a reward
- 1.8 The **potential impact** of poor nutrition and hydration
- 1.9 The importance of hydration
- 1.10 The purpose of recording intake of food and drink

You are able to work in ways that:

- 1.11 Prepare and store food and drink according to specific instructions and in line with workplace policies and procedures
- 1.12 Support safe eating and drinking routines that encourage social interaction, the development of independence skills and take account of factors that influence intake of food and drink
- 1.13 Encourage children to experience new foods
- 1.14 Respond positively to objections to food and drink, making adaptations as necessary
- 1.15 Encourage children to drink a sufficient volume of fluid
- 1.16 Contribute to recording and monitoring of the intake of food and drink

### Range

**Different types:** breastfeeding, infant formula feeding, complementary feeding, first solids

**Defined stages of development:** 0-6 months, 6 months – 1 year, 1-4 years, 5 years and over

**Potential impact:** failure to thrive, malnutrition, dehydration, obesity, constipation, anaemia, cognitive development

## Unit 202      Supporting nutrition and hydration in early years

### 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.

#### Factors that influence the intake of food and drink:

- Special dietary requirements for medical reasons can include e.g.
  - Texture modification to make food easier to eat (pureed or mashed);
  - Gluten free food for children with Coeliac disease
  - Modified diet for diabetic children
  - Modified diet for children with food allergies and intolerances.
- Provision for cultural, religious or ethical (vegetarian or vegan reasons)
- Shape, colour, texture, smell, presentation and choice of food,
- Food avoidance, eating with peers, providing a consistent approach and positive role modelling, encouraging opportunities to experience new food,
- Fun food activities and initiatives including involving children in food preparation and serving, and trying foods from different cultures, growing and cooking food.
- Low income and food poverty

#### Related NOS

- SCD CCLD 0205: Maintain environments to meets children's need
- SCD CCLD 0208: Support the care of babies and children
- SCD CCLD 0307: Promote the health and physical development of children
- SCD CCLD 0319: Promote healthy living for children and families

#### Related legislation and guidance

- National Minimum Standards for Regulated Childcare for children up to the age of 12 years **48841 National Min standards for regulated childcare for children up to the age of 12 (gov.wales)** Welsh Government Food and Health Guidelines for Early Years and Child Care Settings (2009)  
<https://gov.wales/docs/phhs/publications/foodandhealth/090414guidelinesen.pdf>
- Infection Prevention and Control Guidance (2019) for Childcare Settings (0-5 years) in Wales - [phw.nhs.wales/services-and-teams/aware-health-protection-team/documents/infection-prevention-and-control-guidance-2019-for-childcare-settings-0-5-years-in-wales-nurseries-childminding-and-playgroups/](https://phw.nhs.wales/services-and-teams/aware-health-protection-team/documents/infection-prevention-and-control-guidance-2019-for-childcare-settings-0-5-years-in-wales-nurseries-childminding-and-playgroups/)
- Best practice guidance Food and Nutrition for Childcare settings: 34509 Food and Nutrition - Best Practice Guidance (gov.wales)

## Unit 203      Responding to signs of potential illness and infestation/infection

Level:	2
GLH:	15
Credit:	3
Unit Summary:	This unit supports the learner to develop the knowledge and skills that are essential when recognising and responding to potential illness during childhood

### Learning outcome:

1. Respond to signs of potential illness and reactions to immunisation in children

### Assessment criteria

You know:

- 1.1 Physical and behavioural signs and symptoms of potential illness and infestation/infection
- 1.2 The possible reactions to immunisation
- 1.3 Actions to take where there are concerns about potential illness and reactions to immunisation
- 1.4 Symptoms that require urgent action

You are able to work in ways that:

- 1.5 Recognise signs of potential illness and infestation/infection
- 1.6 Respond to signs of potential illness and infestation/infection, according to workplace policies and procedures
- 1.7 Make adaptations to routines and interactions to take account of the signs of potential illness
- 1.8 Record and report actions taken

## Unit 203      Responding to signs of potential illness and infestation/infection

### 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.

Due to the nature of the content of this unit, evidence for this unit may not naturally be observed as part of the structured tasks. If evidence for this unit is not presented sufficiently through the structured tasks, the assessor should ensure evidence for the practice outcomes are provided via the portfolio using the following evidence requirements:

- Reflective account by the learner signed by an expert witness, detailing how they responded to signs of illness, infestation/infection or notifiable disease within their workplace on at least one occasion.

Further questioning on the learner's understanding of the content of this unit may also need to form part of the discussion.

#### 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:** in the context of this unit, childhood refers to 0 up to 18 years old

#### Illness and infestation/infection:

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

#### Information sources for Physical and behavioural signs and symptoms of potential illnesses and infestations:

References for Sepsis:

<https://www.nhs.uk/conditions/sepsis/>

<https://www.nhsinform.scot/illnesses-and-conditions/blood-and-lymph/sepsis>

General Signs and Symptoms - NHS Scotland

<https://www.nhsinform.scot/>

**Symptoms that require urgent action:** a child that: is persistently drowsy or irritable; is becoming unresponsive; has problems breathing; has cold or discoloured hands or feet with a warm body; has had/is having a fit; has unusual skin colour; has a temperature of 39°C or more; is not feeding/ eating; is showing signs of dehydration (dry mouth, sunken eyes, no tears, looking generally unwell); has symptoms related to meningitis (unusual severe headache, stiff neck, dislike of bright lights, a rash that does not fade with pressure)

## Related NOS

- SCD CCLD 0208: Support the care of babies and children
- SCD CCLD 0319: Promote healthy living for children and families
- SCD HSC 0022: Support the health and safety of yourself and individuals

## Related legislation and guidance

- National Minimum Standards for Regulated Childcare for children up to the age of 12 years **48841 National Min standards for regulated childcare for children up to the age of 12 (gov.wales)** NHS Wales – Infection Prevention and Control  
<http://www.wales.nhs.uk/sitesplus/888/page/95109>
- Infection Prevention and Control Guidance (2019) for Childcare Settings (0-5 years) in Wales - **phw.nhs.wales/services-and-teams/aware-health-protection-team/documents/infection-prevention-and-control-guidance-2019-for-childcare-settings-0-5-years-in-wales-nurseries-childminding-and-playgroups**/NHS Wales - All Wales Infection Prevention and Control Guidance for Educational Settings (2017)  
[http://www.wales.nhs.uk/sitesplus/documents/888/All%20Wales%20Infection%20Prevention%20and%20Control%20Guidance%20for%20Educational%20Settings\\_FINALMay%202017x.pdf](http://www.wales.nhs.uk/sitesplus/documents/888/All%20Wales%20Infection%20Prevention%20and%20Control%20Guidance%20for%20Educational%20Settings_FINALMay%202017x.pdf)
- NHS Wales- National Infection Prevention and Control Manual (NIPCM): Model policies previously developed by Public Health Wales have been superseded by the adoption of the Scottish National Infection Control Manual (NICM)  
<http://www.wales.nhs.uk/sitesplus/888/page/95007>
- NHS Wales- Vaccines for Children  
[http://www2.nphs.wales.nhs.uk:8080/VaccinationsImmunisationProgsDocs.nsf/3dc04669c9e1eaa880257062003b246b/faca473ff00c5bba8025831a0045b9b9/\\$FILE/Routine%20Childhood%20Immunisation%20Schedule%20-%207%20August%202018%20Final.pdf](http://www2.nphs.wales.nhs.uk:8080/VaccinationsImmunisationProgsDocs.nsf/3dc04669c9e1eaa880257062003b246b/faca473ff00c5bba8025831a0045b9b9/$FILE/Routine%20Childhood%20Immunisation%20Schedule%20-%207%20August%202018%20Final.pdf)
- NHS Wales- National immunisation uptake data  
<http://www.wales.nhs.uk/sites3/page.cfm?orgid=457&pid=54144>
- NHS – Vaccinations <https://www.nhs.uk/conditions/vaccinations/reasons-to-have-your-child-vaccinated/>
- NHS – Vaccine side effects <https://www.nhs.uk/conditions/vaccinations/reporting-side-effects/>
- Public health matters <https://publichealthmatters.blog.gov.uk/2014/05/01/why-vaccinate/>
- BC Centre for Disease Control – A quick guide to common childhood diseases (2009)  
[http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/Other/Epid\\_GF\\_childhood\\_quickguide\\_may\\_09.pdf](http://www.bccdc.ca/resource-gallery/Documents/Guidelines%20and%20Forms/Guidelines%20and%20Manuals/Epid/Other/Epid_GF_childhood_quickguide_may_09.pdf)
- Health and Care Standards Welsh Government April 2015  
[http://www.wales.nhs.uk/sitesplus/documents/1064/24729\\_Health%20Standards%20Framework\\_2015\\_E1.pdf](http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf)



## Unit 204 Supporting the care of 0-2 year olds

Level:	2
GLH:	20
Credit:	3
Unit Summary:	This unit supports the learner to develop the knowledge and skills that are essential when working with 0-2 year olds. It includes the benefits of childcare provision and support services and the provision of physical care routines

### Learning outcome:

1. The role and benefits of childcare provision and support services for 0-2 year olds

### Assessment criteria

You know:

- 1.1 Different types of childcare provision and support services for 0-2 year olds
- 1.2 The purpose of childcare provision and support services and the role they play in aiming to address childhood disadvantage
- 1.3 Current **public health priorities** for 0-2 year olds and their benefits
- 1.4 The impact of childhood disadvantage upon health, well-being and development of 0-2 year olds

### Range

**Public health priorities:** Nutrition and hydration, oral health care, 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, and safety in the community

### Learning outcome:

2. Support bonding and attachment for 0-2 year olds

### Assessment criteria

You understand:

- 2.1 The terms 'bonding' and 'attachment' and their importance for babies/toddlers holistic learning, growth, development and well-being
- 2.2 The importance of bonding and attachment in reducing the impact of childhood disadvantage
- 2.3 The types of attachments babies/toddlers can form
- 2.4 The signs of insecure attachment
- 2.5 How to promote secure attachments for babies/toddlers

You are able to work in ways that:

- 2.6 Maintain and encourage bonding and secure attachments for babies/toddlers
- 2.7 Use feedback from others to improve own practice supporting the development of secure attachments for babies/toddlers

### Learning outcome:

3. Provide care for physical routines of 0-2 year olds

### Assessment criteria

You understand:

- 3.1 The importance of safe **physical care routines** for babies/ toddlers
- 3.2 How to carry and hold babies/ toddlers safely
- 3.3 How to wash, dress and change babies/ toddlers, including nappy changes
- 3.4 How to support toilet training
- 3.5 How to ensure that a baby sleeps in a safe environment and position

You are able to work in ways that:

- 3.6 Support agreed safe **physical care routines** of babies/ toddlers
- 3.7 Create a comfortable and relaxed atmosphere whilst supporting safe **physical care routines**
- 3.8 Make **physical care routines** safe, enjoyable experiences that promote holistic learning, growth and development whilst maintaining children's dignity and respect
- 3.9 Ensure babies/ toddlers are carried and held safely, in line with moving and positioning principles
- 3.10 Record and report agreed physical care routines, in line with workplace/ setting policies and procedures

### Range

**Physical care routines:** toileting, handwashing, oral care, skin care (including nappy area), opportunities for rest, quiet time or sleep, ensure appropriate provisions for exposure to sun and cold temperatures

## Unit 204 Supporting the care of 0-2 year olds

### 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.

**Babies/toddlers:** in the context of this unit babies/toddlers refers to 0-2 year olds

**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

**How to ensure that a baby sleeps in a safe environment and position:**

- Place the baby on the back to sleep, in a cot in a room with you
- Do not let anyone smoke in the same room as the baby
- Never sleep with a baby on a sofa or armchair
- Do not let the baby get too hot - keep the baby's head uncovered - place the baby in the "feet to foot" position

**Holistic growth and development:** refers to babies/ toddlers gaining skills and competence to develop their physical, social, emotional, cognitive and linguistic skills

**Maintain and encourage bonding and secure attachments:** calm and nurturing environment, proximity, predictability, consistency, supporting smooth transitions, co-production, sharing of information, partnership working, touch

**Oral health care:** this relates to - tooth and gum care, including teething, appropriate use of feeding bottles and feeder beakers, appropriate use of dummies

**Support services:** The different types and levels of targeted and universal child health and intervention programmes, home visiting (midwife and 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, baby massage)

**Toilet training:** readiness to start toilet training, preparing to start toilet training, supporting a toddler with toilet training, use of toilet training pants and pull ups, supporting night time routines when toilet training, transition to the toilet from a potty, supporting toddlers to develop independence skills when toileting, working in partnership with others, positive reinforcement strategies and techniques.

## Related NOS

- SCDCCLD 0203 Support the development of children and young people
- SCDCCLD 0205: Maintain environments to meet children's need
- SCDCCLD 0208 Support the care of babies and children

## Related legislation and guidance

- Chief Medical Officer for Wales Annual Report 2014-15 Healthier, Happier, Fairer <http://www.primarycareservices.wales.nhs.uk/sitesplus/documents/1150/CMO%20Report%202014-15.Eng.pdf>
- Healthy Child Wales Programme <http://gov.wales/docs/dhss/publications/160926healthy-children.pdf>
- Education Begins at Home <http://gov.wales/topics/educationandskills/schoolshome/parents/education-begins-at-home/?lang=en>
- NICE Guidelines on Pre-conception Health <https://cks.nice.org.uk/pre-conception-advice-and-management>
- World Health Organisation information on pre-conception care [http://www.who.int/maternal\\_child\\_adolescent/documents/preconception\\_care\\_policy\\_brief.pdf](http://www.who.int/maternal_child_adolescent/documents/preconception_care_policy_brief.pdf)
- RCM [https://www.rcm.org.uk/sites/default/files/Emotional%20Wellbeing\\_Guide\\_WEB.pdf](https://www.rcm.org.uk/sites/default/files/Emotional%20Wellbeing_Guide_WEB.pdf)
- NHS Guidance <http://www.nhs.uk/conditions/pregnancy-and-baby/pages/pregnancy-and-baby-care.aspx>
- Attachment <http://www.suttontrust.com/wp-content/uploads/2014/03/baby-bonds-final.pdf>
- UNICEF Baby Friendly Initiative <https://www.unicef.org.uk/babyfriendly/what-is-baby-friendly/>
- Sleep <http://www.unicef.org.uk/BabyFriendly/Resources/Resources-for-parents/Caring-for-your-baby-at-night/>
- Healthy Start <http://www.healthystart.nhs.uk>
- The British Dietetics Association (Food Facts) <https://www.bda.uk.com/>
- First Steps Nutrition Trust <https://www.firststepsnutrition.org/>
- Reduce the risk of cot death <https://gov.wales/docs/dsjlg/publications/cyp/140320-reduce-risk-cot-death-en.pdf>
- The lullaby trust <https://www.lullabytrust.org.uk/safer-sleep-advice/>
- How much sleep do kids need? <http://www.nhs.uk/Livewell/Childrenssleep/Pages/howmuchsleep.aspx>
- Healthy sleep tips for children <http://www.nhs.uk/Livewell/Childrenssleep/Pages/bedtimeritual.aspx>
- Rapid evidence review on infant and child sleep <http://www.healthscotland.com/uploads/documents/23540-SleepRapidEvidenceReviewWriteUp.pdf>
- Safe Sleep for your baby [http://www.phac-aspc.gc.ca/hp-ps/dca-dea/stages-etapes/childhood-enfance\\_0-2/sids/ss-eng.php](http://www.phac-aspc.gc.ca/hp-ps/dca-dea/stages-etapes/childhood-enfance_0-2/sids/ss-eng.php)
- All About... Sleep [http://www.nurseryworld.co.uk/digital\\_assets/409/029\\_All-about.pdf](http://www.nurseryworld.co.uk/digital_assets/409/029_All-about.pdf)
- Basics of good sleep <http://www.babycentre.co.uk/c25004253/basics-of-good-sleep>
- Sleep Well, Sleep Safe [http://www.beststart.org/resources/hlthy\\_chld\\_dev/pdf/BSRC\\_Sleep\\_Well\\_resource\\_FNL\\_LR.pdf](http://www.beststart.org/resources/hlthy_chld_dev/pdf/BSRC_Sleep_Well_resource_FNL_LR.pdf)
- NHS <http://www.nhs.uk/conditions/pregnancy-and-baby/pages/potty-training-tips.aspx>
- BabyCentre <http://www.babycentre.co.uk/potty-training>
- NCT <https://www.nct.org.uk/parenting/potty-training>
- Designed to smile scheme - [Designed to Smile child oral health improvement programme \(WHC/2017/23\) | GOV.WALES](#)

## Unit 205 Supporting the care of 2-3 year olds

Level:	2
GLH:	20
Credit:	3
Unit Summary:	<p>This unit supports the learner to develop the knowledge and skills that are essential when working with 2-3 year olds. It includes the role of childcare provision and support services and the provision of safe physical care routines</p> <p>In the context of this unit, 'toddlers/children' refers to 2-3 year olds</p>

### Learning outcome:

1. The role and benefits of childcare provision and support services for 2–3 year olds

### Assessment criteria

You know:

- 1.1 Different types of childcare provision and support services for 2-3 year olds
- 1.2 The purpose of childcare provision and support services and the role they play in aiming to address childhood disadvantage
- 1.3 Current **public health priorities** for 2-3 year olds and their benefits
- 1.4 The impact of childhood disadvantage upon health, well-being and development in 2-3 year olds

### Range

**Public health priorities:** Nutrition and hydration, oral health care, 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

### Learning outcome:

2. Support bonding and attachment for 2-3 year olds

### Assessment criteria

You understand:

- 2.1 The terms 'bonding' and 'attachment' and their importance for toddlers/children holistic learning, growth, development and well-being
- 2.2 The importance of bonding and attachment in reducing the impact of childhood disadvantage
- 2.3 The types of attachments toddlers/children can form
- 2.4 The signs of insecure attachment
- 2.5 How to promote secure attachments for toddlers/children

You are able to work in ways that:

- 2.6 Maintain and encourage bonding and secure attachments for toddlers/children
- 2.7 Use feedback from others to improve own practice supporting the development of secure attachments for toddlers/children

#### Learning outcome:

- 3. Provide care for safe physical care routines of 2-3 year olds

#### Assessment criteria

You understand:

- 3.1 The importance of safe **physical care routines** for toddlers/children
- 3.2 How to support toilet training
- 3.3 How to carry and hold toddlers/children safely

You are able to work in ways that:

- 3.4 Support agreed safe **physical care routines** of toddlers/children
- 3.5 Create a comfortable and relaxed atmosphere whilst supporting safe **physical care routines**
- 3.6 Make **physical care routines** safe, enjoyable experiences that promote holistic learning, growth and development, whilst maintaining children's dignity and respect
- 3.7 Ensure that toddlers/children are carried and held safely, in line with moving and positioning principles
- 3.8 Record and report agreed physical care routines, in line with workplace/setting policies and procedures

#### Range

**Physical care routines:** toileting, handwashing, oral care, skin care (including nappy area), opportunities for rest, quiet time or sleep, ensure appropriate provisions for exposure to sun and cold temperatures

## Unit 205      Supporting the care of 2-3 year olds

### 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

**Maintain and encourage bonding and secure attachments:** calm and nurturing environment, proximity, predictability, consistency, supporting smooth transitions, co-production, sharing of information, partnership working, touch

**Oral health care:** this relates to - tooth and gum care, including teething, appropriate use of drinking equipment, appropriate use of dummies

**Support services:** The different types and levels of targeted 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)

**Toilet training:** readiness to start toilet training, preparing to start toilet training, supporting a toddler with toilet training, use of toilet training pants and pull ups, supporting night time routines when toilet training, transition to the toilet from a potty, supporting toddlers to develop independence skills when toileting, working in partnership with others, positive reinforcement strategies and techniques

#### Related NOS

- SCDCLD 0203 Support the development of children and young people
- SCD CCLD 0205: Maintain environments to meet children's need
- SCD CCLD 0206: Support children's learning through play

## Related legislation and guidance

- National Minimum Standards for Regulated Childcare for children up to the age of 12 years **48841 National Min standards for regulated childcare for children up to the age of 12 (gov.wales)**
- Building a Brighter Future: Early Years and Childcare Plan (2013) Welsh Government **<http://gov.wales/docs/dcells/publications/130716-building-brighter-future-en.pdf>**
- Child Poverty Strategy (2015) **<https://gov.wales/topics/people-and-communities/people/children-and-young-people/child-poverty/?lang=en>**
- The Childcare Act 2006 and the Childcare Act 2006 (Local Authority Assessment) (Wales) Regulations 2016- requirements of the Childcare Sufficiency Assessment produced by local authorities
- The Childcare Act 2006 (Local Authority Assessment) (Wales) Regulations 2016 **<http://www.legislation.gov.uk/wsi/2016/88/note/made>**
- 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>
- EPPSE (Effective Pre-school, Primary and Secondary Education) Project 1997-2014 Summary of Findings [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/455670/RB455\\_Effective\\_pre-school\\_primary\\_and\\_secondary\\_education\\_project.pdf.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/455670/RB455_Effective_pre-school_primary_and_secondary_education_project.pdf.pdf)
- 2002 'Study of Pedagogical Effectiveness in Early Learning' (SPEEL), Moyles, J., Adams, S. and Musgrove, A 2002, School of Education Research and Development Anglia Polytechnic University <https://dera.ioe.ac.uk/4591/1/RR363.pdf>
- Child Safety in Wales, Examples of Interventions in Practice, Children in Wales Pre-school and early home learning effects on A-level outcomes, EPPSE Research Report, 2015, Sammons, Toth and Sylva with Melhuish, Siraj and Taggart, University of Oxford, published by DfE **[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/472867/RR472A\\_Pre-school\\_and\\_early\\_home\\_learning\\_effects\\_on\\_A\\_level\\_outcomes.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/472867/RR472A_Pre-school_and_early_home_learning_effects_on_A_level_outcomes.pdf)**
- New Curriculum for Wales - Curriculum for Wales - Hwb (gov.wales)
- Flying start programme **<https://learn.nes.nhs.scot/735/flying-start-nhs>**
- Healthy and Sustainable Pre-School Scheme (HSPSS) and Welsh Network of Healthy School Schemes (WNHSS) **<http://www.nptfamily.com/media/7420/hspss-criteria.pdf>**
- Laevers, F (1991) The innovative project Experiential Education and the definition of quality on education-unpublished paper
- Cardiff Family Advice and Support Services <https://cardiff-fis.info/>
- Designed to Smile **<https://www.designedtosmile.org/welcome-croeso/welcome/>**
- Child Accident Prevention Trust (CAPT) <https://www.capt.org.uk/>
- South Wales Fire Service Home Safety Checks <https://www.southwales-fire.gov.uk/en-GB/>
- Welsh Government <https://gov.wales/topics/people-and-communities/people/children-and-young-people/childcare/?lang=en>



## Unit 206 Working with 3-7 year olds

Level:	2
GLH:	25
Credit:	4
Unit Summary:	<p>This unit covers the introductory knowledge and skills required to contribute to the care of children aged 3-7 years, including learning and development, reflecting the current Welsh Early Years Curriculum</p> <p>Learners will explore each of the areas of learning that underpin the Early Years Curriculum. Learners will contribute to the support of learning opportunities and experiences, and gain knowledge and skills to interact and engage with children aged 3-7 years to contribute to their play learning and development.</p>

### Learning outcome:

1. The role and benefits of childcare provision and support services for 3-7 year olds

### Assessment criteria

You know:

- 1.1 Different types of childcare provision and support services for 3-7 year olds
- 1.2 The purpose of childcare provision and support services and the role they play in aiming to address childhood disadvantage
- 1.3 Current **public health priorities** for 3-7 year olds and their benefits
- 1.4 The impact of childhood disadvantage upon health, wellbeing and development for 3-7 year olds

### Range

**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, and safety in the community

### Learning outcome:

2. Support attachment and resilience for 3-7 year olds

## Assessment criteria

You understand:

- 2.1 The terms 'attachment' and 'resilience' and their importance for children's holistic learning, development and wellbeing
- 2.2 The importance of attachment and resilience in reducing the impact of childhood disadvantage
- 2.3 The types of attachments children can form
- 2.4 The signs of insecure attachment
- 2.5 How to promote secure attachments for children

You are able to work in ways that:

- 2.6 Maintain and encourage secure attachments and resilience for children
- 2.7 Use feedback from others to improve own practice supporting the development of secure attachments for children

## Learning outcome:

- 3. Provide care for physical routines of 3-7 year olds

## Assessment criteria

You understand:

- 3.1 The importance of safe **physical care routines** for children
- 3.2 Factors and behaviours which can affect good physical care routines
- 3.3 How to support toileting whilst maintaining children's dignity and respect
- 3.4 Expected ages at which children achieve primary continence

You are able to work in ways that:

- 3.5 Support agreed safe **physical care routines** of children
- 3.6 Create a comfortable and relaxed atmosphere whilst supporting safe **physical care routines**
- 3.7 Make **physical care routines** safe, enjoyable experiences that promote holistic learning, growth, and development, whilst maintaining children's dignity and respect
- 3.8 Record and report agreed physical care routines, in line with workplace/setting policies and procedures

## Range

**Physical care routines:** toileting, handwashing, oral health care, skin care, opportunities for rest, quiet time, ensure appropriate provisions for exposure to sun and cold temperatures

## Learning outcome:

- 4. Support holistic learning and development through the areas of the Early Years Curriculum

## Assessment criteria

You understand:

- 4.1 The **areas of learning** within the Early Years Curriculum
- 4.2 The importance of the **areas of learning** for children's holistic learning, play and development
- 4.3 How Welsh language development links to the **areas of learning**
- 4.4 The terms 'continuous provision' and 'active learning'
- 4.5 How experiential learning contributes to holistic learning and development within the Early Years Curriculum
- 4.6 The importance of observation and assessment within the **areas of learning**

You are able to work in ways that:

- 4.7 Use different types of equipment, activities and environments to support learning and development within the areas of learning
- 4.8 Contribute to structured and child-initiated opportunities and activities in a range of environments to support the development of children across the areas of learning
- 4.9 Use encouragement and praise when supporting children's development within the areas of learning
- 4.10 Contribute to observation and assessment of children within the areas of learning in line with workplace/ setting policies and procedures
- 4.11 Adapt activities to support the inclusion of children with additional needs within the areas of learning
- 4.12 Use feedback from others to improve own practice

## Range

**Areas of learning:** personal and social development, well-being and cultural diversity, language, literacy and communication skills, mathematical development, Welsh language development, knowledge and understanding of the world, physical development, and creative development

## Unit 206 Working with 3-7 year olds

### 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:** participate in different types of play and a range of planned activities, including those that are child initiated and those that build upon previous experiences

**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

**Continuous provision:** The purpose of continuous provision is to offer children a constant environment that is safe for them to explore whilst challenging their active learning. Within continuous provision children are able to explore the environment and develop independence. It also allows children to make choices and initiate their own play

**Early Years Curriculum: The Curriculum for Wales.**

**Experiential Learning:** Experiential learning is the process of learning through experience and is more specifically defined as learning through reflecting of what they have done.

**Factors:** Special dietary needs (cultural / religious, vegan, vegetarian, for the management of health problems e.g. soft palette, tongue tied, allergies and intolerances), complementary feeding, shape, colour, texture, smell and presentation and choice of food, 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.

**Primary continence:** The ages at which a child might be expected to have bladder and bowel control

**Structured and child-initiated opportunities:** within early years curriculum children should be given the opportunities to: explore a wide range of stimuli, engage with resources from a variety of contexts including interactive forms, investigate indoor and outdoor learning environments, as well as including natural conditions as they arise, work on their own and in pairs and small groups.

**Support services:** The different types and levels of targeted 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)

**Workplace/ settings:** maintained (schools), non-maintained (day nurseries, cylchoedd meithrin, playgroups, childminders)

## Related NOS

- SCD CCLD 0203 Support the development of children and young people
- SCD CCLD 0205 Maintain environments to meets children's need
- SCD CCLD 0206 Support children’s learning through play
- SCD CCLD 0310 Assess children's progress according to relevant curriculum frameworks

## Related legislation and guidance

- National Minimum Standards for Regulated Childcare for children up to the age of 12 years **48841 National Min standards for regulated childcare for children up to the age of 12 (gov.wales)**
- Building a Brighter Future: Early Years and Childcare Plan (2013) Welsh Government <http://gov.wales/docs/dcells/publications/130716-building-brighter-future-en.pdf>
- Qualified for Life, Welsh Government 2014
- Curriculum for Wales - **Curriculum for Wales - Hwb (gov.wales)**
- 2002 ‘Study of Pedagogical Effectiveness in Early Learning’ (SPEEL), Moyles, J., Adams, S. and Musgrove, A 2002, School of Education Research and Development Anglia Polytechnic University <https://dera.ioe.ac.uk/4591/1/RR363.pdf>
- EPPSE (Effective Pre-school, Primary and Secondary Education) Project 1997-2014 Summary of Findings [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/455670/RB455\\_Effective\\_pre-school\\_primary\\_and\\_secondary\\_education\\_project.pdf.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/455670/RB455_Effective_pre-school_primary_and_secondary_education_project.pdf.pdf)
- Successful Futures: Independent Review of Curriculum and Assessment Arrangements in Wales A report on responses to the Great Debate (The Donaldson report) (2015) <https://beta.gov.wales/sites/default/files/publications/2018-03/a-report-on-responses-to-the-great-debate.pdf>
- Pre-school and early home learning effects on A-level outcomes, EPPSE Research Report, 2015, Sammons, Toth and Sylva with Melhuish, Siraj and Taggart, University of Oxford, published by DfE. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/472867/RR472A\\_Pre-school\\_and\\_early\\_home\\_learning\\_effects\\_on\\_A\\_level\\_outcomes.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/472867/RR472A_Pre-school_and_early_home_learning_effects_on_A_level_outcomes.pdf)

## Unit 207

### Supporting the acquisition of a new language through immersion

Level:	2
GLH:	15
Credit:	3
Unit Summary:	This unit supports the learner to develop the knowledge and skills that are essential when supporting children to acquire a new language through immersion in a childcare setting. It is anticipated that for many learners, this will be related to the acquisition of Welsh language through the immersion method.

#### Learning outcome:

1. Language immersion in childcare settings

#### Assessment criteria

You know:

- 1.1 The principles and techniques of language immersion in the context of a childcare setting
- 1.2 The reasons for using the immersion language at all times
- 1.3 **Stages** that children will go through when acquiring a new language and how to respond to each phase
- 1.4 Why it is important to understand children's **individual circumstances** and how this affects learning a new language
- 1.5 The importance and ways of involving families/carers in the child's language learning
- 1.6 Instances when the child's home/preferred language should be used
- 1.7 The advantages of being bilingual and multi-lingual

#### Range

**Stages:** Silence receptive, Early productive, Speech emergence, Intermediate fluency, Continued language development / advanced fluency

**Individual circumstances:** linguistic and social background, additional learning needs

#### Learning outcome:

2. Support children to acquire the new language through immersion

#### Assessment criteria

You understand:

- 2.1 The importance of pronouncing the immersion language clearly and accurately at all times
- 2.2 The importance of physical learning environments including displays and visual stimuli in promoting language acquisition
- 2.3 The importance of **different types of activities and experiences** and how to use these for language acquisition
- 2.4 The importance of planning and evaluating learning and development for language acquisition
- 2.5 The impact of own attitude and behaviour towards language acquisition

You are able to work in ways that:

- 2.6 Use verbal and non-verbal communication to reassure children and make them feel welcome and secure in the immersion setting
- 2.7 Show a welcoming and supportive attitude towards families and include them in the child's language learning
- 2.8 Use oral and visual stimuli to aid language learning
- 2.9 Support children to participate in a range of different types of activities and experiences in the immersion language
- 2.10 Use clear and accurate pronunciation of the immersion language in all communication and activities with children and others
- 2.11 Provide praise and encouragement to support the development of language acquisition
- 2.12 Use repetition and expansion to support children's language learning
- 2.13 Observe children's communication skills in the immersion language and use this to contribute to the assessment of and planning for language acquisition
- 2.14 Reflect on your own interactions and contributions to children's language development

### Range

**Different types of activities and experiences:** use of indoor and outdoor environments, structured learning, adult led and unstructured play, interaction with others, group games, speaking activities, drawing activities, singing and rhymes

## Unit 207      Supporting the acquisition of a new language through immersion

### 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.

**Home/preferred language:** language spoken at home and by a child's family

**Instances when the child's home language should be used** – in an emergency such as fire, security, accidents, a safeguarding issue, or when a child is very distressed

**Language immersion:** language acquisition in an environment where all communication, including learning activities, is undertaken through the medium of the immersion language.

#### Related NOS

- SCD CCLD 0247 – Support the acquisition of a new language by children through immersion in an early years setting

#### Related legislation and guidance

- Building a Brighter Future: Early Years and Childcare Plan (2013) Welsh Government  
<http://gov.wales/docs/dcells/publications/130716-building-brighter-future-en.pdf>
- Qualified for Life, Welsh Government 2014
- A Curriculum for Wales, A Curriculum for Life. Welsh Government 2015  
<http://gov.wales/docs/dcells/publications/151021-a-curriculum-for-wales-a-curriculum-for-life-en.pdf>
- Welsh medium education strategy  
<http://gov.wales/docs/dcells/publications/100420welshmediumstrategyen.pdf>
- Welsh medium education strategy-next steps  
<http://gov.wales/docs/dcells/publications/160309-next-steps-en-v2.pdf>
- Welsh Governments Education Begins at Home Campaign  
<http://gov.wales/topics/educationandskills/schoolshome/parents/education-begins-at-home/?lang=en>  
Curriculum for Wales - **Curriculum for Wales - Hwb (gov.wales)** **A curriculum for funded non-maintained nursery settings (gov.wales)**
- Live in Wales, Learn in Welsh Resources  
<http://gov.wales/docs/dcells/publications/140701-live-in-wales-learn-in-welsh-bi.pdf>
- Mudiad Meithrin <http://www.meithrin.cymru/>
- Cwlwm <http://www.meithrin.cymru/cwlwm-en/>
- Cymraeg I Blant <https://en-gb.facebook.com/Cymraegiblant/>
- Mentrau Iaith <http://www.mentrauiath.cymru/?lang=en>



## Unit 208

## Supporting children living with diabetes mellitus

Level:	2
GLH:	20
Credit:	5
Unit Summary:	<p>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.</p> <p>In the context of this unit, the term 'diabetes' refers to diabetes mellitus and the term 'children' refers to children and young people.</p>

### 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. Supporting 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

## 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

## 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.

## Assessment criteria

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-insipidus-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

- Diabetes UK website – <https://www.diabetes.org.uk/home>
- National Institute for Health and Care Excellence [www.nice.org.uk/guidance](http://www.nice.org.uk/guidance)
- Healthy Child Wales <https://gov.wales/topics/health/publications/health/reports/healthy-child/?lang=en>
- 10 Steps to a Healthy Weight <http://everychildwales.co.uk/parents/>
- Diabetes Delivery Plan for Wales 2016-2020 The best standard of care for everyone with diabetes December 2016
- A picture of diabetes in Wales <https://seneddresearch.blog/2017/04/27/a-picture-of-diabetes-in-wales-2/>
- Health and Care Standards Welsh Government April 2015  
[http://www.wales.nhs.uk/sitesplus/documents/1064/24729\\_Health%20Standards%20Framework\\_2015\\_E1.pdf](http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf)

## Unit 209

## Responding to anaphylactic reactions

Level:	2
GLH:	10
Credit:	2
Unit Summary:	<p>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.</p> <p>In the context of this unit, the term 'individual' refers to adults, children and young people.</p>

### 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](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:	<p>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.</p> <p>In the context of this unit, the term 'children' refers to children and young people.</p>

### 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](http://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-and-or-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](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:	<p>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.</p> <p>In the context of this unit, the term 'children' refers to children and young people</p>

### 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

## 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

**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

- 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/>
- Health and Care Standards Welsh Government April 2015  
[http://www.wales.nhs.uk/sitesplus/documents/1064/24729\\_Health%20Standards%20Framework\\_2015\\_E1.pdf](http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf)



## Unit 212

## Supporting individuals with moving and positioning

Level:	2
GLH:	20
Credit:	3
Unit Summary:	<p>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.</p> <p>In the context of this unit, the term 'individual' refers to adults, children and young people.</p>

### 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

### Range:

**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

**Moving and positioning activities:** making safety checks on equipment, pushing, pulling and turning loads, lifting and lowering loads from the floor / low level, adjusting posture whilst sitting, carrying a load across a short distance, cylinder handling, pushing loads up and down a ramp

**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](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](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](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 213      Introduction to physiological measurements in children

Level:	2
GLH:	15
Credit:	3
Unit Summary:	The unit will enable learners to develop the skills and competencies to undertake a range of physiological measurements required in health and care organisations/settings.

### Learning outcome:

1. Agreed ways of working for undertaking physiological measurements

### Assessment criteria

You know:

- 1.1 **Agreed ways of working** when undertaking **physiological measurements**
- 1.2 Own role and responsibilities when undertaking **physiological measurements**
- 1.3 The importance of recording and reporting changes in a child's physiological measurements
- 1.4 Processes for escalating questions from children where required knowledge is outside of scope of practice

### Range

**Agreed ways of working** – following national guidelines, policies, protocols and good practice

**Physiological measurements** - blood pressure, pulse, temperature, oxygen saturation, respiration, body mass index (BMI), conscious level, height, weight

### Learning outcome:

2. Undertaking physiological measurements

## Assessment criteria

You know:

- 2.1 Reasons for undertaking physiological measurements
- 2.2 Normal ranges across different **groups** for:
  - blood pressure
  - pulse
  - temperature
  - oxygen saturation
  - respiration
  - body mass index (BMI)
  - conscious level
- 2.3 Appropriate procedures for undertaking physiological measurements
- 2.4 Actions to take when physiological measurements are out of their normal range

You are able to work in ways that:

- 2.5 Explain to the child and their family/carer what physiological measurements will be undertaken and gain valid consent
- 2.6 Check equipment is fit for purpose when preparing to take physiological measurements
- 2.7 Apply standard precautions for infection control and health and safety
- 2.8 Carry out the measurements according to agreed ways of working at the prescribed frequency, and relevant to the purpose of assessment
- 2.9 Provide support and reassurance to the child whilst undertaking physiological measurements, adapting communications and techniques as appropriate
- 2.10 Record and report physiological measurements in line with agreed ways of working
- 2.11 Restock and store equipment securely following the procedure

## Range

**Groups** – new-borns, children aged 0-2 years, children aged 2-3, 3-7, 8-12 years, adolescents

## Unit 213      Introduction to 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 full sets** of physiological measurements, these should be taken in practice or under simulation where measurements are not naturally occurring within the organisation/setting role.

#### 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.

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.

**Appropriate procedures** – including selecting the correct cuff size, gaining consent etc.

**Relevant** - baseline observations and physiological measurements relating to an area e.g. blood pressure, pulse / temperature, oximetry, respiratory rate etc.

#### Related NOS

- SFHCHS19 Undertake routine clinical measurements
- SFHCHS224 Set up equipment to monitor physiological function

## Related legislation and guidance

- 1000 lives improvement <http://www.1000livesplus.wales.nhs.uk/home>
- British hypertension society <https://bihsoc.org/>
- Royal Marsden Guidelines <https://www.rmmonline.co.uk/manual/c11-sec-0003>
- NICE Guidelines <https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-diagnostics-guidance>
- NHS Wales – Infection Prevention and Control  
<http://www.wales.nhs.uk/sitesplus/888/page/95109>
- NHS Wales - 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>
- NHS Wales - All Wales Infection Prevention and Control Guidance for Educational Settings (2017)  
[http://www.wales.nhs.uk/sitesplus/documents/888/All%20Wales%20Infection%20Prevention%20and%20Control%20Guidance%20for%20Educational%20Settings\\_FINALMay%202017x.pdf](http://www.wales.nhs.uk/sitesplus/documents/888/All%20Wales%20Infection%20Prevention%20and%20Control%20Guidance%20for%20Educational%20Settings_FINALMay%202017x.pdf)
- NHS Wales- National Infection Prevention and Control Manual (NIPCM): Model policies previously developed by Public Health Wales have been superseded by the adoption of the Scottish National Infection Control Manual (NICM)  
<http://www.wales.nhs.uk/sitesplus/888/page/95007>
- Health and Care Standards Welsh Government April 2015  
[http://www.wales.nhs.uk/sitesplus/documents/1064/24729\\_Health%20Standards%20Framework\\_2015\\_E1.pdf](http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf)



## Unit 214 Undertaking point-of-care testing

Level:	2
GLH:	15
Credit:	3
Unit Summary:	<p>This unit is aimed at supporting learners to provide point-of-care testing (POCT). Learners who complete this unit will be able to perform accurate POCT testing within a range of environments to gain accurate results.</p> <p>In the context of this unit, the term 'individual' refers to adults, children and young people.</p>

### Learning outcome:

1. Guidance, policies and protocols related to point-of-care testing

### Assessment criteria

#### You know:

- 1.1 Current national point-of-care testing regulations
- 1.2 The role of governance when conducting point-of-care testing
- 1.3 The importance of conducting point-of-care testing procedures in accordance with set protocols and policies
- 1.4 Types of point-of-care investigations and equipment required within organisation/setting
- 1.5 Risks and benefits of point-of-care testing
- 1.6 The role and responsibility of the point-of-care testing operator
- 1.7 Conditions needed for storing consumables related to point-of-care testing
- 1.8 Internal quality measures relating to point-of-care testing
- 1.9 Information recorded when carrying out all point-of-care tests

### Learning outcome:

2. Conducting point-of-care testing

### Assessment criteria

#### You know:

- 2.1 Factors that can pose a risk when undertaking point-of-care testing
- 2.2 Types of equipment and instruments that are safe to reuse, and those which must be discarded after a single use
- 2.3 Explain to the individual, their family or carer what physiological measurements will be undertaken and gain valid consent
- 2.4 Methods for preparing individuals for sample collection
- 2.5 Sources of potential error that may be encountered during sample collection
- 2.6 Benefits of using electronic recording and record keeping systems
- 2.7 Procedures for reporting and recording results and testing problems

You are able to work in ways that:

- 2.8 Apply appropriate precautions for infection prevention and control relevant to the test procedure and environment
- 2.9 Check resources and equipment are of the correct type, are functional and meet expected performance measures and safety requirements
- 2.10 Confirm the individual's identity and that valid consent has been obtained
- 2.11 Take the appropriate sample with consideration of individual's comfort throughout
- 2.12 Carry out tests in line with the operational procedure to ensure safety and quality of results
- 2.13 Record and report test results in accordance with organisational/setting procedures
- 2.14 Manage the maintenance, cleaning, decontamination and disposal of equipment and test materials, following local policy and instructions

## Unit 214      Undertaking point-of-care testing

### 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** point-of-care testing activities for **each** type of sample covered within organisation/setting role.

#### 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.

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.

**Governance** – will be specific to setting but includes - delegation, infection prevention and control, information governance - data protection, individual security, bar codes – operator ID & patient ID, confidentiality audit trails

**Factors** – including cross-infection, unsafe equipment and practice

**Benefits** – could include reduced potential for error, live system updated with most recent results, time saving, pre-completed information on forms

**Problems** – could include misuse, malfunctioning, interference, unusual readings, individual/child non-compliance, insufficient sample

**Comfort** – with consideration of maintaining dignity and privacy, providing relevant dressings/equipment, positioning, appropriate communication

#### Related NOS

#### CHS217 Perform point-of-care testing

- SFHCHS19 Undertake routine clinical measurements
- SFHCHS224 Set up equipment to monitor physiological function

## Related legislation and guidance

- Point-of-care Testing Governance Pathology: Why, When and How? - A User Guide. Welsh Scientific Advisory Committee, January 2008
- Medicines and Healthcare Products regulatory Agency (MHRA) guidance: Management and use of IVD Point-of-care Test devices 2013  
<https://www.gov.uk/government/collections/in-vitro-diagnostic-ivd-devices-use-safety-and-management>
- Department of Health. Clinical Governance in the new NHS. London DoH 1999 (Health Service circular: HSC (99) 065
- BS EN ISO 22870:2006 Point-of-care Testing (POCT) Requirement for quality and competence <https://www.bsigroup.co.uk>
- Health and Care Standards Welsh Government April 2015  
[http://www.wales.nhs.uk/sitesplus/documents/1064/24729\\_Health%20Standards%20Framework\\_2015\\_E1.pdf](http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf)

## Unit 215      Undertaking collection of specimens

Level:	2
GLH:	10
Credit:	3
Unit Summary:	<p>This unit will provide learners with the skills and knowledge required to undertake collection of sample for laboratory testing and investigation.</p> <p>In the context of this unit, the term 'individual' refers to adults, children and young people.</p>

### Learning outcome:

1. Guidance, policies and protocols related to specimen collection

### Assessment criteria

You know:

- 1.1 Current regulations that underpin specimen collection
- 1.2 The role of governance when conducting specimen collection
- 1.3 The importance of conducting specimen collection in accordance with set protocols and policies

### Learning outcome:

2. Undertake collection of specimens

### Assessment criteria

You know:

- 2.1 How to prepare individuals for specimen collection
- 2.2 Methods and importance of obtaining positive identification of individuals children prior to starting a procedure
- 2.3 Sources of potential error that may be encountered during specimen collection
- 2.4 The importance of labelling specimens following organisational/setting procedures
- 2.5 Collection vessels required for different types of specimens and tests within organisation/setting

You are able to work in ways that:

- 2.6 Confirm the individual's identity
- 2.7 Explain to the individual, and their family/carer what samples will be taken and gain valid consent
- 2.8 Apply appropriate precautions for infection prevention and control relevant to the specimen collection procedure and environment
- 2.9 Check that resources and equipment are of the correct type, are functional and meet expected performance measures and safety requirements
- 2.10 Take the appropriate sample in line with organisation/setting procedures
- 2.11 Ensure individuals comfort throughout specimen collection
- 2.12 Ensure sample is labelled correctly and re-confirm identity
- 2.13 Prepare the specimen for transportation following local policy and instruction
- 2.14 Maintain responsibility of sample through to hand over for transportation
- 2.15 Record and report in accordance with organisational/setting procedures
- 2.16 Manage the maintenance, cleaning, decontamination and disposal of equipment and collection materials, following local policy and instructions

## Unit 215      Undertaking collection of specimens

### 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** specimen collection activities.

#### 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.

**Governance** - will be specific to setting but includes - delegation, infection prevention and control, information governance - data protection, individual/child ID, confidentiality audit trails, transportation, labelling and packaging of samples

**Comfort** - with consideration of maintaining dignity and privacy, providing relevant dressings/equipment, positioning, appropriate communication

#### Related NOS

- SFHCHS7 Obtain and test specimens from children
- SFHHCS17 Obtain specimens from children for laboratory investigation
- SFHCHS187 Dispose safely of biomedical specimens and samples
- SFHCHS186 Store specimens and samples

#### Related legislation and guidance

- 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](http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf)

## Unit 310 Positive approaches to behaviour support in early years

Level:	3
GLH:	25
Credit:	4
Unit Summary:	The purpose of this unit is to develop the knowledge, understanding and skills to support children to develop an understanding of how they behave and to support them to develop their own positive behaviour.

### Learning outcome:

1. Principles of supporting the development of positive behaviour in children

### Assessment criteria

You know:

- 1.1 Theories of behaviour development in children
- 1.2 What is meant by the term 'challenging behaviour'
- 1.3 **Factors** that may lead children to exhibit challenging behaviour
- 1.4 The range of primary preventative and early intervention strategies to support positive behaviour
- 1.5 **Models and frameworks that support positive approaches**

You are able to work in ways that:

- 1.6 Embed a range of primary prevention and early intervention strategies in your practice
- 1.7 Adopt concepts of agreed positive approaches frameworks/ models for behaviour support

### Range

**Factors:** Additional needs, environment, social, adult responses and behaviours, adverse factors, unfamiliar and unrealistic goals, inconsistent adult behaviours

**Models and frameworks that support positive approaches:** Active Support, Restorative Practice, Positive Behavioural Support

### Learning outcome:

2. Support the development of positive behaviour with children appropriate to their age and stage of development



## Assessment criteria

You understand:

- 2.1 The relationship between positive and proactive approaches and child-centred practice
- 2.2 The importance of being clear about expectations and setting goals and boundaries that support the development of positive behaviour
- 2.3 Why it is important to include children in setting behavioural goals
- 2.4 How to support children 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 or challenging
  - The potential consequences of behaviour
  - The benefits of positive behaviour for both themselves and others
- 2.5 How own actions can influence the behaviour of children
- 2.6 How children's behaviours can challenge adults emotionally

You are able to work in ways that:

- 2.7 Communicate with children about their behaviour
- 2.8 Promote an understanding of expectations about behaviour
- 2.9 Identify and recognise children's behavioural triggers and how to support this
- 2.10 Provide praise and constructive feedback on meeting behavioural goals and agreed boundaries to reinforce positive behaviour in children
- 2.11 Reflect on how own behaviour and responses **support** positive behaviour

## Range

**Support:** Reframing, defusing, re-directing, distracting, pre-empting and ignoring

## Learning outcome:

3. Work with others to support behaviour

## Assessment criteria

You understand:

- 3.1 Where to access help and support where there are concerns about the behaviour of a child
- 3.2 The role of **key partners** in supporting behaviour

You are able to work in ways that:

- 3.3 Develop, share and agree a range of plans and approaches for behaviour support in partnership with the child, key people and others
- 3.4 Share the outcomes of reviews and assessments, including risk assessments with others

## Range

**Key Partners:** families/carers, colleagues, other professionals

## Unit 310 Positive approaches to behaviour support in early years

### 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.

**Additional needs** could be those including:

- Physical disability
- Additional learning needs
- Autism
- Additional health needs
- Sensory loss
- Emotional and behavioural difficulties
- Attention Deficit Hyperactivity Disorder
- More able and talented
- Behavioural needs

**Challenging behaviour** may include behaviours that are:

- Repetitive / obsessive
- Withdrawn
- Aggressive
- Self-injurious
- Disruptive
- Anti-social or illegal
- Verbally abusive

**Models and frameworks that support positive approaches:**

a) Active Support

- What is meant by 'active support'
- How the Active Support model translates values into child-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

**Factors:** 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 child does not want to do, being ignored

**Key people:** family, friends, carers and others with whom the individual has an important relationship

**Others** may include:

- Parents
- Colleagues
- Other professionals

**Primary preventative and early intervention strategies:** Changing or avoiding triggers that lead to behaviours that challenge, changing the environment in which a child lives or spends time to meet their needs, participation in a valued range of meaningful activities to help children achieve outcomes that are important to them, changing reinforcements that maintain behaviours that challenge, providing support at the right level to assist children to increase their independence and ability to cope, offering reassurance and support to reduce feelings of anxiety or distress, building resilience in children.

**Theories of behaviour development:** Theorists: Bandura, Skinner, Piaget, Glasser, Lee and Marlene Canter

## Related NOS

- SCD CCLD 0308: Promote children's wellbeing and resilience
- SCD CCLD 0325: Support children and young people through major transition
- SCD CCLD 0326: Promote the development of positive behaviour in children and young people
- SCD CCLD 0327: Support children who have experienced trauma

## Related legislation and guidance

- Social Services and Well-being (Wales) Act 2014
- [Additional Learning Needs and Education Tribunal \(Wales\) Act](#)
- Doing Well, Doing Better: Standards for Health Services in Wales (April 2010)
- Dimensions <https://www.dimensions-uk.org/service/cymru-wales/positive-behaviour-support-in-wales-cymru/>
- 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
- Gore, et al (2013) *Definition and scope for positive behavioural support*, International Journal of Positive Behavioural Support 3,2, 14-23
- 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
- Safe and Effective Intervention – Use of Reasonable Force and Searching for Weapons
- Restrictive Physical Intervention and Therapeutic Holding for Children and Young People. Guidance for nursing staff
- Restrictive Physical Intervention in Secure Children's Homes
- Safeguarding Children: working together under the Children Act 2004

## Unit 312

## Supporting children living with epilepsy

Level:	3
GLH:	20
Credit:	3
Unit Summary	<p>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.</p> <p>In the context of this unit, the term 'children' refers to children or young people</p>

### 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

## 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 NOS

- CHHM1 Assess the needs of the client

#### 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](http://www.epilepsyscotland.org.uk/pdf/Joint_Epilepsy_Council_Prevalence_and_Incidence_September_11_(3).pdf)
- **Epilepsy Society** [www.epilepsysociety.org.uk](http://www.epilepsysociety.org.uk)
- Epilepsy Action [www.epilepsy.org.uk](http://www.epilepsy.org.uk)
- NICE Epilepsies [www.nice.org.uk/Guidance/cg137](http://www.nice.org.uk/Guidance/cg137)
- **Young Epilepsy** [www.youngepilepsy.org.uk](http://www.youngepilepsy.org.uk)
- **Epilepsy Wales** <https://public.epilepsy-wales.org.uk/>
- SUDEP Action [www.sudep.org](http://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](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:	<p>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.</p> <p>In the context of this unit, the term 'individual' refers to adults, children and young people.</p>

### 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 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](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.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>
- Understanding diabetes  
<https://webarchive.nationalarchives.gov.uk/20100305014525/http://www.nhs.uk/Pathways/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](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:	<p>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.</p> <p>In the context of this unit, the term 'children' refers to children and young people</p>

### 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

### Learning outcome:

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
- 3.7 use of the correct equipment
- 3.8 correct testing techniques
- 3.9 how to compare the results of samples
- 3.10 Encourage children and key people to identify a suitable place for carrying out glucose monitoring
- 3.11 Support children and key people to prepare equipment before carrying out glucose monitoring
- 3.12 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
- 3.13 Check the timing and children and key people's interpretation of measurements, taking action if they appear to be abnormal
- 3.14 Discuss any discomfort experienced by children during and after obtaining blood samples and advise on how to minimise it
- 3.15 Assist children and key people to monitor the child's overall condition, encouraging them to seek advice and support when changes occur
- 3.16 Complete records on activities undertaken by children and key people and outcomes achieved, in line with organisation/setting procedures
- 3.17 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](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/Pathways/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](http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf)

## Mandatory Group 2 Unit 216: Understanding Children's Care, Play, Learning and Development

<b>Level:</b>	Level 2
<b>GLH:</b>	50
<b>Credit Value:</b>	5 credits
<b>Unit summary:</b>	<p>This unit will enable learners to extend their knowledge of children's care, play, learning and development through:</p> <ul style="list-style-type: none"><li>• consolidating and extending knowledge of children's health, well-being and development, 0-19 years, including factors that support health, well-being and development</li></ul>
<b>Assessment type:</b>	<p>External examination.</p> <p>This will assess the learner's knowledge and understanding of all taught content through their ability to:</p> <ul style="list-style-type: none"><li>(a) Demonstrate knowledge and understanding of children's care, play, learning and development.</li><li>(b) Apply knowledge and understanding of children's care, play, learning and development.</li><li>(c) Analyse and reflect on aspects of children's care, play, learning and development.</li></ul>



**Learning Outcome 1: Stages and general patterns of physical, intellectual (cognitive), language, emotional and social development in children from conception to 19 years**

Assessment criteria	Taught content
	Learners will be assessed on the following content:
AC1.1 Stages and general patterns of physical growth and development	<p>Learners should know and understand general patterns of growth and development.</p> <p>To include:</p> <ul style="list-style-type: none"> <li>• dental</li> <li>• gross and fine motor skills within recognised milestones</li> <li>• growth patterns and sequences</li> <li>• head circumference</li> <li>• hearing</li> <li>• height and weight – use of centile charts</li> <li>• sensory – taste, touch, smell</li> <li>• vision.</li> </ul> <p>Learners should know, understand and recognise milestones of physical growth and development.</p>
AC1.2 Stages and general patterns of intellectual (cognitive) development	<p>Learners should know and understand general patterns of intellectual (cognitive) development.</p> <p>To include:</p> <ul style="list-style-type: none"> <li>• creativity</li> <li>• imagination</li> <li>• literacy</li> <li>• logic</li> <li>• memory</li> <li>• numeracy</li> <li>• problem solving</li> <li>• reasoning.</li> </ul> <p>Learners should know, understand and recognise milestones of intellectual (cognitive) development.</p>
AC1.3 Stages and general patterns of language development	<p>Learners should know and understand general patterns of speech and language development.</p> <p>To include:</p> <ul style="list-style-type: none"> <li>• pre-linguistic and linguistic stages</li> <li>• receptive and expressive</li> <li>• communication – verbal and non-verbal</li> <li>• literacy – early mark making</li> <li>• bilingualism/multilingualism.</li> </ul> <p>Learners should know, understand and recognise milestones of language development.</p>

<p>AC1.4 Stages and general patterns of emotional development</p>	<p>Learners should know and understand general patterns of emotional development.</p> <p>Learners should know and understand the role of the following to support self-esteem, independence and social skills:</p> <ul style="list-style-type: none"> <li>• attachment</li> <li>• bonding</li> <li>• resilience.</li> </ul> <p>Learners should know and understand the signs and symptoms of attachment disorders and the impact these can have on emotional development.</p> <p>To include</p> <ul style="list-style-type: none"> <li>• disinhibited attachment disorder (DAD)</li> <li>• disinhibited social engagement disorder (DSED).</li> <li>• reactive attachment disorder (RAD).</li> </ul> <p>Learners should know, understand and recognise milestones of emotional development.</p>
<p>AC1.5 Stages and general patterns of social development</p>	<p>Learners should know and understand general patterns of social development.</p> <p>To include:</p> <ul style="list-style-type: none"> <li>• expectations in terms of behaviour</li> <li>• goals and boundaries</li> <li>• independence</li> <li>• self-control</li> <li>• stages of moral development.</li> </ul> <p>Learners should know, understand and recognise milestones of social development.</p> <p>Learners should know and understand how the following stages of play support social development:</p> <ul style="list-style-type: none"> <li>• associative play (joining-in play)</li> <li>• co-operative play</li> <li>• observational play (looking-on play)</li> <li>• parallel play</li> <li>• solitary play.</li> </ul>
<p>AC1.6 The holistic nature of child development, 0-19 years</p>	<p>Learners should know and understand:</p> <ul style="list-style-type: none"> <li>• how recessive and dominant genes can affect holistic development</li> <li>• that development does not always occur in isolation</li> <li>• how physical, intellectual (cognitive), language, emotional and social development can interlink</li> <li>• how activities, interactions and experiences promote holistic development</li> <li>• how current curriculum frameworks can support holistic development.</li> </ul>

**Learning Outcome 2: How learning environments can assist and support children's health, well-being, development and needs from 0 to 19 years**

Assessment criteria	Taught content
	Learners will be assessed on the following content:
AC2.1 How environments and resources can assist children's holistic development	<p>Learners should know and understand how a range of environments that reflect current frameworks support holistic development.</p> <p>Environments to include:</p> <ul style="list-style-type: none"> <li>• bilingual/multilingual.</li> <li>• community</li> <li>• indoor</li> <li>• leisure</li> <li>• outdoor</li> <li>• sporting</li> </ul> <p>Learners should know and understand how resources/learning tools can be used to support holistic development in a range of contexts.</p> <p>Resources and learning tools could include:</p> <ul style="list-style-type: none"> <li>• adult and peer interaction</li> <li>• books</li> <li>• digital resources</li> <li>• household items – boxes/pots/sheets/etc</li> <li>• natural resources – sand/twigs/etc.</li> <li>• toys/educational/indoor and outdoor toys</li> </ul> <p>Learners should know and understand the positive and negative impacts of current technology on children's health, well-being and development.</p> <p>Technology could include:</p> <ul style="list-style-type: none"> <li>• digital apps</li> <li>• digital toys</li> <li>• interactive computer programmes</li> <li>• internet</li> <li>• portable devices.</li> </ul>

<p>AC2.2 Factors to be considered when planning activities for children at different stages of development, in different childcare settings</p>	<p>Learners should know and understand a range of factors to consider when planning activities.</p> <p>Range of factors to include:</p> <ul style="list-style-type: none"> <li>• cost</li> <li>• durability</li> <li>• environment</li> <li>• ratios of staff in the setting</li> <li>• requirements from National Minimum Standards for Regulated Childcare for children up to age 12 (NMS)</li> <li>• risk assessment/safety</li> <li>• suitability – age/stage of development/children with additional needs</li> <li>• sustainability of the activity and resources</li> <li>• technology</li> <li>• versatility.</li> </ul> <p>Learners should know and understand the meaning of the terms:</p> <ul style="list-style-type: none"> <li>• continuous provision</li> <li>• enhanced provision.</li> </ul> <p>Learners should know and understand the purpose and value of different activities that can take place as part of continuous or enhanced provision, in different settings.</p>
<p>AC2.3 The influence that different education and childcare settings may have on a child's development</p>	<p>Learners should know and understand:</p> <ul style="list-style-type: none"> <li>• the range of different settings that can support and promote children's health, well-being and development</li> <li>• how different settings may best suit the needs of individual children and their family/carers.</li> </ul> <p>Childcare settings to include:</p> <ul style="list-style-type: none"> <li>• childminder</li> <li>• crèche</li> <li>• day nursery</li> <li>• meithrin (cylch)</li> <li>• out-of-school care (breakfast club, after school club, holiday club)</li> <li>• playgroup.</li> </ul> <p>Educational settings to include:</p> <ul style="list-style-type: none"> <li>• statutory school provision, 3-18 years</li> <li>• alternative provision</li> <li>• additional needs settings</li> <li>• alternative models, e.g. Montessori, Reggio Emilia, Steiner</li> <li>• faith schools</li> <li>• private education</li> <li>• home schooling.</li> </ul> <p>Learners should know and understand the principles of any current intervention and prevention programmes such as the <i>Flying Start</i> initiative and their impact on improving the health and well-being of children in Wales.</p>

## Appendix 1 Recommended unit guidance for practice elements

The following roles could be expected to access the optional units indicated below, in addition to the Mandatory Units. The list of roles is not exhaustive and may expand over time.

The actual units accessed in practice will need to reflect the individual's job role, and avoid repeating prior accredited learning. The units chosen will total a minimum of 7 credits to complete the Level 2 qualification. It is possible to exceed the minimum credit in negotiation with the training provider during the qualification, and undertake further accredited units as part of continuing professional development as it related to the job role.

Job Role	Optional Units Group A: <i>Depending on the age group being cared for one or more of the units below may be required.</i>	Credit values	Optional Units Groups B & C: The units chosen from the list below will depend on the speciality of the clinical setting.	Credit values
Health Role				
Inpatient Nursing Assistant (Level 2)	Supporting the care of 0-2 year olds	3	Supporting children living with diabetes mellitus	5
	Supporting the care of 2-3 year olds	3	Introduction to breathlessness and asthma in children	2
	Working with 3-7 year olds	4	Supporting continence care in children	4
			Supporting individuals with moving and positioning	3
			Introduction to physiological measurements in children	3
			Undertaking point-of-care testing	3
			Undertaking collection of specimens	3
			Supporting children living with epilepsy	3

Childcare Role				
Assistant Nursery Practitioner	Supporting the care of 0-2 year olds	3	Positive approaches to behaviour support	4
	Supporting the care of 2-3 year olds	3	Supporting the acquisition of a new language through immersion	3
	Working with 3-7 year olds	4	Introduction to breathlessness and asthma in children	2
			Responding to anaphylactic reaction	2
Assistant Sessional Practitioner	Supporting the care of 2-3 year olds	3	Positive approaches to behaviour support	4
	Working with 3-7 year olds	4	Supporting the acquisition of a new language through immersion	3
			Introduction to breathlessness and asthma in children	2
Assistant Practitioner	Working with 3-7 year olds	4	Positive approaches to behaviour support	4
			Supporting the acquisition of a new language through immersion	3
			Introduction to breathlessness and asthma in children	2

## Appendix 2      Command Verbs (External Examination)

Learners knowledge and understanding of all content will be assessed using a combination of the following command words

Command	Requirements of response
Define	Give the exact meaning of
Describe	Provide characteristics/main features or a brief account
Give	Provide/name/select/recognise brief facts or examples (from a given source or from recall)
Identify	As for 'give'
List	As for 'give'
Name	As for 'give'
Outline	Set out the main points/provide a brief description or main characteristics
State	As for 'give'
Summarise	Select and present the main points (without detail)
Apply	Use knowledge and understanding of a theory or concept and relate it to a specified context
Calculate	Work out from given facts, figures or information
Explain	Provide details and reasons for how and why something is the way it is
Illustrate	Use a diagram or words to make clear how a concept or theory works in a particular context
Show	As for 'illustrate'
Use	Apply the information provided to a particular theory or concept
Analyse	Examine an issue in detail/how parts relate to whole, to explain and interpret
Assess	Make an informed judgement
Compare	Identify and comment on/explain similarities
Consider	Review and respond to given information
Contrast	Identify and comment on/explain differences
Discuss	Examine an issue in detail/in a structured way, taking into account different ideas
Evaluate	Make a judgement by weighing up evidence to come to a conclusion
Examine	Investigate closely, in detail
Justify	Support a case with evidence/argument
Recommend	Put forward a proposal based on reasons/evidence
Reflect	Evaluate and/or consider