City & Guilds Level 3

Children's Care, Play, Learning and Development: Practice

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.

Qualification Handbook

Version

September 2024 Version 2.1

City & Guilds Level 3 Children's Care, Play, Learning and Development: Practice Qualification Handbook

Qualification at a glance

Subject area	Children's health and care
City & Guilds number	8041
Age group approved	16+
Entry requirements	None
Assessment	100 % internal assessment (Structured tasks and portfolio)
Approvals	Centre and qualification approval is required
Support materials	Qualification handbook Assessment pack Qualification delivery guide
Registration and certification	Consult the Consortium website for details

Title and level	Reference number	Accreditation number
Level 3 Children's Care, Play, Learning and Development: Practice	8041-15	C00/1245/9

Version and date	Change detail	Section
1.1 August 2019	Removed wording - *'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'* From the following 2 units: 326 – Introduction to homebased childcare 327 – Preparing for childminding practice	Unit 326 'Guidance for delivery' Unit 327 'Guidance for delivery'
1.1 August 2019	Legislation updated	'Related legislation and guidance' - throughout
1.1 August 2019	Added Accreditation number	Qualification at a glance
1.1 August 2019	Updated supporting materials/centre documents	Throughout document
1.2 October 2019	Updated Level 4 qualification titles	Introduction - What opportunities for progression are there?
1.3 April 2020	Safeguarding references updated	Related legislation and guidance: Units 300, 311, 312,
29 October 2024	Correction to wording and title for Unit 333 Study Skills – Supporting information	Page 207

Version and date	Change detail	Section
2.0 June 2024	New units added: 333 Study Skills 334 Promoting children's understanding of sustainability in the early years 335 Developing practice leadership skills in an early years and childcare setting 336 Promoting the use of digital technology with children in the early years 337 Trauma informed practice with children 338 Promoting use of outdoor environments for growth, learning and development in the early years 339 Promoting support for children to develop behaviours that value themselves and others	Units 333 - 339
	Revisions to following units: Additional delivery guidance added to 300 Promoting core practice in children's care, play, learning and development 306 Promoting work with 3-7 year olds 309 Promoting and supporting speech, language and communication skills 311 Supporting children with additional needs	Units 300, 306, 309, 311 (Delivery Guidance)
	Revisions to following units: Minor amendments to content and revisions for clarity 309 Promoting and supporting speech, language and communication skills 311 Supporting children with additional needs	Units 309, 311

Version and date	Change detail	Section
	Revisions to following units:	Units 326, 327
	Minor amendments to content and revisions for clarity	
	326 Introduction to homebased childcare New criteria – 1.4, 5.4, 5.8. 5.9 Amended criteria – 1.1, 1.3, 2.5, 3.3, 7.4	
	327 Preparing for childminding practice Amended criteria – 1.3, 2.4, 4.1	
2.1 September 2024	Removal of references to 'Foundation phase'	Units – Related legislation and guidance

Contents

1   Introduction

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

Area	Description
Who is the qualification for?	This qualification is primarily for those working, or seeking to work in regulated childcare settings with families and children under the age of 8 years and NHS children's services for those working with families and children aged 0-19 years.
	This qualification is practice-based and assesses learners' knowledge and practice. It is designed for learners in work based learning. The qualification will assess learners' knowledge and practice through their work.
	This qualification is required for learners to work as a qualified childcare practitioner in a supervised capacity set out in Social Care Wales Qualification Framework for Social Care and Child Care
What does the qualification cover?	This qualification will allow learners to develop the knowledge and skills required for employment and/or career progression in childcare or health settings.
What opportunities for progression are there?	This qualification will allow learners to progress into employment within a Level 3 role or progress to further learning via the following Consortium* qualifications: • Level 3 Children's Care, Play, Learning and Development: Practice and Theory • Level 4 Professional Practice in Children's Care, Play, Learning and Development • Level 4 Preparing for Leadership and Management in Children's Care, Play, Learning and Development. ***The consortium consists of City & Guilds of London Institute and WJEC who worked jointly to develop and deliver all of the qualifications in the Health and Social Care and CCPLD suite.**
Who did we develop the qualification with?	The unit content of this qualification has been developed and is owned by Social Care Wales and Health, Education and Improvement Wales.
	The content has been developed in conjunction with the consortium, as well as stakeholders, tutors, teachers and workplace assessors from across the children's health and care sector.

Subject aims and objectives

The Level 3 Children's Care, Play, Learning and Development: Practice 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, learners will be able to demonstrate that they:

- understand, and apply in practice, the principles and values which underpin children's care, play, learning and development
- understand, and apply, in practice, child-centred approaches to care, play and learning
- promote and support child development through their own practice
- are aware of key policies within the sector and how these affect service development and delivery
- work in partnership with children, their families, carers and a range of professionals
- reflect on practice to continuously improve
- apply a range of problem solving techniques
- use literacy, numeracy and digital competency skills as appropriate within their role

The knowledge, understanding and skills a learner is required to achieve within this qualification build on the knowledge 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.

Please note that it is a requirement set out in Social Care Wales Qualification Framework for Social Care and Child Care that an individual working within the Children's Care, Play, Learning and Development sector will need both:

- the Level 2 Children's Care, Play, Learning and Development: Core

and

- the Level 3 Children's Care, Play, Learning and Development: Practice qualification to work within specific job roles.

For more information on requirements to work within the Children's Care, Play, Learning and Development sector, including specific job roles, refer to the 'Qualification framework for social care and regulated childcare in Wales' which can be accessed on the Social Care Wales' website. **https://socialcare.wales/resources/qualification-framework-for-the-social-care-sector-in-wales**

Structure

To achieve the **Level 3 Children's Care, Play, Learning and Development: Practice** learners must achieve a minimum of 50 credits in total;

- 30 credits must be achieved from the Mandatory group
- A minimum of 4 credits must be achieved from Optional Group A
- The balance of 16 credits can be achieved from **units in** Optional Groups A, B or C

The **minimum** guided learning hour requirement for this qualification is 250.

Unit Number	Unit title	GLH	Credit
Mandatory group			
300	Promoting core practice in children's care, play, learning and development	85	18
301	Promoting play, learning, growth and development	35	5
302	Promoting nutrition and hydration in early years	30	4
303	Responding to childhood illness, infestation/infection, disease and immunisation	20	3
Optional group A			
304	Promoting the care of 0-2 year olds	20	4
305	Promoting the care of 2-3 year olds	20	4
306	Promoting work with 3-7 year olds	30	6
Optional group B			
307	Promoting the acquisition of a new language through immersion	20	4
308	Supporting families to develop parenting skills	50	13
309	Promoting and supporting speech, language and communication skills	25	4
310	Positive approaches to behaviour support in early years	25	4

Unit Number	Unit title	GLH	Credit
311	Supporting children with additional needs	40	8
334	Promoting children's understanding of sustainability in the early years	5	2
336	Promoting the use of digital technology with children in the early years	5	2
337	Trauma informed practice with children	30	5
338	Promoting the use of outdoor environments for growth, learning and development in the early years	5	3
339	Promoting support for children to develop behaviours that value themselves and others	7	3
Optional Group C			
312	Supporting children living with epilepsy	20	3
313	Supporting children's health promotion	15	3
314	Undertaking capillary blood glucose monitoring	15	3
315	Supporting children to undertake glucose monitoring	15	3
316	Taking venous blood samples from children	20	3
317	Providing care for children living with cancer	35	8
318	Palliative and end of life care for children and young people	35	9
319	Administering nasal vaccinations for influenza	15	3
320	Undertaking stoma care	20	3
321	Undertaking non-complex wound care	20	4
322	Undertaking vision screening	20	4

Unit Number	Unit title	GLH	Credit
323	Undertaking hearing screening in school age children	15	3
324	Administering adrenaline auto-injections	15	3
325	Supporting new and expectant parents	20	4
326	Introduction to homebased childcare	40	6
327	Preparing for childminding practice	25	4
328	Facilitate group learning	20	4
329	Supporting individuals with enteral feeding	15	3
333	Study Skills	10	2
335	Developing practice leadership skills in an early years and childcare setting	19	4
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

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 assessment pack.

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

- Learners taking Unit 324 Administering adrenaline must also complete Unit 209 Responding to anaphylactic reactions.
  Unit 209 may be taken either prior to or alongside the delivery of Unit 324.

- Learners taking Unit 327 Preparing for Childminding Practice must have completed and achieved Unit 326 Introduction to homebased childcare prior to beginning this unit.

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

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

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

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

The TQT for this qualification is specified below.

Qualification	TQT
Level 3 Children's Care, Play, Learning and Development: Practice	500

2 Centre requirements

Qualification approval

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

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

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

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

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

Centre staffing

Assessor requirements

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

Where assessors have legacy assessor qualifications they must demonstrate that they are assessing in line with current assessment standards or another suitable qualification

equivalent/alternative in the assessment of work based performance. This must be agreed in advance with the centre's External Quality Assurer.

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

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

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

Internal quality assurers

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

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

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

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

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

Welsh context

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

Continuing professional development

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

Learner entry requirements

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

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

Age restrictions

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

3   Delivering the qualification

Initial assessment and induction

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

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

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

Support materials

The following resources are available for this qualification:

Description	How to access
Assessment pack	Consortium website

External associates/appointees

Associates/Appointees are the terms adopted by the Consortium to refer to individuals appointed by City & Guilds or WJEC to undertake specific roles on their behalf, for example, external quality assurers.

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

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

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

The Consortium will ensure that sufficient bilingual associates/appointees are recruited to meet the needs of Welsh-medium centres and learners. The level of quality assurance activity

will be consistent across provision in both English and Welsh mediums. Provision will be made for monitoring and standardisation to take place for both languages.

Internal quality assurance

Centres must have a written Internal Quality Assurance strategy.
This will help ensure that internal quality assurance procedures:

- provide accuracy and consistency between Assessors in the use and interpretation of the guidance in the qualification and/or assessment documentation
- are efficient and cost effective

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

Moderation of internal assessment arrangements

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

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

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

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

Internal appeal

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

Factors affecting individual learners

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

Learners who move from one centre to another during the course may require individual attention. Possible courses of action depend on the stage at which the move takes place.

Centres should contact City & Guilds at the earliest possible stage for advice about appropriate arrangements in individual cases.

Malpractice

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

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

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

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

Access arrangements and special consideration

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

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

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

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

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

http://www.cityandguilds.com/delivering-ourqualifications/ centre-development/centre-document-library/policies-andprocedures/

access-arrangements-reasonable-adjustments

4 Assessment

Summary of assessment methods

Learners must successfully complete:

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

An assessment pack detailing the requirements of the 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 Handbook (Introduction to working with City & Guilds and WJEC) available from the consortium website at www.healthandcarelearning.wales.

5 Units

Availability of units

All units are contained within this qualification handbook;

Unit Number	Unit title
300	Promoting core practice in children's care, play, learning and development
301	Promoting play, learning, growth and development
302	Promoting nutrition and hydration in early years
303	Responding to childhood illness, infestation/infection, disease and immunisation
304	Promoting the care of 0-2 year olds
305	Promoting the care of 2-3 year olds
306	Promoting work with 3-7 year olds
307	Promoting the acquisition of a new language through immersion
308	Supporting families to develop parenting skills
309	Promoting and supporting speech, language and communication skills
310	Positive approaches to behaviour support in early years
311	Supporting children with additional needs
312	Supporting children living with epilepsy
313	Supporting children's health promotion
314	Undertaking capillary blood glucose monitoring
315	Supporting children to undertake glucose monitoring
316	Taking venous blood samples from children
317	Providing care for children living with cancer
318	Palliative and end of life care for children and young people
319	Administering nasal vaccinations for influenza
320	Undertaking stoma care
321	Undertaking non-complex wound care
322	Undertaking vision screening
323	Undertaking hearing screening in school age children
324	Administering adrenaline auto-injections
325	Supporting new and expectant parents
326	Introduction to homebased childcare
327	Preparing for childminding practice

Unit Number	Unit title
328	Facilitate group learning
329	Supporting individuals with enteral feeding
333	Study Skills
334	Promoting children's understanding of sustainability in the early years
335	Developing practice leadership skills in an early years and childcare setting
336	Promoting the use of digital technology with children in the early years
337	Trauma informed practice with children
338	Promoting use of outdoor environments for growth, learning and development in the early years
339	Promoting support for children to develop behaviours that value themselves and others
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

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

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

Guidance for the delivery of unit content

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

Application of unit 300

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

Range

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

Evidence requirements

Evidence requirement provide details of how many times learners must complete practical activities in order to be deemed competent **if** the unit is not assessed as part of the holistic assessment approach. Evidence requirements have only been written for units in Optional Group 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 300 the definitions of the terms that are presented in **bold** are in included in the guidance for delivery.

Related NOS (National Occupational Standards)

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

Related legislation and guidance

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

Recommended unit guidance

It is recommended that learners undertaking this qualification with the intention of progressing into a specific role in the 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 hour (GLH) value

This value indicates the amount of Guided Learning Hours a unit will require for delivery to a learner on average. This includes contact with tutors, trainers or facilitators as part of the learning process, and includes formal learning including classes, training sessions, coaching, seminars and tutorials. 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. This total number of hours is divided by ten to get the credit value. Credit values are rounded up to the nearest whole number.

Unit 300   Promoting core practice in children's care, play, learning and development

Level:	3
GLH:	85
Credit:	18
Unit Summary:	The content of this unit reflects the underpinning values, behaviours and principles that should be observed and reflected in practice in all health and care activities that learners engage in.
	This content builds on the underpinning knowledge developed in the Level 2 Children's Care, Play, Learning and Development: Core.

Outcome 1: Principles and values
1.1 Legislation, national policies, guidance and frameworks
You are able to work and support others to work in ways that: • Uphold all relevant Codes of Conduct and Professional Practice in practice   • Embed the principles that underpin children's care, play, learning and development in practice.   You are able to work in ways that: • Role model practice that embeds the principles that underpin children's care, play, learning and development.
1.2 Rights based approaches
You are able to work and support others to work in ways that: • Embed a rights based approach in practice   • Respect and promote equality and diversity towards children, their families/carers and others.
1.3 Child-centred approaches
You are able to work and support others to work in ways that: • Embed child-centred approaches in practice   • Ensure that the best interests of the child are paramount   • Support children to actively participate in activities and experiences that reflect their preferences.   You are able to work in ways that:

- Support a collaborative approach when working with children, their families/carers
- Plan and provide activities and experiences and reflect their preferences that are meaningful and enjoyable.

1.4 Allowing children to take risks

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

- Balance a child's need to experiment and take some risks with your duty to keep them safe
- Undertake the safe supervision of children whilst encouraging them to explore and take acceptable risks.

You are able to work in ways that:

- Undertake risk assessments and use agreed risk assessment processes that balance reasonable precautions whilst providing opportunities for development in accordance with your role and responsibilities
- Monitor, evaluate and review risk assessments for children in accordance with your roles and responsibilities
- Involve families/carers and children according to their age and stage of development in the assessment of risks.

1.5 Well-being

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

- Support the well-being of children
- Promote the importance of children's family/ carers and work in a way that supports and develops these relationships in the interest of the child.

1.6 Positive relationships and professional boundaries

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

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

1.7 Communication

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

- Identify and use a range of communication methods that are appropriate to children's needs, preferences, ages, abilities and levels of development
- Follow organisation/setting policies, procedures and processes to respond to any key changes or reports of changes in a child's communication
- Actively promote a calm and nurturing environment which enables children to communicate and express their feelings
- Actively support children and their families/carers to receive their chosen provision in their preferred language.

1.8 Welsh language and culture

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

- Adhere to legislation and local and organisation/setting policies, procedures and processes for Welsh language
- Support children to engage in activities that develop their Welsh language skills and understanding of Welsh culture.
- Embed a partnership approach with families/carers for the use and development of Welsh language.

1.9 Positive approaches for positive behaviour support

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

- Embed the use of positive approaches for behaviour support in practice
- Support the development of positive behaviour
- Use positive approaches for behaviour management to support the development of independence, self-esteem and social skills
- Follow organisation/setting policies, procedures and processes that are in place for positive approaches to behaviour support.

1.10 Reflection

You are able to work in ways that:

- Reflect on the impact of your attitude and behaviour on the learning, development and behaviour of the children in your care.

Outcome 2: Health, well-being, learning and development in children's care, play, learning and development

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

You are able to work in ways that:

- Undertake the assessment of the development of children
- Lead, plan and prepare for activities and experiences that support the developmental progress of children, at a level appropriate to their age, needs and abilities in accordance with your role and responsibilities
- Develop the self-esteem, sense of security and belonging of children
- 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
- Engage with children in activities and experiences that support their learning and development
- Provide opportunities for children to develop and improve own friendship skills
- Monitor, review and evaluate activities and experiences used to support the development of children in accordance with your role and responsibilities
- Use organisation/setting policies, procedures and processes to record and report on the development progress of children.

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

You are able to work in ways that:

• Plan, prepare, implement, monitor, review and evaluate safe and stimulating environments that provide meet the health, well-being, development and individual needs of children
• Ensure the provision of 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:
• Support a partnership approach with others to implement, monitor and review plans for the development of children's speech, language and communication.

2.4 Additional support needs
You are able to work in ways and support others to work in ways that:
• Adapt communication; the environment and activities to support the inclusion and participation of children with additional support needs, including more able and talented children
• Ensure that children with additional support needs are given opportunities to take part in a full range of activities and experiences
• Adapt activities to support and extend more able and talented children.
You are able to work in ways that:
• Support a partnership approach with others to implement, monitor and review plans for the support and development of children with additional support needs.

2.5 Physical care of children
You are able to work in ways and support others to work in ways that:
• Provide physical care routines that meet the individual needs of children in a way that treats them with dignity and respect
• Provide physical care routines in a way that protects both children and others in the organisation/setting from harm or allegations of harm.
You are able to work in ways that:
• Embed a partnership approach with children and their families/carers on how to meet physical care needs
• Provide advice and guidance to families/carers on meeting the physical care needs of children.

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 that you support
• Promote a balanced diet and good hydration for the children you support
• Provide support for a balanced diet and good hydration

2.7 Administration of medicine
You are able to work in ways and support others to work in ways that:

• Follow your organisation/setting policies, procedures and processes in support of the administration and use of medication.

Outcome 3: Professional practice as a children's care, play, learning and development worker
3.1 Roles and responsibilities of the early years and childcare worker
You are able to work in ways that: • Reflect your professional responsibilities and accountabilities to seek additional support within your own role, responsibilities and expertise • Embed the ethos of your organisation in the setting • Help others understand the ethos and structure of your organisation • Take account of the ethos and structure of other organisations you work with and the links with your role and organisation/setting • Uphold and promote good practice by reporting matters that affect the welfare and safety of children or their families/carers or practices that are unsafe or conflict with the ethos, policies and procedures of the organisation/setting • Implement strategies to deal with challenges encountered in your practice • Follow and promote organisation/setting policies, procedures and processes. You are able to work in ways and support others to work in ways that: • Maintain confidentiality in day to day work.
3.2 Partnership working
You are able to work in ways and support others to work in ways that: • Take account of the roles and responsibilities of others in the organisation/setting and other professionals • Apply the principles of partnership working in practice • Apply the principles of confidentiality in all communication with others • Develop good working relationships with other workers and professionals whilst maintaining professional boundaries • Agree shared outcomes.
3.3 Team working
You are able to work in ways and support others to work in ways that: • Contribute to the work of the team • Fulfil roles and responsibilities within the team • Support effective communication between and with other team members • Reflect on both individual and team performance • Improve practice and the performance of the team.
3.4 Handling information
You are able to work in ways that: • Follow organisation/setting policies, procedures and processes on the handling of information including: storing, recording, confidentiality and sharing • Record written information with accuracy, clarity, relevance and an appropriate level of detail in a timely manner.
3.5 Personal conduct of the early years and childcare workers

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

- Uphold and promote 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 regulatory and/or organisation/setting requirements regarding learning and development in your role
- Actively identify your own learning and support needs and develop and follow a personal development plan
- Reflect on your practice to support your professional development
- Show how learning activities have improved your own practice
- Show how feedback from others has developed your own practice
- Actively identify and work towards goals and targets that meet your roles and responsibilities
- Actively prepare for and contribute to supervision and appraisal
- Develop the literacy, numeracy and digital competency skills needed to meet the requirements of your role
- Support others to reflect on and take action to meet their learning needs.

Outcome 4: Safeguarding children

4.1 Safeguarding children from harm, abuse or neglect

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

- Implement practices that promote and support the safeguarding of children
- Establish, develop and maintain relationships that support trust and rapport with children, their families/carers
- Support children to stay safe
- Safeguard against allegations of harm and abuse.

4.2 Reporting and recording in relation to safeguarding

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

- Implement organisation/setting policies, procedures and processes to record and report any concerns or incidents
- Ensure that any concerns or incidents are recorded with accuracy, clarity, relevance and an appropriate level of detail in a timely manner
- Demonstrate that you know where and how to access additional personal support if dealing with safeguarding issues.

Outcome 5: Health and safety in children's care, play, learning and development

5.1 Health and safety in the organisation/setting

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

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

- Implement organisation/setting policies, procedures and processes for the recording and reporting of any concerns or incidents related to health and safety
- Monitor work areas and working practices to ensure that they are safe and free from hazards, and conform to legal and organisation/setting requirements.

5.2 Risk assessments for health and safety

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

- Ensure safe practice by routinely carrying out risk assessments in accordance with your roles and responsibilities.

5.3 Fire safety

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

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

5.4 Infection prevention and control

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

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

5.5 Food safety

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

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

5.6 Hazardous substances

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

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

5.7 Security in the organisation/setting

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

- Adhere to arrangements that are in place to ensure that you, children and others are safe in the organisation/setting
- Adhere to organisation/setting policies, procedures and processes for lone working, 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 and support others to work in ways that:

• Manages well-being through a range of support mechanisms.

Unit 300   Promoting core practice in children's care, play, learning and development

Guidance for delivery

The Level 3 Children's Care, Play, Learning and Development: Practice qualification is underpinned by a mandatory unit – **Promoting 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 3 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. The content has been developed to highlight the core values, principles and behaviours that any learner working in a Level 3 childcare role should demonstrate at all times during their work. As such, the unit content has been structured differently to other practice units. The unit has been developed to reflect the approach taken in the core knowledge unit, with a focus on ways of working and behaviours.

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 refers to 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.

The **Codes of Conduct and Professional Practice** should include The Code of Professional Practice for Social Care; The NHS Wales Code of Conduct for Healthcare Support Workers in Wales where relevant.

The 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
  Seven Core Aims:
  - 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
- Human Rights Act (1998)
- Equality Act (2010)
- Early Years and Childcare Plan (2013) Welsh Government
- 10-year workforce Development plan for early years childcare and play
- Anti-racist Wales Action Plan (2022)

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)

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

The rights of children are set out in a range of legislation and guidance including:
- The United Nations Convention on the Rights of the Child (1989)
- The Rights of Children and Young Persons (Wales) Measure (2011)
- The Social Services and Well-being (Wales) Act (2014)
- The Equality Act (2010)
- National Occupational Standards for Children's Care, Learning and Development

In Wales, children's rights are enshrined in the Seven Core Aims for Children, which serve as a foundation for their well-being and development. These aims are based on the United Nations Convention on the Rights of the Child (UNCRC) and are integral to policy and practice in Wales:

1. Flying Start in Life: Ensuring that every child has a positive beginning, with access to essential services, support, and opportunities from birth.
2. Comprehensive Education and Learning Opportunities: Providing a wide range of educational experiences, fostering curiosity, and promoting lifelong learning.
3. Best Possible Health and Well-being: Prioritising physical and mental health, nutrition, and overall well-being for all children.
4. Play, Sport, Leisure, and Culture: Recognising play as a fundamental right and encouraging participation in sports, leisure activities, and cultural experiences
5. Safe and Secure Environment: Creating a protective environment where children feel safe, free from harm, and supported.

6. Economic Well-being: Addressing poverty, ensuring economic stability, and promoting financial inclusion for families.
7. Participation and Voice: empowering children to express their views, participate in decision-making, and shape policies.

It is important to take account of the rights of children in all aspects of practice and reflect on how they guide working in ways that respect and promote equality, diversity and inclusion.

Equality' means everybody has the same opportunities and is treated with the same respect. Equality challenges discrimination.
'Diversity' relates to a mix of different kinds of people. For example, men and women, young and old people, people of different races, disabled and non-disabled people. Diversity celebrates differences and recognises and values the uniqueness of people.
'Inclusion' means everybody has the opportunity to participate and is not excluded because of their differences.
'Discrimination' is when people are treated unfairly because of their differences.

The Equality Act 2010 is legislation/law that applies in England, Wales and Scotland. It protects people from discrimination, harassment or victimisation. It does this by setting out a number of 'protected characteristics'. It is against the law to discriminate against anyone because of:
• age (under-18s are only protected against age discrimination in relation to work)
• disability
• gender reassignment
• marriage and civil partnership
• pregnancy and maternity
• race
• religion or belief
• sex
• sexual orientation.

There are two types of discrimination; direct discrimination and indirect discrimination:

Direct discrimination - this is when a person is treated worse than another person or other people because:
• they have a protected characteristic,
• someone thinks they have that protected characteristic (known as discrimination by perception)
• they are connected to someone with that protected characteristic (known as discrimination by association).

Indirect discrimination – this happens when there's a policy that applies in the same way for everybody but it disadvantages a group of people who share a protected characteristic, and they are disadvantaged as part of this group. If this happens, the person or organisation applying the policy must show there's a good reason for it.
• a 'policy' can include a practice, a rule or an arrangement,

- it makes no difference whether anyone intended the policy to disadvantage the person or not.

Equality, diversity and inclusion can be promoted through child centred approaches and would include:
  o treating children and their families / carers with dignity and respect
  o recognising, valuing and celebrating diversity
  o knowing children's cultural, religious and linguistic backgrounds and working in ways which take account of these
  o supporting inclusion and challenging exclusion
  o role modelling best practice which supports equality, diversity and inclusion.

It is important for childcare workers to demonstrate a non-judgemental attitude that values diversity and the ethnicity and culture of children and their families. This includes being aware of the language and terms they use when talking to or about the children and families they work with and the impact this may have on how they are perceived or how they feel they are being treated. Language that respects people should be used and discriminatory language avoided for example:

Avoid terms such as: The handicapped / the disabled
Use terms such as: disabled child / person

Race and ethnicity terminology and language

There are a significant number of words and phrases that appear when talking about race and ethnicity and language is continuously evolving.

It is important to understand the meaning behind the terms used to address people, keep updated and be willing to refresh our language so we use appropriate and respectful terms.

It is also important to remember that people will have their own particular preferences as to how they would describe themselves, and how they would wish to be described.

Race versus ethnicity

Race and ethnicity are commonly used and are often used interchangeably. However, they evolved in different ways and do not hold the same meaning.

Race

Race is a categorisation that is based mainly on physical attributes or traits, assigning people to a specific race simply by having similar appearances or skin colour (for example, Black or white).

The categorisation is rooted in white supremacy and efforts to prove biological superiority and maintain dominance over others.

It's now widely accepted that race is a social construct. However, having been racialised and shared common experiences of racism, racial identity is important to many and can be a basis for collective organising and support for racially minoritized individuals.

Ethnicity

Ethnicity is broader than race and has usually been used to refer to long shared cultural experiences, religious practices, traditions, ancestry, language, dialect or national origins (for example, African-Caribbean, Indian, Irish).

Ethnicity can be seen as a more positive identity than one forged from the shared negative experiences of racism. It's more commonly used and asked about within diversity questionnaires in the UK.

Equality Act definitions

In the Equality Act 2010, the protected characteristic of 'race' is defined as including colour, ethnic or national origin, or nationality.

There is some overlap with the characteristic of religion or belief too with Jews and Sikhs considered to be ethnic groups under the act, although Muslims are not considered an ethnic group but a religious group only under the act's definitions.

White privilege

White privilege is the innate advantage white people have within society solely based on their race. This can appear in a variety of ways for white people such as:

- people that look like them are largely represented within media
- they can easily find products which match your skin tone and hair type
- their history is a part of the education curriculum
- they generally have a positive relationship with the police

The term does not discount the challenges white people have faced but describes the reality that, although white people and people of all races can have similar negative and disadvantageous experiences, white people will not in addition, suffer the biases of race.

Anti-racism

Racism can be about the consequences of our actions and these consequences can be from a lot of small things that people don't even notice they are doing not just obvious racist behaviour. It can therefore be unintentional but can still cause harm.

Anti-racism is an active commitment to working against racial injustice and discrimination.

It's making conscious and thoughtful decisions regarding your own behaviours and how they negatively influence and impact your own biases and actions.

You do not have to be completely free of racism or bias to be anti-racist. Part of the role as an anti-racist person is self-reflection and self-improvement.

An anti-racist is different from a non-racist due to the active nature of the position. To be anti-racist is to be an active part of the solution, whereas a non-racist is a bystander of the problem.

The Welsh Government has developed an anti-racist action plan, this aims to prevent racist behaviour.

Child centred approaches – are those that fully recognise the uniqueness of the child and establish this as the basis for planning and delivery of care and support.

RISK: When discussing risk-taking the types of risk to be supported could include:
- physical risks
- emotional risks
- behavioural risks
- environmental risks.

Risk taking is an important part of child development. Workers need to know how to support children to take safe risks.

Well-being: ways of working in ways that support well-being could include:
- promoting voice and control
- prevention and early intervention
- co-productive approaches
- multi-agency working
- child centred approaches
- rights based approaches
- supporting positive risk taking
- treating children and their families / carers with dignity and respect

Activities that develop Welsh language skills and understanding of Welsh culture could include:
- group games
- singing and action songs
- storytelling
- rhymes
- interactive displays
- pictures and labelling
- imaginative play and role play
- media and ICT

These could be integrated naturally in Welsh language into day to day activities and / or part of planned structured time for Welsh language development.

How life experiences and personal beliefs might affect own work: would include own values, cultural norms, religious beliefs and opinions including unconscious bias. Unconscious bias refers to unconscious forms of prejudice, discrimination and stereotyping based on race, gender, sexual identity, ethnicity, ability, age etc.

Biases and prejudices often develop in early childhood from parents, the education systems, media and personal experiences. Everyone can think in a way that involves unconscious bias at some point but it is important to try to be aware of it and not let it affect our behaviour.

Everyone has different beliefs, values and life experiences, having an understanding of own thoughts, feelings, values, beliefs and actions and ensuring these do not have a negative impact on children and their families is essential for child centred practice.

Factors that impact upon the health, well-being and development may include: adverse circumstances or trauma before or during birth; attachment; autistic spectrum condition; family circumstances; harm or abuse; injury; learning disability; 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. Any of these factors will have an impact on the development of children.

Support children to engage in a range of play opportunities - play is important for children's holistic development, it can strengthen bonds and help develop an understanding of the world around them.

Play helps children and young people develop in all kinds of ways, which may include:

• motor skills
• physical growth and health
• language and communication development
• social skills
• problem solving skills
• mental health
• resilience
• self-esteem
• self-image
• confidence.

A range of play opportunities would include:
- Creative play (helps develop problem-solving skills, thinking skills, imagination, social skills, understanding of different concepts and supports self-expression)
- Physical play (helps develop social skills, confidence, resilience, motor skills, coordination, muscle development and bone strength)
- Imaginative play (pretend or role play helps children and young people understand and express their feelings, develop emotionally, form ideas and develop social skills)
- Environmental play (uses natural elements, the natural world or involves outdoor play)
- Structured play (or adult-led play can't really be defined as 'play', but adults can plan and give children opportunities for playful learning or activities that can improve their experiences and development)
- Unstructured play/self-directed play (these are a common way of defining play that's freely chosen and directed by the children)

Positive environments for the health, well-being and learning, development and play of children - The environment plays an important role in supporting and extending children's development and learning. The environment can be described as the:

- emotional environment
- outdoor environment
- indoor environment.

The environment is more than a physical space because it includes the emotions of the children who spend time in it, along with the emotions of others, such as the workers or families. The emotional environment is an invisible measure of 'feelings'.

Emotional environment - sometimes it can have a 'feel-good' factor where the children, workers and families feel positive, and at other times, it can have a 'not-so-good' feel about it when children, workers or families are unhappy. It's important that everyone keeps those positive feelings, and if children feel safe in the emotional environment, they can express their feelings safely.

Outdoor environment - children benefit from learning outdoors. Ideally, they should have access to outdoor space every day. Being outdoors allows them to move around without many of the restrictions of being inside, breathe fresh air and use all their senses to appreciate the colours, noises, sense of space and scale. Being outdoors supports confidence and allows opportunities for big scale play, problem-solving and creativity in the company of other children. Physical activity is improved, as well as calculated risk taking.

Indoor environment - rich indoor environments are comfortable, interesting, attractive and appropriate for the children who are in them. They can have an immediate effect on the quality of children's development. Indoor space needs careful planning because it needs to be flexible to children's changing interests and needs.

An effective environment is:
- welcoming and nurturing
- stimulating and interesting
- interactive and encouraging
- comfortable
- made up of quiet and active spaces
- inclusive and accessible
- supportive and non-threatening
- reflective of diversity
- safe
- able to encourage independence
- consistent
- the right temperature and well ventilated
- clean, uncluttered and well-maintained

Additional support needs:
Many children will have additional support at some time in their lives to help them take part in activities or education and achieve their potential. This can be long term or short term.

Additional support needs can be:
- physical, such as cerebral palsy or sight loss
- emotional, such as experienced trauma
- psychological, such as poor mental health
- social, such as attachment disorder
- learning disability, such as Down's Syndrome
- learning difficulty, such as dyslexia
- health, such as diabetes

A child is considered to have additional support needs if they need more support than is normally expected for their age and stage of development. This would also include children who are more able and talented.

Reflect on practice:
As well as being a tool to evaluate practice and learn from experience, reflection helps increase self-awareness and develop a better understanding of others.

Reflection can include:
- Reflection in action – thinking on our feet as something is happening and reshaping the situation.
- Reflection on action – reflecting on experiences or situations after they have occurred to explore what happened; why we acted in a certain way, whether we could have acted differently.

We can learn and develop practice from both reflection in and reflection on practice.

Reflective practice is the concept of constantly updating knowledge and skills through a process of structured of reflection on practice.

Digital Competency: Also can be known as digital literacy or information and communication technology.

Policies, procedures and processes: 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.

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

Support mechanisms: This would include the managerial and peer support available within the organisation/setting, including supervision.

Related legislation and guidance
- 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
- Data Protection Act (1998)
- 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)
- All Wales Safeguarding Procedures (2019)
  http://www.myguideapps.com/projects/wales_safeguarding_procedures/default/
- Welsh Government Safeguarding Guidance https://gov.wales/safeguarding-guidance
- Welsh Government Anti-racist Wales Action Plan (2022)

Unit 301   Promoting play, learning, growth and development

Level:	3
GLH:	35
Credit:	5
Unit Summary:	This unit supports the learner to develop the knowledge and skills that are essential when promoting play, learning, growth and development of children.

Learning outcome:

1. Theoretical frameworks that underpin play, learning, growth and development

Assessment criteria

You understand:

1.1   Key features of traditional and contemporary **theories** of child development and play
1.2   The critical stages of neurological and brain development that occur from conception
1.3   The different parts and structures of the nervous system
1.4   The impact of bilingualism on neurological and brain development
1.5   The term 'windows of opportunity' and their relevance
1.6   The terms 'experience expectant' and 'experience dependent'
1.7   The term 'serve and return' and how this supports neurological and brain development
1.8   The possible pre- and post-natal adverse factors which could affect neurological and brain development in relation to **physical, emotional and cognitive growth**

You are able to work in ways that:
1.9   Support children to develop schema
1.10   Promote and support a bilingual environment that supports play, learning, growth and development

Range
Theories: cognitive, humanist, social learning, resilience, constructivist, behaviourist, play
Physical, emotional and cognitive growth: communication, attachment, memory formation, sensory pathways, gross and fine motor skills

Learning outcome:

2. Promote and support holistic learning, growth and development

You understand:

2.1 Different methods of observation and assessment to monitor and identify stages of holistic learning, growth and development including schema

2.2 The process for recording the results of observations and assessments in line with workplace/ setting policies and procedures and national guidance

2.3 The importance of planning for progression

2.4 How to promote the development of **independence skills** in line with age and stage of development

2.5 How practice can be adapted to differentiate and provide extended opportunities

2.6 The importance of speech, language and communication for holistic learning, growth and development

2.7 The role of the families/carers as first educators and partners in ongoing learning, growth and development

2.8 How to support families/carers to promote play and learning opportunities in the home environment

2.9 Links between the provision of a safe and stimulating environment and child development

2.10 How experiential learning contributes to the holistic learning, growth and development

2.11 How to ensure the support of the holistic development of children whilst ensuring a safe and stimulating **environment**

2.12 The role of positive reinforcement in supporting, the holistic learning, growth and development of children

You are able to work in ways that:

2.13 Use observations to identify their **stage of holistic growth and development** and the emergence of schema

2.14 Ensure the **provision** of meaningful and enjoyable activities, experiences and everyday routines, in accordance with your role and responsibilities, that:
- respond to a range of needs
- balance risk and challenge to promote holistic learning, growth and development
- develop positive relationships
- promote independence skills

2.15 Embed learning from the **provision** of activities, to:
- consolidate skills gained
- plan for progression
- adapt practice to differentiate and provide extended opportunities

2.16 Promote holistic learning, growth and development

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

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

Range

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

Environment: bilingual, quality and rich play environment

Stage of holistic growth and development: play behaviours, gross and fine motor skills, areas of development (physical, speech, language and communication, socio-emotional)

Provision: Plan, prepare, implement, monitor, evaluate and review

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Learning outcome:

3. The intrinsic role of play in the holistic learning, growth and development of children

Assessment criteria

You understand:

3.1 How legislative frameworks and statutory guidance that relate to play, influence practice in childcare settings

3.2 How to develop quality and rich play environments to **maximise potential** for holistic learning, growth and development

You are able to work in ways that:

3.3 Plan and promote the use of different types of play to apply the principles of a quality and rich, play environment for holistic learning, growth and development, in line with your role and responsibilities

3.4 Promote the creation of a child-led play space that facilitates:
- 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 301 Promoting 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.

Adverse factors, could include but are not limited to: exposure to substance misuse (smoking, including passive smoking, alcohol, prescribed medication, illegal drugs, misuse of vitamins), insufficient dietary folic acid, ability of mother/parent to address own health needs, maternal diet, stress during pregnancy, birth trauma, premature birth, genetic factors, sexually transmitted infections, poor nutrition and hydration, non-responsive stressful and abusive environments, domestic abuse, poor physical activity, exposure to common childhood illnesses, pollution, over-exposure to the sun, over and under stimulation toxic stress (including role and impact of cortisol and adrenaline) inadequate housing, lack of sleep, insufficient sleep, poverty, lack of access to services, lack of play opportunity

Promote play and learning opportunities in the home environment: promoting continuous provision from setting to home, highlighting to families/carers the importance of play in relation to holistic learning, growth and development.

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 0206: Support children's learning through play
- SCD CCLD 0306: Plan and organised enviorments for children and families
- SCD CCLD 0307: Promote the health and physical development of children
- SCD CCLD 0308: Promote children's wellbeing and resilience
- SCD CCLD 0312: Implement positive enviorments for babies and children
- SCD CCLD 0325: Support children and young people through major transition

- SKAPW 34: Work with children and young people to create play spaces and support freely chosen self-directed play

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
- 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
- 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
- Education Begins at Home https://gov.wales/topics/educationandskills/schoolshome/parents/education-begins-at-home/?lang=en
- 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 (2018) https://careinspectorate.wales/sites/default/files/2018-01/160411regchildcareen.pdf

- 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 –** The statutory curriculum for all 3 to 7-year olds: Curriculum for Wales - Hwb (gov.wales)
  - **Expressive Arts -** Expressive Arts: Introduction - Hwb (gov.wales)
  - **Health and Well-Being -** Health and Well-being: Introduction - Hwb (gov.wales)
  - **Humanities -** Humanities: Introduction - Hwb (gov.wales)
  - **Languages, Literacy and Communication -** Languages, Literacy and Communication: Introduction - Hwb (gov.wales)
  - **Mathematics and Numeracy -** Mathematics and Numeracy: Introduction - Hwb (gov.wales)
  - **Science and Technology -** Science and Technology: Introduction - Hwb (gov.wales)
- Design for Play: A guide to creating successful play spaces http://www.playengland.org.uk/media/70684/design-for-play.pdf
- 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
- 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
- Creating accessible play spaces, A toolkit https://issuu.com/playwales/docs/creating_accessible_play_spaces?e=5305098/55847588
- Play: health and well-being (2012) http://playwales.org.uk/login/uploaded/documents/INFORMATION%20SHEETS/play%20health%20and%20wellbeing.pdf
- Play spaces: common complaints and simple solutions (2012) http://playwales.org.uk/login/uploaded/documents/INFORMATION%20SHEETS/common%20complaints%20and%20simple%20solutions.pdf
- Play Spaces: planning and design (2012) http://playwales.org.uk/login/uploaded/documents/INFORMATION%20SHEETS/play%20spaces%20-%20planning%20and%20design.pdf
- Play and Risk (2013) https://issuu.com/playwales/docs/play_and_risk?mode=window
- Janet Moyles, Play and early years birth to seven years (2013) https://issuu.com/playwales/docs/play_and_early_years?mode=window
- Building resilience – the importance of playing (2015) https://issuu.com/playwales/docs/building_resilience_?e=5305098/31468341
- Promoting physical activity through outdoor play in early years settings (2016) https://issuu.com/playwales/docs/promoting_physical_activity_through?e=5305098/35010783
- Practical uses of digital devices in play settings (2018) https://issuu.com/playwales/docs/practical_uses_of_digital_devices_i?e=5305098/63370528

Unit 302   Promoting nutrition and hydration in early years

Level:	3
GLH:	30
Credit:	4
Unit Summary:	This unit supports the learner to develop the knowledge and skills that are essential when promoting the nutrition and hydration of children. In the context of this unit, 'children' refers to 0 up to 8 years old.

Learning outcome:

1. Support nutrition and hydration for children

Assessment criteria

You understand:

1.1 **Different types** of feeding

1.2 Current national guidance for a balanced diet for children including the introduction of solid foods

1.3 Foods to limit and avoid in the first year

1.4 The role of essential nutrients for maintaining a balanced diet and supporting holistic growth, well-being 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 monitoring, recording, reporting and communicating the intake of food and drink

1.11 How to plan menus that respond to individual needs

1.12 The potential challenges to the intake of food and drink that may arise at each stage of development and strategies to manage these

You are able to work in ways that:

1.13 Agree with others specific instructions for the storage and provision of food and drink

1.14 Promote the benefits of a balanced diet to others

1.15 Promote strategies that encourage children to drink a sufficient volume of fluid

1.16 Ensure the preparation and storage of food and drink for children meet specific instructions in line with workplace/ setting policies and procedures

1.17 Ensure safe eating and drinking routines that support social interaction, the development of independence skills and take account of factors that influence dietary intake

1.18 Ensure that children are encouraged to experiment with new foods

1.19 Ensure a positive response to children's objections to food and drink, making adaptations as necessary

1.20 Record and monitor the intake of food and drink and take action where there are concerns

1.21 Ensure that others are kept up to date about the intake of food and drink

1.22 Encourage children to drink a sufficient volume of fluid

1.23 Monitor, record, report and communicate 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

Unit 302   Promoting 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
    - A modified diet for diabetic children
    - A 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

Potential challenges to the intake of food and drink: fussy eating, disability, independence skills, poor parental choices and knowledge of nutrition, peer influences

Related NOS
- SCD CCLD 0307: Promote the health and physical development of children
- SCD CCLD 0314: Promote the care of babies and 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 (2018) https://careinspectorate.wales/sites/default/files/2018-01/160411regchildcareen.pdf
- Welsh Government Food and Health Guidelines for Early Years and Child Care Settings (2009) https://gov.wales/docs/phhs/publications/foodandhealth/090414guidelinesen.pdf
- Food and Nutrition in Childcare Settings (2018) https://beta.gov.wales/food-and-nutrition-childcare-settings
- 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
- Caroline Walker Trust 'Eating well for under 5's in child care: Practical and nutritional guidelines' (2006) https://www.cwt.org.uk/wp-content/uploads/2014/07/Under5s.pdf
- Nutritional guidance for early years – 'Food choices for children aged 1-5 years in early education and childcare settings' Scottish Executive, Edinburgh (2006) https://www2.gov.scot/resource/doc/89729/0021563.pdf
- The Royal College of Midwives 'Position statement: Infant Feeding' (2018) https://www.rcm.org.uk/sites/default/files/Infant%20Feeding.pdf
- NHS - What to feed young children http://www.nhs.uk/Conditions/pregnancy-and-baby/Pages/understanding-food-groups.aspx
- NHS - Breastfeeding http://www.nhs.uk/start4life/breastfeeding
- NHS – First Foods https://www.nhs.uk/start4life/baby/first-foods
- The breastfeeding network https://www.breastfeedingnetwork.org.uk/
- Weaning – learning to like new tastes and textures http://www.infantandtoddlerforum.org/media/upload/pdf-downloads/GT_Weaning.pdf
- Feeding your toddler/pre-school child https://www.nutrition.org.uk/healthyliving/lifestages/feeding-your-toddlerpre-school-child.html
- Perfect portions for toddlers https://www.nutrition.org.uk/attachments/article/734/BNF%20Toddler%20Eatwell%20Leaflet_OL.pdf
- Health check http://www.nurseryworld.co.uk/digital_assets/985/NW_Ofsted-framework.pdf

Unit 303 Responding to childhood illness, infestation/infection, disease and immunisation

Level:	3
GLH:	20
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, infestation/infection, notifiable disease and immunisation during childhood.

Learning outcome:

1. Illness, infestation/infection and reactions to immunisation

Assessment criteria

You understand:

1.1 The physical and behavioural signs and symptoms of potential illness, infestation/infection and notifiable disease
1.2 The incubation periods and infectious periods of illness and notifiable disease
1.3 The relevant immunisations for common childhood illness and notifiable disease
1.4 The possible reactions to immunisation
1.5 The reasons that some families/carers may choose not to immunise
1.6 Actions to take where there are concerns about potential illness and reactions to immunisation
1.7 Symptoms that require urgent action

You are able to work in ways that:

1.8 Recognise signs of illness, infestation/infection and notifiable disease
1.9 Respond to signs of illness, infestation/infection and notifiable disease according to workplace policies and procedures
1.10 Make adaptations to routines and interactions to take account of the signs of potential illness
1.11 Record, report and communicate actions taken

Unit 303   Responding to childhood illness, infestation/infection, disease and immunisation

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 Professional 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

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

Immunisation Schedule for children aged 2 months to 18 years

Age	Immunisation	Comments
2 months	6-in-1 (DTaP/IPV/Hib/HepB)	Single jab contains vaccines to protect against six separate diseases: diphtheria, tetanus, whooping cough (pertussis), polio, hepatitis B and Haemophilus influenza type b (known as Hib)-First dose
	Pneumococcal (PCV13)	First dose

	Rotavirus	First dose
	Men B	First dose
3 months	6-in-1 (DTaP/IPV/Hib)	Second dose
	Rotavirus	Second dose
4 months	6-in-1 (DTaP/IPV/Hib)	Third dose
	Pneumococcal (PCV)	Second dose
	Men B	Second dose
12-13 months	Hib/Men C	Contains Hib (fourth dose)
	MMR	First dose
	Pneumococcal (PCV)	Third dose
	Men B	Third dose
2 years	Children's annual flu vaccine	From age 2
3-4 years	MMR	Second dose
	4-in-1 (DTaP/IPV)	
12-13 years	HPV	Girls only
13-18 years	3-1n-1(Td/IPV)	Teenage booster- Diphtheria, tetanus and polio
	Men ACWY	

Physical and behavioural signs and symptoms of potential illnesses and infestations:
References for Sepsis:
https://www.nhs.uk/conditions/sepsis/

Symptoms that require urgent action: child is persistently drowsy or irritable, is becoming unresponsive, has problems breathing, has cold or discoloured hands or feet with a warm body, has a fit, has unusual skin colour, has a temperature of 39°C or more, a child who is not feeding/ eating, any child that 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 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 (2018) https://careinspectorate.wales/sites/default/files/2018-01/160411regchildcareen.pdf
- 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 Pretension 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

- 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

- 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

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

- Supporting Learners with Healthcare Needs- Guidance document no: 215/2017. March 2017 http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en

Unit 304　　　　Promoting the care of 0-2 year olds

Level:	3
GLH:	20
Credit:	4
Unit Summary:	This unit supports the learner to develop the knowledge and skills that are essential when promoting the care of 0–2 year olds. It includes the role of bonding and attachment and the provision of safe physical care routines
	In the context of this unit, the term 'babies/toddlers' refers to 0-2 year olds

Learning outcome:

1. Childcare provision and support services for 0-2 year olds

Assessment criteria

You understand:

1.1　The purpose of provision and support services for 0-2 year olds
1.2　How to make referrals into support services for 0-2 year olds
1.3　How to signpost others to information support and advice
1.4　How childcare, support services and **public health priorities** aim to address childhood disadvantage
1.5　Current public health priorities for 0-2 year olds and their benefits
1.6　Current screening and assessment tools used with babies/toddlers

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. Promote and support bonding and attachment for 0-2 year olds

Assessment criteria

You understand:

2.1　**Bonding and attachment theories,** 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

2.6 The potential long-term impacts of insecure attachments

2.7 The actions to take where there are signs of insecure attachments

2.8 A **range of methods** to promote, maintain and encourage bonding and attachment

You are able to work in ways that:

2.9 Role model the use of a range of methods to maintain bonding and encourage secure attachments for babies/toddlers

2.10 Use reflection and feedback from others to evaluate how own practice supports the development of secure attachments for babies/toddlers

Range

Bonding and attachment theories: John Bowlby, Mary Ainsworth

Range of methods: calm and nurturing environment, proximity, predictability, consistency, goals and boundaries, supporting smooth transitions, co-production, sharing of information, partnership working, touch (such as infant massage)

Learning outcome:

3. Promote the safe physical routines of 0-2 year olds

Assessment criteria

You understand:

3.1 The importance of identifying and providing safe **physical care routines** for babies/toddlers, whilst maintaining dignity and respect

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

3.3 How to carry and hold babies/toddlers safely

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

3.5 How to support toilet training

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

You are able to work in ways that:

3.7 Establish and plan the safe physical care routines of babies/toddlers with others, in line with own role and responsibilities

3.8 Ensure that the agreed **physical care routines** of babies/toddlers are maintained

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

3.10 Role model **physical care routines** to ensure they are safe, enjoyable experiences that promote holistic learning, growth and development whilst maintaining children's dignity and respect

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

3.12 Monitor, record, report and communicate 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, appropriate provisions for exposure to sun and cold temperatures

Unit 304   Promoting 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.

Attachment: Refers to a child's emotional connection with his/her primary caregiver that begins at birth, develops quickly between 0-2 years of age and continues developing throughout life.

- Secure attachment: People with secure attachment are comfortable with others, able to depend on them and value (and are comfortable with) intimacy
- Avoidant attachment: People with avoidant attachment have doubts about other people, find it harder to make relationships, shy away from intimacy and have trust issues
- Anxious attachment: People with anxious attachment would like to develop close relationships with others but struggle with this because they fear rejection
- Insecure attachment**:** Children with insecure attachment will avoid or ignore the caregiver showing little emotion when the caregiver departs or returns. This may be due to inconsistent care received from the caregiver themselves.
- Ambivalent attachment: whilst the child can become very distressed when a parent or care give leaves, when reunited the child does not display behaviour that suggests a strong attachment to the parent or care giver. The child may or may not acknowledge or respond to the return of the parent or carer and can often seem to 'watch from afar'. Research suggests that, whilst relatively uncommon, ambivalent attachment is a result of poor and/or inconsistent 'maternal' or carer availability; the child having learnt that s/he cannot depend on the mother or care giver when the child is in need
- Disorganised attachment: As the label suggests the child's attachment behaviour is unpredictable and can be inconsistent. The child may ignore or avoid the carer, or resist their attempts to engage or offer comfort. It has been suggested by some researchers that the lack of a clear attachment pattern is likely linked to inconsistent behaviour from caregivers – the child is unsure how the care giver will respond and so is confused as to how to behave. The child may have experienced different behaviours from the carer in the past e.g. sometimes caring but on other occasions displays dismissive, aggressive or abusive behaviour.

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

Families/ carers: in the context of this unit would be anybody with parental responsibility (natural and delegated) for the baby/ toddler.

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

Immunisation Schedule for children aged 2 months to 18 years

Age	Immunisation	Comments
2 months	6-in-1 (DTaP/IPV/Hib/HepB)	Single jab contains vaccines to protect against six separate diseases: diphtheria, tetanus, whooping cough (pertussis), polio, hepatitis B and Haemophilus influenza type b (known as Hib)-First dose
	Pneumococcal (PCV13)	First dose
	Rotavirus	First dose
	Men B	First dose
3 months	6-in-1 (DTaP/IPV/Hib)	Second dose
	Rotavirus	Second dose
4 months	6-in-1 (DTaP/IPV/Hib)	Third dose
	Pneumococcal (PCV)	Second dose
	Men B	Second dose
12-13 months	Hib/Men C	Contains Hib (fourth dose)
	MMR	First dose
	Pneumococcal (PCV)	Third dose
	Men B	Third dose
2 years	Children's annual flu vaccine	From age 2
3-4 years	MMR	Second dose
	4-in-1 (DTaP/IPV)	
12-13 years	HPV	Girls only
13-18 years	3-1n-1(Td/IPV)	Teenage booster- Diphtheria, tetanus and polio
	Men ACWY	

Information support and advice: Children in Wales, parenting support networks, family information services/ bulletins, Children's Commissioner, NSPCC, Barnardo's, Action for Children, National Children's Bureau

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

Others: could be colleagues, peers, families/ carers. Or for foster carers, their own family and network or supporting professionals

Screening and Assessment Tools

Healthy Child Wales

Age	Tool
5-8 days	Bloodspot screening
Up to 4 weeks	New born hearing screening
By 14 days old	Family resilience assessment (FRAIT) Maternal mental health assessment
72 hours/6 weeks	Physical examination
8 weeks/12 weeks/16 weeks	Growth Assessment
6 months	Health Visiting Family Resilience Assessment Instrument Tool (FRAIT)
15 months/27 months/3.5 years	Health Visiting Family Resilience Assessment Instrument Tool (FRAIT) and Assessment of Growth and Development
Between 4 and 7 years	School Nurse service between 4 and 7 years Vision and growth screening Hearing impairment screening Child Measurement Programme

Flying Start

Age	Tool
Ante natal	Flying Start Family Health Needs Assessment Tool Domestic Violence Screening Tool
0-6 weeks	Flying Start Family Health Needs Assessment Tool The Neonatal Behavioural Assessment Scale (NBAS)
8 weeks/12 weeks/16 weeks	Growth Assessment

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

- SCD CCLD 0303: Promote the development of children and young people
- SCD CCLD 0307: Promote the health and physical development of children
- SCD CCLD 0308: Promote children's wellbeing and resilience
- SCD CCLD 0312: Implement positive environments for babies and children
- SCD CCLD 0314: Promote the care of babies and children
- SCD CCLD 0325: Support children and young people through major transition
- SCD HSC 0037: Care for babies

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**
- SNAP Cymru http://www.snapcymru.org/
- Contact a Family https://contact.org.uk/wales
- 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-childrenen.pdf**
- Building resilience – the importance of playing (2015) https://issuu.com/playwales/docs/building_resilience_?e=5305098/31468341
- Play deprivation (2003) https://issuu.com/playwales/docs/play_deprivation?e=5305098/5309703
- Bump, Baby and Beyond http://www.wales.nhs.uk/documents/Pregnancy%20to%204%20Years%20Book%20FINAL%20English%20Revised%20E-Book%20Compressed.pdf
- Education Begins at Home **http://gov.wales/topics/educationandskills/schoolshome/parents/education-begins-at-home/?lang=en**
- Flying Start https://gov.wales/topics/people-and-communities/people/children-and-young-people/parenting-support-guidance/help/flyingstart/?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**
- RCM **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/
- NHS - How much sleep do children need? http://www.nhs.uk/Livewell/Childrenssleep/Pages/howmuchsleep.aspx
- NHS - 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
- All About… Sleep 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
- 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
- Play: health and well-being (2012) http://playwales.org.uk/login/uploaded/documents/INFORMATION%20SHEETS/play%20health%20and%20wellbeing.pdf
- Janet Moyles, Play and early years birth to seven years (2013) https://issuu.com/playwales/docs/play_and_early_years?mode=window
- Promoting physical activity through outdoor play in early years settings (2016) https://issuu.com/playwales/docs/promoting_physical_activity_through?e=5305098/35010783
- Reflective practice – what is it and why is it so important? (2018) https://issuu.com/playwales/docs/reflective_practice?e=5305098/62475902

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

Unit 305   Promoting the care of 2-3 year olds

Level:	3
GLH:	20
Credit:	4
Unit Summary:	This unit supports the learner to develop the knowledge and skills that are essential when promoting the care of 2–3 year olds. It includes the role of bonding and attachment and the provision of safe physical care routines
	In the context of this unit, the term 'toddler/children' refers to 2-3 year olds

Learning outcome:

1. Childcare provision and support services for 2-3 year olds

Assessment criteria

You know:

1.1   Purpose of childcare provision and **support services** for 2-3 year olds
1.2   How to make referrals into support services for 2-3 year olds
1.3   How to signpost others to information support and advice
1.4   How childcare, **public health priorities** and support services aim to address childhood disadvantage
1.5   Current public health priorities for 2-3 year olds and their benefits
1.6   Current screening and assessment tools used with toddlers/children

Range

Support services: The different types and levels of targeted and universal child health and intervention programmes
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. Promote and support bonding and attachment for 2-3 year olds

Assessment criteria

You understand:

2.1 **Bonding and attachment theories**, 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

2.6 The potential long-term impacts of insecure attachments

2.7 The actions to take where there are signs of insecure attachments

2.8 A **range of methods** to promote, maintain and encourage bonding and attachment

You are able to work in ways that:

2.9 Role model the use of a range of methods to maintain bonding and encourage secure attachments for toddlers/ children

2.10 Use reflection and feedback from others to evaluate how own practice supports the development of secure attachments for toddlers/ children

Range

Bonding and attachment theories: John Bowlby, Mary Ainsworth

Range of methods: calm and nurturing environment, proximity, predictability, consistency, goals and boundaries, supporting smooth transitions, co-production, sharing of information, partnership working, touch

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Learning outcome:

3. Promote the support of safe physical care routines of 2-3 year olds

Assessment criteria

You understand:

3.1 The importance of identifying and providing safe **physical care routines** for toddlers/ children, whilst maintaining dignity and respect

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

3.3 How to support toilet training

3.4 How to carry and hold toddlers/ children safely

You are able to work in ways that:

3.5 Establish and plan the safe physical care routines of toddlers/ children with others, in line with own role and responsibilities

3.6 Ensure that the agreed **physical care routines** of toddlers/ children are maintained

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

3.8 Role model **physical care routines** to ensure they are safe, enjoyable experiences that promote holistic learning, growth and development whilst maintaining children's dignity and respect

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

3.10 Monitor, record, report and communicate 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, appropriate provisions for exposure to sun and cold temperatures

Unit 305   Promoting 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.

Activities, experiences and everyday routines: routine activities (arrival and departure, snack/meal times and rest/sleep times) flexible routines, heuristic play activities, play opportunities, indoor and outdoor opportunities and experiences, freely chosen play and adult led activities, physical activity and contact, actions, games, rhymes, books, stories and songs

Attachment: Refers to a child's emotional connection with his/her primary caregiver that begins at birth, develops quickly between 2-3 years of age and continues developing throughout life.

- Secure attachment: People with secure attachment are comfortable with others, able to depend on them and value (and are comfortable with) intimacy
- Avoidant attachment: People with avoidant attachment have doubts about other people, find it harder to make relationships, shy away from intimacy and have trust issues
- Anxious attachment: People with anxious attachment would like to develop close relationships with others but struggle with this because they fear rejection
- Insecure attachment**:** Children with insecure attachment will avoid or ignore the caregiver showing little emotion when the caregiver departs or returns. This may be due to inconsistent care received from the caregiver themselves.

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

Current screening and assessment tools under the Healthy Child Wales programme:
- Family resilience assessment tool
- Parenting capacity evaluation
- Schedule of Growing Skills Assessment-assessing child development
- Growth and weight assessments

Families/carers: in the context of this unit would be anybody with parental responsibility (natural and delegated) for the baby/ toddler.

Immunisation Schedule for children aged 2 months to 18 years:

Age	Immunisation	Comments
2 months	6-in-1 (DTaP/IPV/Hib/HepB)	Single jab contains vaccines to protect against six separate diseases: diphtheria, tetanus, whooping cough (pertussis), polio, hepatitis B and Haemophilus influenza type b (known as Hib)-First dose
	Pneumococcal (PCV13)	First dose
	Rotavirus	First dose
	Men B	First dose
3 months	6-in-1 (DTaP/IPV/Hib)	Second dose
	Rotavirus	Second dose
4 months	6-in-1 (DTaP/IPV/Hib)	Third dose
	Pneumococcal (PCV)	Second dose
	Men B	Second dose
12-13 months	Hib/Men C	Contains Hib (fourth dose)
	MMR	First dose
	Pneumococcal (PCV)	Third dose
	Men B	Third dose
2 years	Children's annual flu vaccine	From age 2
3-4 years	MMR	Second dose
	4-in-1 (DTaP/IPV)	
12-13 years	HPV	Girls only
13-18 years	3-1n-1(Td/IPV)	Teenage booster- Diphtheria, tetanus and polio
	Men ACWY	

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

Others: could be colleagues, peers, families/ carers. Or for foster carers, their own family and network or supporting professionals

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

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 0303 Promote the development of children and young people
- SCD CCLD 0306: Plan and organised environments for children and families
- SCD CCLD 0307: Promote the health and physical development of children
- SCD CCLD 0308: Promote children's wellbeing and resilience
- SCD CCLD 0312: Implement positive environments for babies and children
- SCD CCLD 0314: Promote the care of babies and children
- SCD CCLD 0325: Support children and young people through major transition

Related legislation and guidance

- National Minimum Standards for Regulated Childcare for children up to the age of 12 years (2018) https://careinspectorate.wales/sites/default/files/2018-01/160411regchildcareen.pdf
- Building a Brighter Future: Early Years and Childcare Plan (2013) Welsh Government **http://gov.wales/docs/dcells/publications/130716-building-brighter-future-en.pdf**
- SNAP Cymru http://www.snapcymru.org/
- Contact a Family https://contact.org.uk/wales
- 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
- 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
- Early Years Framework in Scotland **http://www.gov.scot/Topics/People/Young-People/early-years/delivery/framework**
- Pre Birth To Three (Scotland) **https://education.gov.scot/improvement/Documents/ELC/ELC2_PreBirthToThree/ELC2IntroPreBirthtoThree.pdf**
- Early Years Foundation Stage-EYFS (England) **https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2**
- National Minimum Standards for Regulated Childcare for children up to the age of 12years (2018) **https://careinspectorate.wales/sites/default/files/2018-01/160411regchildcareen.pdf**
- Play deprivation (2003) https://issuu.com/playwales/docs/play_deprivation?e=5305098/5309703
- Building resilience – the importance of playing (2015) **https://issuu.com/playwales/docs/building_resilience_?e=5305098/31468341**
- 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**
- **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
- Family Information 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
- NHS - How much sleep do children need? http://www.nhs.uk/Livewell/Childrenssleep/Pages/howmuchsleep.aspx
- NHS - Healthy sleep tips for children http://www.nhs.uk/Livewell/Childrenssleep/Pages/bedtimeritual.aspx

- 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
- Play: health and well-being (2012) http://playwales.org.uk/login/uploaded/documents/INFORMATION%20SHEETS/play%20health%20and%20wellbeing.pdf
- Janet Moyles, Play and early years birth to seven years (2013) https://issuu.com/playwales/docs/play_and_early_years?mode=window
- Promoting physical activity through outdoor play in early years settings (2016) https://issuu.com/playwales/docs/promoting_physical_activity_through?e=5305098/35010783
- Reflective practice – what is it and why is it so important? (2018) https://issuu.com/playwales/docs/reflective_practice?e=5305098/62475902

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

Unit 306   Promoting work with 3-7 year olds

Level:	3
GLH:	30
Credit:	6
Unit Summary:	This unit covers the skills required to promote holistic development of children through application of the learning areas. Learners who complete this unit will be able to understand the holistic learning and development of children through the early years' curriculum, and will be able to plan, implement and review activities and opportunities that support the holistic learning and development of children aged 3-7 years through the curriculum areas.

Learning outcome:

1. Childcare provision and support services for 3-7 year olds

Assessment criteria

You understand:

1.1 Purpose of childcare provision and support services for 3-7 year olds
1.2 The regulatory framework which apply to the curriculum in Wales for 3-7 year olds
1.3 How to make referrals into support services for 3-7 year olds
1.4 How to signpost families/carers to information support and advice
1.5 How childcare and early years education, **public health priorities** and support services aim to address childhood disadvantage
1.6 Current screening and assessment tools used with 3-7 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 attachment and resilience for 3-7 year olds

Assessment criteria

You understand:
2.1 **Attachment theories,** and their importance for children's resilience, holistic learning, development and well-being

2.2   The importance of attachment and promoting 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

2.6   The potential long-term impacts of insecure attachments and how this affects resilience

2.7   The actions to take where there are signs of insecure attachments

2.8   A **range of methods** to promote, maintain and encourage attachment and resilience

You are able to work in ways that:

2.9   Role model the use of a range of methods to encourage secure attachments and promote resilience for children

2.10 Use reflection and feedback from others to evaluate how own practice affects the development of secure attachments for children

Range

Attachment theories: John Bowlby, Mary Ainsworth

Range of methods: calm and nurturing environment, proximity, predictability, consistency, goals and boundaries, supporting smooth transitions, co-production, sharing of information, partnership working, touch

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Learning outcome:

3.   Promote the support of safe physical care routines of 3-7 year olds

Assessment criteria

You understand:

3.1   The importance of identifying and providing safe **physical care routines** for children, whilst maintaining dignity and respect

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

3.3   How to support toilet training whilst maintaining children's dignity and respect

You are able to work in ways that:

3.4   Establish and plan the safe physical care routines of children with others, in line with own role and responsibilities

3.5   Ensure that the agreed **physical care routines** of children are maintained

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

3.7   Role model **physical care routines** to ensure they are safe, enjoyable experiences that promote holistic learning, growth and development whilst maintaining children's dignity and respect

3.8   Monitor, record, report and communicate physical care routines, in line with workplace/ setting policies and procedures

Range

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

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4. Theoretical frameworks and evidence-based practice that underpin the care, play, learning and development of 3-7 year olds

Assessment criteria

You understand:

4.1 Traditional and contemporary **theories**, approaches and **principles** that underpin and influence the areas of learning for children aged 3-7 years
4.2 The importance of the interrelationship between the areas of learning and the promotion of holistic learning, play and development
4.3 How to promote Welsh language, culture and children's ability to value themselves and others across all areas of learning
4.4 How continuous provision, active and experiential learning promotes holistic learning and development within the Early Years Curriculum
4.5 The purpose and use of current observation and assessment tools in planning and implementing continuous provision within the areas of learning

You are able to work in ways that:

4.6 Use observation and assessment to develop plans for the holistic development of children within the areas of learning
4.7 Record the results of observations and assessments in line with workplace policies and procedures
4.8 Use theoretical frameworks to inform the planning and implementation of activities for the areas of learning
4.9 Embed pedagogical principles in the planning and implementation of activities in a range of environments to support children's development in each of the areas of learning
4.10 Plan and develop activities, play opportunities and environments that support holistic development across the different areas of learning, taking into account the promotion of Welsh language and culture
4.11 Adapt activities to support the inclusion of children with additional needs, including more able and talented children within the areas of learning
4.12 Implement and monitor development plans in practice within own workplace/ setting, in line with own role and responsibilities
4.13 Use observation and feedback from others to assess how planned activities have supported the development of children in the areas of learning
4.14 Reflect, review and evaluate development plans taking into account planning for progression and opportunities for stretch and challenge

Range
Theories: cognitive, humanist, social learning, constructivist, behaviourist, play
Principles: pedagogical principles, Social pedagogy, to cover the child; the learning environment; the worker

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Unit 306 Promoting work 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.

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

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

The Curriculum for Wales
The 4 purposes of the Curriculum for Wales
1. Ambitious and capable learners who are ready to learn throughout their lives.
2. Enterprising and creative contributors who are ready to play a full part in life and work.
3. Ethical and informed citizens who are ready to be citizens of Wales and the world.
4. Healthy and confident individuals who are ready to lead fulfilling lives as valued members of society.

These purposes are what the Curriculum aims to support every child to become by the time they conclude their education, but the early years build a strong foundation in achieving this.

The 5 developmental pathways of the Curriculum for Wales
In early years in Wales, children's education focuses on five developmental pathways. These are:
- Belonging
- Communication
- Exploration
- Physical development

- Well-being

These developmental pathways are child-centred and are interdependent, having equal value in supporting overall development and progress. They focus on what is important for the child and link closely to the key principles of child development.

The 6 Areas of Learning of the Curriculum for Wales

Area One – Expressive arts. This Area includes art, music, dance, film and digital media, and drama.

Through these, children learn:
- To work together and to value and complement each other's contributions in creating.
- To explore and express their emotions in creative ways.
- How to look at others' art and think about what they are communicating through it.
- Time-management and resourcefulness.

Area Two – Health and well-being. This Area builds children's understanding of the value of physical, mental, social and emotional health, and teaches them how to look after their health and well-being.

Through these children learn:
- How to look after their physical health and why it matters. In early years this includes plenty of opportunity for physical movement in order to develop children's awareness of their bodies, strength, co-ordination and balance.
- To recognise and respond to emotions in themselves and others.
- How to consider the impact of their decisions on others.
- How to build and maintain healthy relationships.

Area Three – Humanities - Humanities in early years may include history, geography, religion, ethics and social studies, though workers may introduce other humanities topics where appropriate. This Area aims to support children to become informed and ethical citizens.

Through these children will learn:
- About the history and contemporary practices of Welsh culture and other cultures.
- About religious and non-religious beliefs and practices.
- To explore their own values, ethics and beliefs, and to listen to those of others.
- Curiosity about the natural world, human society and history.

Area Four – Languages, literacy and communication. This area aims to support children learn to communicate effectively in English (though providers can choose not to include English in order to support development of fluency in Welsh language), Welsh and other languages where applicable.

Through this they will learn:
- Speaking, listening and communication, learned through real-life experiences. Children learn vocabulary and grammar by using it to explain what they mean effectively.

- Using skills learned in one language (Welsh or English) and applying it to the other.
- Mark-making and some writing, such as individual letters and numbers.
- How to use language to express feelings, wants and opinions, and to learn about those of others.
- How stories, songs, poems and rhymes inspire imagination and creativity.

Area Five – Mathematics and numeracy. This area aims to support children to learn early maths skills and how they can be used to solve problems in day-to-day life. Early years settings use practical experiences to enable children to learn mathematical skills and apply their knowledge in practice.

Through this they will cover:
- Numbers and counting.
- How adding and taking away objects affects how many there are in total.
- Identifying and drawing shapes and patterns.

Area Six – Science and technology. This area aims to support children to learn how science and technology underpin the workings of the world we live in.

Through this they may cover:
- Using various materials to experiment with forces and motions such as push or pull, hard or soft, sink or float, light or heavy.
- Learning about parts of the body, senses, animals, plants and weather.
- Learning to compare, sort and classify objects and other things, such as places, the weather, feelings etc.
- Using digital technology, such as electric toys, household objects, tablets and computers, etc.

The curriculum for Wales also has a **'Statements of What Matters Code'** This sets out 27 statements of what matters across each of the six areas of learning and experience. The statements specify learning progression in each area. The principles of progression are:
- Increasing effectiveness
- Increasing breadth and depth of knowledge
- Deepening understanding of the ideas and disciplines within the Areas.
- Refinement and growing sophistication in the use and application of skills.
- Making connections and transferring learning into new contexts.
There are five progression steps. Children aged 3-5 are Progression Step 1.

Under the Curriculum for Wales, workers do not have a set timetable of activities they must provide. Instead, they focus on meaningful learning, activities that provide significant learning opportunities.

Different types: maintained (schools), non-maintained (day nurseries, cylchoedd meithrin, playgroups, childminders)

Effective interactions:

- Tone that conveys interest and warmth
- Recasting what the child has said demonstrating the correct use of words.
- Active listening
- Expanding and repeating what the children say
- Providing information-description about what is happening
- Asking open ended questions
- Sufficient time for quality interactions-appropriate rate of speech and time for child to respond
- Role modelling appropriate vocabulary for example mathematical language

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.

Holistic learning and development of 3-7 year olds: places a focus on nurturing all parts of a child's learning and development, including physical, emotional, spiritual, intellectual and creative elements and how learning can support this. It focuses on all parts of children's learning and development intrinsically not in isolation.

Social and emotional learning could include:

- How to value self and others
- How to think equally about each other
- Tolerance, acceptance, respect and understanding of others
- How to develop healthy relationships
- Global citizenship
- Celebration of diversity
- Emotional literacy (recognition and labelling of emotions)
- Kindness
- Behavioural self-regulation
- Stress management techniques
- Problem solving

Pedagogical principles:

The child:

o exercising choice, participating, being involved, initiating and directing their own learning over a period of time

o learning from first-hand, exploratory and practical, hands-on activities

o being appropriately challenged and supported by the adults and learning environment, so that good progress is made

The learning environment:

o which provides flow between continuous, enhanced and focused activities, located indoors and outdoors, that reflect and engage children's interests

o that allows children access to resources that enable them to use choice and develop independence in their learning

o which enables children to apply, use, consolidate and extend their skills across Areas of Learning and Experience

o that includes opportunities for children to be physically and cognitively active as well as having 'quiet time' for contemplation and thought

The workers:

o who prompt the child to think about and reflect upon their learning experiences in order to extend their learning when appropriate

o who plan developmentally appropriate, engaging learning opportunities informed by regular observation and assessment of children's abilities

o who actively engage families/carers in the setting/school community, seeing them as partners in their children's learning

o who look to continuously develop themselves professionally, sharing and learning from excellent and effective practice and working with other practitioners across Wales and further afield.

Potential challenges: fussy eating, disability, independence skills, poor parental choices and knowledge of nutrition, peer influences

Planning could include but is not limited to:

- How the results of observations, discussions and assessments have informed the planning process and learning outcomes for the children.
- How guidance documents and pedagogical frameworks have informed the planning process.
- How the planned activities contribute to the holistic development of the child/group of children's learning and development.
- How you engage the child/group of children, provide for child initiated or adult led play, encourage high levels of involvement and provide sufficient time for the children to explore, experiment and repeat

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.

Regulatory frameworks: frameworks for inspection of non-maintained settings in Wales. Joint Inspection Framework CIW and Estyn.

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)

Theoretical frameworks and evidence based practice that underpin best practice in developing high quality learning environments both indoors and outdoors

Related NOS

- SCD CCLD 0206: Support children's learning through play
- SCD CCLD 0303: Promote the development of children and young people
- SCD CCLD 0307: Promote the health and physical development of children
- SCD CCLD 0306: Plan and organised enviorments for children and families
- SCD CCLD 0308: Promote children's wellbeing and
- SCD CCLD 0309: Implement frameworks for early education through the development of curriculum planning
- SCD CCLD 0310: Asses children's progress according to relevant curriculum frameworks
- SCD CCLD 0312: Implement popstive enviorments for babies and children
- SCD CCLD 0317: Engage with families in ways that encourage them to be involved with their
- children's learning and development
- SCD CCLD 0325: Support children and young people through major transition
- SCD CCLD 0345: Promote literacy, numeracy and language development for children's early learning, in partnership with their families
- SCD CCLD 0339: Promote the care, learning and development of children with additional support needs in early education settings

Related legislation and guidance

- National Minimum Standards for Regulated Childcare for children up to the age of 12 years (2018) https://careinspectorate.wales/sites/default/files/2018-01/160411regchildcareen.pdf
- Building a Brighter Future: Early Years and Childcare Plan (2013) Welsh Government **http://gov.wales/docs/dcells/publications/130716-building-brighter-future-en.pdf**
- SNAP Cymru http://www.snapcymru.org/
- Contact a Family https://contact.org.uk/wales
- An independent stocktake of the Foundation Phase in Wales: Final report, September 2013 – March 2014 (2014) **http://dera.ioe.ac.uk/20340/1/140519-independent-stocktake-of-the-foundation-phase-in-wales-en.pdf**
- Qualified for Life, Welsh Government 2014
- Play and early years birth to seven years (2013) Janet Moyles https://issuu.com/playwales/docs/play_and_early_years?mode=window
- Play: health and well-being (2012) http://playwales.org.uk/login/uploaded/documents/INFORMATION%20SHEETS/play%20health%20and%20wellbeing.pdf
- Promoting physical activity through outdoor play in early years settings (2016) https://issuu.com/playwales/docs/promoting_physical_activity_through?e=530509

8/35010783A 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**

- Foundation Phase Action Plan **http://gov.wales/docs/dcells/publications/161103-fp-action-plan-en.pdf**
- Evaluating the Foundation Phase Final Report **http://gov.wales/docs/caecd/research/2015/150514-foundation-phase-final-en.pdf**
- Early Years Framework in Scotland **http://www.gov.scot/Topics/People/Young-People/early-years/delivery/framework**
- Early Years Foundation Stage-EYFS (England) **https://www.gov.uk/government/publications/early-years-foundation-stage-framework--2**
- 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**
- 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
- **Curriculum for Wales -** Curriculum for Wales - Hwb (gov.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
- NHS - How much sleep do children need? http://www.nhs.uk/Livewell/Childrenssleep/Pages/howmuchsleep.aspx
- NHS - Healthy sleep tips for children http://www.nhs.uk/Livewell/Childrenssleep/Pages/bedtimeritual.aspx
- Design for Play: A guide to creating successful play spaces http://www.playengland.org.uk/media/70684/design-for-play.pdf
- 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
- 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
- Creating accessible play spaces, A toolkit https://issuu.com/playwales/docs/creating_accessible_play_spaces?e=5305098/55847588

- Play spaces: common complaints and simple solutions (2012) http://playwales.org.uk/login/uploaded/documents/INFORMATION%20SHEETS/common%20complaints%20and%20simple%20solutions.pdf
- Play Spaces: planning and design (2012) http://playwales.org.uk/login/uploaded/documents/INFORMATION%20SHEETS/play%20spaces%20-%20planning%20and%20design.pdf
- Play and Risk (2013) https://issuu.com/playwales/docs/play_and_risk?mode=window
- Reflective practice – what is it and why is it so important? (2018) https://issuu.com/playwales/docs/reflective_practice?e=5305098/62475902
- ACE's reports - http://www.wales.nhs.uk/sitesplus/888/page/88504
- **220914-a-curriculum-for-funded-non-maintained-nursery-settings.pdf (gov.wales)https://hwb.gov.wales/api/storage/97105ec9-0187-45d1-abd4-55d806b059bb/curriculum-for-wales-foundation-learning-in-schools-and-funded-non-maintained-nursery-settings-faqs.pdf**
- **https://hwb**.gov.wales/curriculum-for-wales/

Unit 307 Promoting the acquisition of a new language through immersion

Level:	3
GLH:	20
Credit:	4
Unit Summary:	This unit supports the learner to develop their knowledge and skills relating to promoting support for children to acquire a new language through language immersion in a childcare setting.

Learning outcome:

1. Language immersion in childcare settings

Assessment criteria

You know:
1.1 Legislative context for language immersion in Wales and how this is embedded into the policies and practice of own childcare setting
1.2 The principles and techniques of language immersion in the context of a childcare setting
1.3 The reasons for using the immersion language at all times
1.4 **Stages** that children will go through when acquiring a new language and how to ensure appropriate response to each phase
1.5 Why it is important to understand children's **individual circumstances** and how this effects learning a new language
1.6 The importance and ways of involving families/carers in the child's language learning
1.7 Instances when the child's home/preferred language should be used
1.8 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 How to ensure that the immersion language is pronounced and used clearly and accurately at all times
2.2 How to plan for and evaluate learning and development for language acquisition
2.3 How to differentiate between the challenges for the child acquiring a new language and **other challenges**
2.4 How to integrate language acquisition into activities and experiences that meet the **holistic growth and development** needs of a child
2.5 The importance of **different types of activities and experiences** and how to use these for language acquisition
2.6 The inter-relationship between physical learning environments including displays and visual stimuli and language acquisition
2.7 The impact of own attitude and behaviour towards language acquisition

You are able to work in ways that:
2.8 Ensure the use of verbal and non-verbal communication to reassure children and make them feel welcome and secure in the immersion setting
2.9 Work with others to define the baseline at which each child operates linguistically
2.10 Work with others to identify ways of measuring and recording each child's progress in acquiring the immersion language
2.11 Work with others to plan, prepare, implement, monitor, evaluate and review different types of activities and experiences, using oral and visual stimuli, to promote the language development and holistic growth and development of children
2.12 Role model the use of clear and accurate pronunciation of the immersion language in all communication and activities with children and others
2.13 Provide praise and encouragement to support the development of language acquisition
2.14 Role model the use of repetition and expansion to support children's oracy, literacy and overall language acquisition
2.15 Ensure that children are supported to move through the stages of language acquisition at their own pace
2.16 Encourage children to develop and use language learning strategies
2.17 Observe and gather feedback from others on children's communication skills in the immersion language and use this to inform the ongoing assessment of and planning for language acquisition
2.18 Promote a welcoming and supportive attitude towards families and actively support them in involvement in the child's language acquisition experiences
2.19 Support families /carers to understand the process that the child is likely to follow in acquiring a new language through immersion and update them on progress
2.20 Signpost families to information about additional support for language immersion
2.21 Work with others to review and evaluate the effectiveness of the environment activities and experiences of own setting in promoting language acquisition through immersion

Range
Other challenges additional learning needs, speech and language delay, behavioural
Holistic growth and development play behaviours, gross and fine motor skills, areas of development (physical, speech, language and communication, socio-emotional)
Different types of activities and experiences use of indoor and outdoor environments, structured learning, planned and spontaneous, play, engagement with other children, group games, speaking activities, drawing activities, singing and rhymes

Unit 307 Promoting 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.

Others: families/ carers, colleagues and other professionals whose work contributes to the child's well-being

Related NOS
- SCDCCLD0347 Promote 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 https://dera.ioe.ac.uk/24680/1/151021-a-curriculum-for-wales-a-curriculum-for-life-en_Redacted.pdf
- Welsh medium education strategy http://gov.wales/docs/dcells/publications/100420welshmediumstrategyen.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)
  - **Expressive Arts -** Expressive Arts: Introduction - Hwb (gov.wales)
  - **Health and Well-Being -** Health and Well-being: Introduction - Hwb (gov.wales)

- **Humanities -** Humanities: Introduction - Hwb (gov.wales)
- **Languages, Literacy and Communication -** Languages, Literacy and Communication: Introduction - Hwb (gov.wales)
- **Mathematics and Numeracy -** Mathematics and Numeracy: Introduction - Hwb (gov.wales)
- **Science and Technology -** Science and Technology: Introduction - Hwb (gov.wales)

- Hwb https://hwb.gov.wales/repository/tree?sort=created&language=en&tags=Welsh%20Language%20Development&tags=Foundation%20Phase&nodeId=5d487173-71ab-4499-a4ea-9d60b71c009e
- Mudiad Meithrin http://www.meithrin.cymru/
- Cwlwm http://www.meithrin.cymru/cwlwm-en/
- Cymraeg I Blant https://en-gb.facebook.com/Cymraegiblant/
- Play/Active Learning-Overview for 3-7 year olds http://learning.gov.wales/docs/learningwales/publications/130215play-activeen.pdf

Unit 308   Supporting families to develop parenting skills

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

Learning outcome:

1. Rights and responsibilities related to working with families

Assessment criteria

You know:

1.1 The relevant articles within the United Nations Convention of the Rights of the Child (UNCRC) relating to work with families

1.2 The legislative and policy frameworks related to working with families

You are able to work in ways that:

1.3 Promote practice that reflects the UNCRC relating to work with families

1.4 Promote practice that reflects legislative and policy frameworks related to working with families

Learning outcome:

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

Assessment criteria

You understand:

2.1 The concept 'positive parenting' and how this is promoted in Wales

2.2 The range and delivery of positive parenting programmes in Wales

2.3 Outcomes from research into the impact of positive parenting and early intervention

2.4 The range of options available for parenting support

2.5 The purpose of support services and the roles of professionals within these for work with families

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

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

You are able to work in ways that:

2.8 Embed the principles of positive parenting into your practice

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

Learning outcome:

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

Assessment criteria

You understand:

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

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

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

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

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

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

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

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

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

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

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

You are able to work in ways that:

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

3.13 Promote the benefits of healthy living

3.14 Assist families to identify realistic opportunities to change their lifestyle

3.15 Acknowledge and positively reinforce the efforts of families to change

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

Range

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

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

Educational attainment – engagement in education, ability to gain qualifications

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Learning outcome:

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

Assessment criteria

You understand:

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

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

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

You are able to work in ways that:

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

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

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

4.7 Support families to understand differences in perspectives between each other

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

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

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

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

4.12 Agree how the plan will be evaluated

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5. Support families to develop parenting skills

Assessment criteria

You understand:

5.1 Practical parenting skills which will contribute to children's holistic development

5.2 How to support families to develop an understanding of the key development milestones of children

5.3 How to support families to understand how practical parenting skills will support holistic child development

5.4 How to support families build skills to deal with their own feelings and develop coping strategies

5.5 The importance of involving families in the assessment of their children

5.6 How increased confidence in the parenting role can have a positive effect on both the development of the child and the adult

You are able to work in ways that:

5.7 Support families to practice parenting skills in accordance with the agreed plan

5.8 Positively reinforce interactions, behaviours and skills that reflect good parenting

5.9 Encourage families to:
- have realistic expectations of children's behaviour and development
- have a consistent approach towards boundaries for behaviours and agreed routines
- keep their promises to their children
- involve and consult with children according to their age, abilities and stage of development
- focus on their children's strengths
- recognise and value their children's unique qualities, skills and capabilities
- use praise to recognise children's achievements
- identify opportunities and make time for participating in play with their children

5.10 Support families to reflect on their behaviours and actions and the consequences of these

5.11 Support families to adjust their behaviours and actions to develop their parenting skills

5.12 Use a co-productive approach to review the plan and achievement of agreed outcomes

5.13 Plan with families how they can continue to develop their confidence and parenting skills

Unit 308   Supporting families to develop parenting skills

Supporting information

Evidence requirements

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

Guidance for delivery

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

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

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

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

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

'kinship' carers and grandparents.

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

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

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

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

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

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

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

Vulnerable families: This refers to families vulnerable to developing parenting difficulties or those at risk of being unable to protect and care adequately for their children. Families may be at increased risk due to adverse circumstances such as poverty, unemployment, bereavement, alcohol or substance misuse, mental or physical health issues; domestic

abuse or due to a lack of a support network. It also refers to families whose minority status or situation makes them vulnerable to discrimination or isolation (for example minority ethnic families, refugee or asylum seeking families, single parent families or young parents).

Related NOS

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

Related legislation and guidance

- Social Services and Well Being (Wales) Act 2016
- Flying Start Parenting Support Guidance https://gov.wales/docs/dsjlg/publications/cyp/170519-parenting-guidance-en.pdf
- Work with Parents NOS https://app.pelorous.com/media_manager/public/115/publications/Qualifications/work-with-parents-nos-jan-2011.pdf
- Barnardo's- Promoting Resilience: A Review of Effective Strategies for Child Care Services, Dr. Tony Newman, Barnardo's Research and Development, 2002 http://www.barnardos.org.uk/resilsum.pdf
- Research into Practice Building emotional resilience in the children and families workforce – an evidence-informed approach: Strategic Briefing (2016) by Gail Kinman and Louise Grant https://www.rip.org.uk/resources/publications/strategic-briefings/building-emotional-resilience-in-the-children-and-families-workforce--an-evidenceinformed-approach-strategic-briefing-2016
- Parenting and resilience, Malcolm Hill, Anne Stafford, Peter Seaman, Nicola Ross and Brigid Daniel, Joseph Rowentree Foundation, 2007, https://www.jrf.org.uk/sites/default/files/jrf/migrated/files/parenting-resilience-children.pdf
- Welsh Governments Education Begins at Home Campaign http://gov.wales/topics/educationandskills/schoolshome/parents/education-begins-at-home/?lang=en
- Welsh Governments Parenting in Wales Guidance on Engagement and Support, 2014 http://gov.wales/docs/dsjlg/publications/cyp/140910-parenting-in-wales-guidance-en.pdf
- The Bichard Inquiry Report (2004) http://dera.ioe.ac.uk/6394/1/report.pdf
- Play deprivation (2003) https://issuu.com/playwales/docs/play_deprivation?e=5305098/5309703
- Play: health and well-being (2012) http://playwales.org.uk/login/uploaded/documents/INFORMATION%20SHEETS/play%20health%20and%20wellbeing.pdf

- Reflective practice – what is it and why is it so important? (2018)
  https://issuu.com/playwales/docs/reflective_practice?e=5305098/62475902
- Practical uses of digital devices in play settings (2018)
  https://issuu.com/playwales/docs/practical_uses_of_digital_devices_i?e=5305098/63370528
- ACE's reports - http://www.wales.nhs.uk/sitesplus/888/page/88504

Unit 309   Promoting and supporting speech, language and communication skills

Level:	3
GLH:	25
Credit:	4
Unit Summary:	This unit covers the skills required to identify, assess and support children with speech, language and communication skills and needs. Learners working practice will involve identifying and assessing children whose communication and language skills are not developing as expected. They will carry out assessments and make referrals where necessary. Learners will carry out planning and developing activities designed to support the needs of children and promote speech, language, communication and literacy development. In the context of this unit the term 'children' refers to children and young people.

Learning outcome:

1. Guidance and frameworks which support speech language and communication

Assessment criteria

You know:

1.1 National policy and guidance that underpin speech language and communication

1.2 Theories and research evidence which have influenced policy and practice in promoting speech, language and communication skills

Learning outcome:

2. How speech, language, communication and literacy is developed

Assessment criteria

You know:

2.1 Principles that underpin speech, language and communication development

2.2 What is meant by the following terms

- language
- speech
- communication
- literacy
- language immersion

2.3 Typical patterns/stages of speech, language and communication

2.4 The benefits of bilingualism/multilingualism in relation to speech, language and communication development.

2.5 How to identify potential barriers that could arise for children whose first language is not that of the setting

2.6 The terms:

- Simultaneous bilingualism
- Sequential bilingualism

2.7 What is meant by normal differences in typical speech language and communication development.

2.8 **Factors** that impact a child's speech, language and communication development

2.9 The features of a positive and communication rich environment

2.10 The impact of speech, language and communication on **other areas** of a child's development

You are able to work in ways that:

2.11 Support children to develop speech, language and communication skills

2.12 Provide a language rich environment in which children can play, learn and develop

Range

Factors – Physiological, psychological and sociological

Other areas - personal and social development, physical development, cognitive development, behaviour development, literacy skills.

Learning outcome:

3. Support speech, language and communication needs

Assessment criteria

You know:

3.1 The range of speech, language and communication needs and the differences between them

3.2 How to identify and assess children with **speech, language and communication needs** and how this is recorded and reported

3.3 Actions to take when children's speech language and communication is not within expected range

3.4 The different strategies and techniques available to support children with speech language and communication needs

3.5 The importance of a workplace/setting's policies and procedures on seeking advice and making referrals

3.6 National and local speech, language and communication support/interventions

3.7 The importance of monitoring, record keeping and sharing relevant information

3.8 Types of activities that could be used for the different age ranges to promote speech, language, communication and literacy development

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You are able to work in ways
that:

3.9   Use observations and assessments to identify if there are differences in expected speech, language and communication development in line with workplace/ settings policies and procedures

3.10   Ensure observations and assessments are reported and recorded in line with workplace/settings policies and procedures

3.11   Promote the use of observations and reflections of children to inform planning

3.12   Support the planning and use of continuous and enhanced experiences and activities, to support the development of speech, language, communication and literacy skills in line with own roles and responsibilities

3.13   Support the development of a positive communication environment

3.14   Promote the use of a range of strategies and techniques to support children with speech, language and communication needs

3.15   Utilise national, local and setting speech, language and communication support/interventions

Range

Speech, language and communication needs: Primary speech, language and communication needs, speech, language and communication needs associated with other additional needs, short term speech, language and communication needs, persistent speech, language and communication needs.

Learning outcome:

4.   Work with others to support children who have speech language and communication needs

Assessment criteria

You know:

4.1   The importance of the role of adults in developing speech, language and communication skills

4.2   The importance of a strength based approach to working with children with speech, language and communication needs
- in an organisation/setting
- on a 1 to 1 basis within families/carers own home

4.3   The factors that facilitate working with other professionals and multi-agencies

You are able to work in ways that:

4.4   Support others to develop children's speech, language, communication and literacy skills

4.5   Provides a partnership approach to supporting children with speech, language, communication and literacy needs.

Unit 309   Promoting and supporting speech, language and communication skills

Supporting Information

Evidence requirements

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

Guidance for delivery

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

Age ranges: children under 2 years; 2-3 year olds; 3-4 year olds; 5-7 year olds.

Barriers: may include those relating to the physical environment; to interpersonal relationships and the emotional environment; to working practices; to the availability of resources including human or other aids or assistance; to the limitations of your own or other people's communication skills or attentiveness; to cultural contexts; to the specific circumstances of the child or young person, including home language, disability, disadvantage, anxiety or distress.

Communication (sending and receiving messages) can be verbal or non-verbal
What do conversations involve?
- At least two people
- Turn taking
- Facial expressions
- Body language
- Synchronising -mirroring or imitating each other's gestures and sounds
- Pauses
- Rhythm, tone and melody
- Intonation
- Responses- verbal -sounds or words and non-verbal

Factors: Physiological, psychological and sociological - impact of poverty on the provision of a quality home learning environment, the amount and quality of talk within the home, whether it is an additional language, hearing impairments, physical impairments, medical conditions

Features of a positive and communication rich environment: policy in developing children's speech, language and communication skills including aims, references to research and guidance documentation, planning formats for a positive communication environment, staff

roles and responsibilities and opportunities for professional development, approaches to teaching and learning-child-centred/ high quality adult child interaction, equality of opportunity- ensuring all children can access the provision and the environment is adapted as appropriate, resources, how you are going to assess children's skills and feed this back into the planning process, working with families/carers, monitored and reviewed on a regular basis

Importance of adults in developing speech, language and communication skills:
- Communicate in an appropriate way with children which is appropriate to their stage of development using words and phrases they will understand
- Demonstrate active listening and respond to what children have said
- Role model by providing descriptions about what is going on
- Expand and repeat what children say
- Recast what children say
- Ask open ended questions
- Understand child development so can scaffold learning
- Ensure children have the time and play opportunities to practice speech, language and communication skills
- Provide play opportunities for children to talk with each other.
- Practitioners can support parents and carers to provide a language rich home environment

Language
- Receptive Language: what children understand from what they hear
- Expressive Language: how a child expresses themselves- putting words together, forming sentences and expressing increasingly complex ideas
- Syntax/Grammar-way words are combined to make phrases and sentences
- Morphology-word structure, including changes to words by for example adding an "s" to make plurals
- Pragmatics-use the correct word in the correct situation, listening and responding to what has been said

Opportunities - interaction with print within their environment; opportunities for mark making; supporting emergent writing.

Principles: The five language-specific principles cited in Early Language Delays in the UK (2013)
1. Communication is key to the fostering of life chances in early childhood. Everyone in the child's environment has a role to play in fostering the child's communication skills. This starts at birth and includes immediate and extended family, and potentially a wide range of professionals, health visitors, speech and language therapists, early educators, teachers, psychologists.
2. The importance of early communication skills and their implications for the child's social and educational development across the early years and beyond need to be understood by all parents.

3. All professionals need to be aware of how to identify early language delays and confident about what they can do to enhance language skills.
4. We need to scale up and roll out interventions that have been shown to work, and test their value across whole populations and over an appropriate length of time.
5. We need to sustain the pressure on policy-makers to improve services for the child who is language-delayed, especially in the very early years (e.g. before three years).

Quality features of a positive communication environment
- Policy in developing children's speech, language and communication skills including aims, references to research and guidance documentation
- Planning formats for a positive communication environment
- Staff roles and responsibilities and opportunities for professional development
- Approaches to teaching and learning-child centred/ high quality adult child interaction
- Equality of opportunity- ensuring all children can access the provision and the environment is adapted as appropriate
- Resources
- How you are going to assess children's skills and feed this back into the planning process
- Working with families/carers
- Monitored and reviewed on a regular basis

Research evidence
- Axford, N., Sonthalia, S., Wrigley, Z., Goodwin, A., Ohlson, C., Bjornstad, G., Barlow, J., Schrader-McMillan, A., Coad, J., Toft, A., (2015) The Best Start at Home: What works to improve the quality of parent/child interactions from conception to age 5 years? A rapid review of the interventions. Early Intervention Foundation
- Bercow (2008) A review of services for Children and Young People with Speech, Language and Communication needs.
- Hamer, C (2011) National Literacy Trust, Talk to your Baby: Guidance for developing a strategic approach to speech, language and communication in the early years.
- Welsh Government (2014a) 'A review of practice in the implementation of the early language development support element within Flying Start' Social Research Number: 62/2014
- Welsh Government (2014b) 'A review of the research evidence on the effectiveness of different approaches to promoting early speech and language development' Social Research Number 61/2014

Speech
- Articulation- pronouncing sounds
- Phonology- speech sounds, patterns, sequences and sound combinations

Support/interventions: formal and informal interventions

Ways in which families/carers can support their child's speech, language and communication development:
- Talk and sing to their baby/babies in the womb.
- Attachment and bonding-talking/ singing to baby right from the start

- Songs and rhymes
- Quantity and quality of talk
- Turning off the TV
- Sharing books and stories including visiting the local library
- Playing with their child including going to Parent and Toddler Group

Related NOS

- SCD CCLD 0301: Promote effective communication
- SCD CCLD 303: Promote children's development
- SCD CCLD 0307: Promote the health and physical development of children
- SCD CCLD 0312: Implement positive environments for babies and children

- SCD CCLD 0321: Support the care learning and development of children with additional requirements in partnership with their families
- SCD CCLD 0327: Support children who have experienced trauma
- SCD CCLD 0345: Promote literacy, numeracy and language development for children's early learning, in partnership with their families

Related legislation and guidance

- Bercow (2008) A review of services for Children and Young People with Speech, Language and Communication needs.
- Close, R (2004) National Literacy Trust: Television and Language Development in the Early Years, A review of the literature
- Gridley, N, Hutchings, J and H. Baker-Henningham (2014) The Incredible Years Parent- Toddler Programme and parental language: a randomised controlled study. Child: care, health and development
- Hamer, C (2011) National Literacy Trust, Talk to your Baby: Guidance for developing a strategic approach to speech, language and communication in the early years.
- Talk to your baby 2017: Early Language in a Connected World. National Literacy Trust https://literacytrust.org.uk/resources/talk-your-baby-2017-presentations/
- Welsh Government (2014a) 'A review of practice in the implementation of the early language development support element within Flying Start' Social Research Number: 62/2014 https://gov.wales/statistics-and-research/review-practice-implementation-early-language-development-support-element-within-flying-start/?lang=en
- Welsh Government (2014b) 'A review of the research evidence on the effectiveness of different approaches to promoting early speech and language development' Social Research Number 61/2014 https://gov.wales/statistics-and-research/review-research-evidence-effectiveness-different-approaches-promoting-early-speech-language-development/?lang=en
- Healthy Child Wales Programme http://gov.wales/docs/dhss/publications/160926healthy-childrenen.pdf
- The Communication Trust. Talking About a Generation https://www.thecommunicationtrust.org.uk/media/540327/tct_talkingaboutageneration_report_online.pdf
- Bookstart http://www.bookstart.org.uk/
- The Communication Friendly Spaces http://www.elizabethjarmantraining.co.uk/
- Elklan writes and delivers accredited courses on speech, language and communication. http://www.elklan.co.uk/

- Hanen http://www.hanen.org/Home.aspx
- Books: The Perfect Language- Learning Tool http://www.hanen.org/Helpful-Info/Articles/Promoting-Language-with-Books.aspx
- I Can http://www.ican.org.uk/
- Talking Point http://www.talkingpoint.org.uk/
- Flying Start Guidance- http://gov.wales/topics/people-and-communities/people/children-and-young-people/parenting-support-guidance/help/flyingstart/?lang=en
  - ➢ Outreach Guidance
  - ➢ Transition Guidance
  - ➢ Quality Childcare Guidance
  - ➢ All Wales Health Visitor Core Programme
  - ➢ Parenting Support Guidance
  - ➢ Guidance on Speech, Language and Communication.
  - ➢ Speech, Language and Communication support factsheet
  - ➢ A Flying Start Pack for Parents-Nursery Rhymes
  - ➢ Stages of Speech and Language Development Poster
- Every Child a Talker http://www.foundationyears.org.uk/2011/10/every-child-a-talker-guidance-for-early-language-lead-practitioners/
- Bump, Baby and Beyond http://www.wales.nhs.uk/documents/Pregnancy%20to%204%20Years%20Book%20FINAL%20English%20Revised%20E-Book%20Compressed.pdf
- The National Literacy Trust 'http://www.literacytrust.org.uk/talk_to_your_baby/resources/418_q

- Play deprivation (2003) https://issuu.com/playwales/docs/play_deprivation?e=5305098/5309703
- Play: health and well-being (2012) http://playwales.org.uk/login/uploaded/documents/INFORMATION%20SHEETS/play%20health%20and%20wellbeing.pdf
- Reflective practice – what is it and why is it so important? (2018) https://issuu.com/playwales/docs/reflective_practice?e=5305098/62475902

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

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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
- Learning disability
- 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:
  o Value based approaches
  o Theory and evidence base
  o Functional analysis
  o Primary prevention
  o Secondary prevention
  o 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 child/young person 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
- More Than Just Words and the Follow-on Strategic Framework for Welsh Language Services in Health and Social Care
- 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 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
- All Wales Safeguarding Procedures (2019)
  http://www.myguideapps.com/projects/wales_safeguarding_procedures/default/
- Welsh Government Safeguarding Guidance https://gov.wales/safeguarding-guidance

Unit 311   Supporting children with additional needs

Level:	3
GLH:	40
Credit:	8
Unit Summary:	This unit will enable learners to explore the impacts of additional needs on children and the challenges and opportunities faced when supporting children with additional needs and their families/carers. The unit is intended for those working with/wanting to work with children with additional/complex needs.

1. Perceptions and perspectives of additional needs

Assessment criteria

You understand:

1.1 How the UN Convention of Rights of Persons with Disabilities supports a rights based approach for children with additional needs

1.2 **Potential causes** of a range of additional needs

1.3 Potential **co-morbidity** associated with additional needs

1.4 The nature and characteristics of a range of additional needs

1.5 The importance of children with additional needs having equal opportunities for holistic learning, growth and development, including taking risks

1.6 Why children with additional needs may have been, or may be discouraged or prevented from taking risks

1.7 Perspectives of a range of additional needs, how these have evolved and changed over time and influenced models of service delivery

1.8 How societal attitude and values toward children with a range of additional needs impact on equality, diversity and inclusion

1.9 How the judgement, stereotypical assumptions and expectations of others can be unduly influenced because of a child's additional need.

1.10 The **impacts** of being labelled as being a child with additional needs

1.11 The impact on **others** when supporting a child with additional needs

1.12 Why the life chances of child with additional needs may be more limited than those of the general population and how support services aim to address this balance

1.13 How to support families/carers of children with additional needs where a parent/carer may also have an additional need

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

You are able to work in ways that:

1.15 Promote positive perceptions of, and attitudes to children with additional needs, recognising the centrality of the child, rather than the additional need

1.16 Actively challenge prejudice, stereotypical images, discrimination and negative attitudes towards children with additional needs

1.17 Support children to achieve a balance between positive risk taking and challenge

Range:
Potential causes: acquired, congenital, genetic

Co-morbidity: where a child has an additional need has more than one need and where these co-exist taking all needs into account

Impacts: positive and negative

Others: colleagues, families/carers, other children

Learning outcome

2. Support the holistic learning, growth and development of children with additional needs

Assessment criteria

You understand:

2.1 Strategies to overcome real or perceived barriers to the active participation and inclusion of children and their families/carers

2.2 Potential impacts of specific additional needs on children's holistic learning growth and development

2.3 How expected development may differ for children with additional needs

2.4 **The ways in which developmental delay in one area affects the ability to acquire skills in other areas**

2.5 **Types of observations** used to assess and identify children with additional needs

2.6 Frameworks and guidance available on the assessment, identification and support for children with additional needs

2.7 When and how to record and report when assessments indicate a child may have additional needs

2.8 The role of child-centred approaches to individual development plans

2.9 **Key features of an accessible environment** that supports holistic learning growth and development and takes account of individual needs

2.10 Strategies and approaches that can be used with children who require support with:
- communication and interaction
- cognition and learning
- behavioural, social and emotional development
- sensory and or physical development

2.11 The range of healthcare checks and support that children with additional needs may access

2.12 The importance of following individual development plans for agreed healthcare activities

2.13 How to access sources of information and advice when identifying support requirements for children with additional needs and families/carers

You are able to work in ways that:

2.14 Use observations and assessments to identify the stage of holistic learning, growth, and development of children

2.15 Contribute to individual development plans to support the holistic learning, growth and development of children with additional needs

2.16 Provide accessible environments, which promote the provision of meaningful activities and play opportunities which are inclusive

2.17 Use equipment and specialist aids appropriately; ensuring they are safe, fit for purpose and used in accordance with guidance and risk assessments

2.18 Record and report stages of holistic learning, growth and development in line with individual development plans

2.19 Evaluate and reflect on individual development plans

Range:

Types of observations: narrative, timeline, movement mapping, time-sequence, learner journeys, diaries

Key features of an accessible environment: accessible, inclusive, stimulating, offers stretch and challenge

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Learning outcome:

3. Support children with additional needs to develop resilience during change and transition

Assessment criteria

You understand:

3.1 Attachment difficulties that may be experienced by children with additional needs

3.2 Why children with additional needs may need extra and focused support before, during and after change and transition

3.3 Ways to support children with additional needs through change and transition

3.4 How to support children with additional needs and their families/carers to develop resilience, emotional intelligence and self-belief

3.5 The range of coping strategies that children may use and how these can be influenced by:
- the nature and characteristics of the additional need
- age, ability and stage of development
- emotional intelligence and resilience
- family circumstances and dynamics
- life journeys
- types of attachment
- the immediate environment

3.6 The importance of involving children and their families/carers when planning for or responding to change and transition taking account of ability and stage of development

You are able to work in ways that:

3.7 Use appropriate interventions to support children with additional needs as they prepare for change and transition

3.8 Contribute to the evaluation of interventions that support children with additional needs through change and transition

3.9 Support children with additional needs to develop a positive sense of self

3.10 Develop independence skills, taking into account, ability and stage of development

4. Work with children with additional needs and their families/carers to support effective communication transition

Assessment criteria

You understand:

4.1 How to build trust with children with additional needs and their families/carers

4.2 The communication methods and approaches that can be used to support children with additional needs.

4.3 The range of professionals who may offer advice and support to develop communication skills

4.4 Types of advocacy and how these can be used to support the rights of children with additional needs and their families/carers

You are able to work in ways that:

4.5 Use a range of communication methods and approaches to support children with additional needs

4.6 Contribute to the development of communication profiles/plans as part of individual development plans for children with additional needs

4.7 Promotes advocacy for children with additional needs and their families/carers

Learning outcome:

5. Safer care

Assessment criteria

You understand:

5.1 Why children with additional needs are more:
- at risk from abuse and exploitation
- likely to be targeted by perpetrators of abuse

5.2 How to keep yourself and others safe when working with children with additional needs

You are able to work in ways that:

5.3 Promote an individualised approach to safeguarding, taking account of the particular vulnerabilities, behaviours, experiences of children with additional needs

6. Reflect on care and support provided to children with additional needs

You understand:

6.1   How effective support can make a difference to children with additional needs and their families/carers
6.2   How own responses and actions can support **others** when working with children with potentially life limiting needs

You work in ways that:

6.3   Reflect on own experience, beliefs and values and how these impact on practice
6.4   Follow the codes of practice, standards, frameworks and guidance for working with children with additional needs in early years settings

Others: colleagues, families/carers, other children

Unit 311 Supporting children with additional needs
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.

Ability to acquire skills in other areas could include but not limited to:
- Speech, language, communication and literacy, development
- Social and emotional development
- Physical literacy: fine motor
- and gross motor

Additional needs

Many children will have additional support at some time in their lives to help them take part in activities or education and achieve their potential. This can be long term or short term.

Additional support needs can be:
- physical, such as cerebral palsy or sight loss
- emotional, such as experienced trauma
- psychological, such as poor mental health
- social, such as attachment disorder
- learning disability, such as Down's Syndrome
- learning difficulty, such as dyslexia
- health, such as diabetes

A child is considered to have additional support needs if they need more support than is normally expected for their age and stage of development. This would also include children who are more able and talented.

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

Child/children: for the purpose of this unit the term child/children refers to 0-8 year olds.

Change/Transition: for children with additional needs may include but is not limited to:
- Change in activity
- Change in worker
- Change in routine
- Weather
- Menu
- Going from one area to another eg indoors/outdoors, going to toilet, lunch room
- Change in home circumstances.

Emotional intelligence: self-awareness, self-regulation, motivation, empathy and social skills

Frameworks and guidance available on the assessment, identification and support for children with additional needs could include SOGS

Perspective could include but is not limited to: the medical model of disability, the social model of disability, the expert or professional model of disability, the tragedy and/or charity model of disability, the moral model of disability, the legitimacy model of disability, the empowering model of disability, the social adapted model of disability, the economic model of disability, the market model of disability, the spectrum model of disability

Potential impact: developmental delay, socialisation, health, play, well-being, attendance,

Support Services: Childcare/Early Years settings, 1:1, ALN lead within the setting, ALNCO in local authority, statutory education services including schools, health professionals, third sector organisations, social services.

The ways in which developmental delay in one area affects the ability to acquire skills in other areas including:

- speech and language
- social and emotional development
- fine motor
- gross motor

Related NOS
- CCLD 0339: Promote the care, learning and development of children with additional support needs in early education settings
- TDASTL44: Work with children and young people with additional requirements to meet their personal support needs
- TDASTL38: Support children with disabilities or special educational needs and their families
- SCD HSC 0315: Work with children and young people with additional requirements to meet their personal support needs
- SCD CCLD 0301: Promote effective communication
- SCD CCLD 0308: Promote children's wellbeing and resilience

Related legislation and guidance
- Additional Learning Needs and Education Tribunal (Wales) Bill 2015
  http://senedd.assembly.wales/mgIssueHistoryHome.aspx?IId=16496

- The SEN Code of Practice https://beta.gov.wales/special-educational-needs-code-practice
- Supporting Learners with Healthcare Needs http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en
- Supporting more able and talented children in primary schools, Estyn, 2011 http://dera.ioe.ac.uk/4256/1/110715estynsupportingablepupilsen.pdf
- Review to identify more able and talented provision across Wales, Welsh Government, 2015 http://gov.wales/docs/dcells/publications/160106-mat-report-en.pdf
- Royal National Institute of Blind People https://www.rnib.org.uk/who-we-are
- SNAP CYMRU http://www.snapcymru.org/
- Learning Disabilities Wales http://www.learningdisability.co.uk/wales/
- Contact a Family https://contact.org.uk/wales
- Flying Start Guidance- http://gov.wales/topics/people-and-communities/people/children-and-young-people/parenting-support-guidance/help/flyingstart/?lang=en
  - Outreach Guidance
  - Transition Guidance
  - Quality Childcare Guidance
  - All Wales Health Visitor Core Programme
  - Parenting Support Guidance
  - Guidance on Speech, Language and Communication.
  - Speech, Language and Communication support factsheet
  - A Flying Start Pack for Parents-Nursery Rhymes
  - Stages of Speech and Language Development Poster
- Person Centred Review Toolkit, Welsh Government, 2015 http://learning.gov.wales/docs/learningwales/publications/150909-reviews-toolkit-en.pdf
- Play and Risk (2013) https://issuu.com/playwales/docs/play_and_risk?mode=window
- Play deprivation (2003) https://issuu.com/playwales/docs/play_deprivation?e=5305098/5309703
- Play: health and well-being (2012) http://playwales.org.uk/login/uploaded/documents/INFORMATION%20SHEETS/play%20health%20and%20wellbeing.pdf
- Janet Moyles, Play and early years birth to seven years (2013) https://issuu.com/playwales/docs/play_and_early_years?mode=window
- Play: inclusive provision (2013) https://issuu.com/playwales/docs/play_inclusive_provision?e=5305098/5307437
- Building resilience – the importance of playing (2015) https://issuu.com/playwales/docs/building_resilience_?e=5305098/31468341
- Promoting physical activity through outdoor play in early years settings (2016) https://issuu.com/playwales/docs/promoting_physical_activity_through?e=5305098/35010783
- Reflective practice – what is it and why is it so important? (2018) https://issuu.com/playwales/docs/reflective_practice?e=5305098/62475902

- All Wales Safeguarding Procedures (2019)
  http://www.myguideapps.com/projects/wales_safeguarding_procedures/default/
- Welsh Government Safeguarding Guidance https://gov.wales/safeguarding-guidance

Unit 312 Supporting children living with epilepsy

Level:	3
GLH:	20
Credit:	3
Unit Summary	This unit covers the fundamental information necessary for those working in organisations/settings where they are responsible for providing assistance to children who may be living with epilepsy. Learners will develop an understanding of what epilepsy is, actions to take, how it can be managed and the impact it can have on children in everyday life.
In the context of this unit, the term 'children' refers to children or young people

Learning outcome:

1. Epilepsy and its effects

Assessment criteria

You know:

1.1 The term 'epilepsy'
1.2 The different types of epilepsy and classifications of seizures
1.3 Causes of epilepsy
1.4 Possible seizure triggers and warnings
1.5 Actions to be taken in the event of seizures

Learning outcome:

2. Treatments for epilepsy

Assessment criteria

You know:

2.1 Different types of currently used anti-epileptic medication
2.2 Benefits and risks of anti-epileptic medication

Learning outcome:

3. Understand the care provided for children with epilepsy in accordance with the agreed plan of care

Assessment criteria

You know:

3.1 Ways to support a child through the recovery process following a seizure

3.2 Potential risks and their impacts on the daily lives of children diagnosed with epilepsy

3.3 The importance of the recording and reporting process of seizures

3.4 Own role limitations when providing advice, guidance, information and care to a child with epilepsy, or their family/carer

3.5 How to adapt communication and support for children with epilepsy, depending on their age and stage of development

3.6 How to identify members of the multi-disciplinary team and/or multi-agency workers that support children with epilepsy in own organisation/setting

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Learning outcome:

4. Support and care for children with epilepsy

Assessment criteria

You are able to work in ways that:

4.1 Take measures to create safe environments for children with epilepsy in own organisation/setting

4.2 Provide reassurance to children with epilepsy and their families/carers

4.3 Support children or their families/carers to maintain, or contribute to, a seizure diary or equivalent way of recording seizures/absence of seizures

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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_Inci
  dence_September_11_(3).pdf
- Epilepsy Society www.epilepsysociety.org.uk
- Epilepsy Action www.epilepsy.org.uk
- NICE Epilepsies www.nice.org.uk/Guidance/cg137
- Young Epilepsy www.youngepilepsy.org.uk
- Epilepsy Wales   https://public.epilepsy-wales.org.uk/
- SUDEP Action www.sudep.org

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

Unit 313   Supporting children's health promotion

Level:	3
GLH:	15
Credit:	3
Unit Summary:	This unit covers communication with children and families/carers in relation to health promotion activities and models designed to effect behaviour change. Learners will work with children and families/carers to develop health promotion plans and support and encourage them to achieve targets

Learning outcome:

1. Communicate health promotion information to children and families/carers

Assessment criteria

You know:

1.1 The national health policies and local initiatives in relation to health promotion
1.2 **Key features** of current health promotion campaigns and programmes that are being run by:
  - Public Health Wales
  - NICE
1.3 Where current children's health promotion information, advice and support can be accessed
1.4 Potential influences on children's behaviour in relation to health and well-being
1.5 Potential influences on families/carers behaviour in relation to children's health and well-being
1.6 Strengths and weaknesses of models of behaviour change
1.7 Links between models of behaviour change and different approaches to children's health improvements
1.8 How own health behaviour may influence others
1.9 **Benefits and impacts** of children and their families/carers making lifestyle changes
1.10 The importance of developing a health promotion plan and setting achievable goals appropriate to organisation/setting

You are able to work in ways that:

1.11 Engage effectively with children and families/carers, and their support networks about health and well-being
1.12 Implement activities within children's health improvement projects

1.13   Support children and families/carers to communicate their views and concerns about children's health and well-being

1.14   Provide positive children's health promotion messages through everyday conversations

Range

Key features: communication method/form, target audience, scale (regional/national/local)
Benefits and impacts: to the individual, to family/carer to wider community/society

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Learning outcome:

2. Work with children and families/carers to promote behaviour change

Assessment criteria

You are able to work in ways that:

2.1   Establish a positive relationship with children and families/carers within professional boundaries

2.2   Signpost children and families/carers to up-to-date, relevant health information

2.3   Encourage children and families/carers to consider how their life and behaviours impact their health and well-being

2.4   Take children's perspectives into consideration when communicating health promotion

2.5   Support children and families/carers to develop a health promotion plan, including achievable goals

2.6   Engage relevant care givers in the health promotion plan

2.7   Offer age-appropriate encouragement to achieve goals

2.8   Support children and families/carers to monitor progress, making changes to the plan if necessary

2.9   Monitor and record the progress of children towards their goals

2.10   Update records in line with organisation/setting policies and procedures

Unit 313   Supporting children's health promotion

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner carrying out a minimum of **three** health promotion activities. These may include
    - Health promotion events
    - Prevention tasks
    - Praise for achievement
- Evidence of documentation/records must be completed clearly, accurately and legibly.

Guidance for delivery

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

Care givers – families, carers, schools, youth groups, multi-disciplinary teams

Different approaches used to improve children's health
- health promotion
- community development
- Prevention

Health promotion plan – to consider level of understanding, health literacy, culture, background, preferred ways of communicating, appropriate to age, level of education, use of different tools, language, format

Influences on children's behaviour could include
- relationship with family/carer
- peer pressure
- learned behaviour
- lifestyle
- advertising, trends**,** social media

Models of behaviour change
- social cognitive theory
- social learning theory
- parental involvement
- observational learning

Support networks – extended families, communities, groups, schools, playgroups, youth clubs

Related NOS

- HT3 Enable individuals to change their behaviour to improve their own health and wellbeing
- PHP41 Enable people to address issues related to health and wellbeing
- PHS10 Advise others on health and wellbeing, related issues and their impact

Related legislation and guidance

- Social Services and Well-being (Wales) Act 2014 - Information and Learning Hub **http://www.ccwales.org.uk/the-act/**
- Public Health (Wales) Act 2017 http://www.legislation.gov.uk/anaw/2017/2/contents/enacted
- Well-being of Future Generations (Wales) Act 2017 https://gov.wales/topics/people-and-communities/people/future-generations-act/?lang=en
- United Nations Convention on the Rights of the Child 1991 https://www.unicef.org.uk/what-we-do/un-convention-child-rights/
- Donald Acheson Report 1998 https://www.gov.uk/government/publications/independent-inquiry-into-inequalities-in-health-report
- The Children Act (2004) http://www.legislation.gov.uk/ukpga/2004/31/contents
- The Childcare Act (2006) http://www.legislation.gov.uk/ukpga/2006/21/contents
- Children Act 1989 https://www.legislation.gov.uk/ukpga/1989/41/contents
- Prosperity for All 2017 (Welsh Gov strategy) https://gov.wales/docs/strategies/170919-prosperity-for-all-en.pdf
- NHS planning framework for Wales 2017/18 https://gov.wales/docs/dhss/publications/131126nhswalesplanningframeworken.pdf
- Health and Care Standards Welsh Government April 2015 https://gov.wales/topics/health/publications/health/guidance/care-standards/?lang=en
- Children's National Service Framework 2010 https://www.gov.uk/government/publications/national-service-framework-for-children-young-people-and-maternity-services-continence-issues-for-a-child-with-learning-difficulties
- Designed to smile http://www.designedtosmile.org/welcome-croeso/welcome/
- Healthy and Sustainable Preschool Scheme - http://www.wales.nhs.uk/sitesplus/888/page/82249
- ACE's reports - http://www.wales.nhs.uk/sitesplus/888/page/88504
- Flying Start guidance - https://gov.wales/topics/people-and-communities/people/children-and-young-people/parenting-support-guidance/help/flyingstart/?lang=en
- Chief Medical Officer for Wales annual report https://gov.wales/topics/health/professionals/cmo/reports/?lang=en

- Public Health Wales Long Term Strategy 2018
  http://www.senedd.assembly.wales/documents/s77112/Paper%202%20-
  %20Public%20Health%20Wales%20-%20Long%20Term%20Strategy.pdf
- Public Health Wales 10-year strategy and Integrated Medium Term Plan
  http://www.wales.nhs.uk/sitesplus/documents/866/ABUHB%20IMTP%20APPROVE
  D%20WG_10MAR17.pdf
- Primary Care Strategy for Wales http://www.primarycareone.wales.nhs.uk/primary-
  care-strategy
- Healthy Child Wales Programme
  https://gov.wales/topics/health/publications/health/reports/healthy-child/?lang=en
- Midwifery 2020 https://www.gov.uk/government/publications/midwifery-2020-
  delivering-expectations
- More Than Just Words and the Follow-on Strategic Framework for Welsh Language
  Services in Health and Social Care
  http://gov.wales/topics/health/publications/health/guidance/words/?lang=en
  replaced by: Health and care standards
  https://gov.wales/topics/health/publications/health/guidance/care-
  standards/?lang=en

Unit 314   Undertaking capillary blood glucose monitoring

Level:	3
GLH:	15
Credit:	3
Unit Summary:	This unit covers the skills and knowledge required to enable learners to undertake capillary blood glucose monitoring. Learners will cover practical skills required to monitor blood glucose levels to maintain control over diabetes in others. In the context of this unit, the term 'individual' refers to adults, children and young people.

Learning outcome:

1. Legislation and policies relevant to supporting capillary blood glucose monitoring

Assessment criteria

You know:

1.1 Current national and local guidelines and protocols which influence capillary blood glucose monitoring
1.2 Organisational/setting processes relating to capillary blood glucose monitoring
1.3 Why it is important to take responsibility and accountability in relation to scope of practice
1.4 Potential consequences of not adhering to procedures
1.5 Why valid consent must be obtained and confirmed prior to actions being taken
1.6 What a capillary blood sample is and sites where they can be taken

Learning outcome:

2. Undertake capillary blood glucose monitoring

Assessment criteria

You know:

2.1 The importance of cleaning sites when obtaining capillary blood samples
2.2 The importance of collecting capillary blood samples of the right quality
2.3 Factors which could affect the quality of the capillary blood sample
2.4 Concerns which individuals, or their families/carers, may have in relation to capillary blood sampling
2.5 Ways to prepare individuals for obtaining sampling capillary blood
2.6 Potential causes of discomfort to individuals during and after obtaining capillary blood samples

2.7 Ways in which discomfort can be minimised

2.8 Actions to take if there are problems in obtaining capillary blood

2.9 Reporting and recording mechanisms for problems relating to capillary blood sampling

2.10 Safe disposal methods for hazardous and non-hazardous waste

2.11 The importance of maintaining sufficient supplies and safe storage of materials and equipment

You are able to work in ways that:

2.12 Ensure that individuals and others have accurate and accessible information about the procedure

2.13 Identify a suitable place for carrying out capillary blood sampling

2.14 Follow safe and hygienic procedures prior to, during and after capillary blood sampling

2.15 Ensure that correct procedures are followed during capillary blood sampling

2.16 Record and report of capillary blood sampling, acting on results in line with organisation/setting

Unit 314   Undertaking capillary blood glucose monitoring

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner monitoring the capillary blood sampling of an individual/child on a minimum of **three** occasions.

Guidance for delivery

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

It is recommended that learners complete the following units prior to beginning this unit:

- Supporting children living with diabetes mellitus

or

- Supporting adults living with diabetes mellitus

Others – could include family, friends, carers and others with whom the individual / child has a supportive relationship

Suitable place – with consideration of privacy, safety, taking account of hygiene requirements

Correct procedures in line with setting/organisation procedures and agreed ways of working including;

- comparing measurements correctly
- recording and reporting measurements accurately
- disposing of hazardous and non-hazardous waste materials safely and hygienically
- returning materials and equipment to safe storage after the procedure

Related NOS

- CHS131 Obtain and test capillary blood samples
- Diab HA8 Enable children with diabetes to monitor their blood glucose levels
- DIB 201 Diabetes Awareness
- Diab HA13 Provide information and advice to enable an individual with diabetes to minimise the risks of hypoglycaemia

Related legislation and guidance

- Diabetes Delivery Plan for Wales 2016-2020: The best standard of care for everyone with diabetes December 2016
https://gov.wales/docs/dhss/publications/161212diabetes-delivery-planen.pdf
- "Think Glucose" campaign
https://webarchive.nationalarchives.gov.uk/20100304061513/http://www.institute.nhs.uk/quality_and_value/think_glucose/welcome_to_the_website_for_thinkglucose.html
- Making Every Contact Count Public Health Wales
http://www.wales.nhs.uk/sitesplus/888/page/65550i
- Infection Prevention and Control for Childcare Settings (2014)
http://www.wales.nhs.uk/sitesplus/documents/888/Infection%20Prevention%20and%20Control%20for%20Childcare%20Settings%20Final%202014%20%282%29.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

Unit 315   Supporting children to undertake glucose monitoring

Level:	3
GLH:	15
Credit:	3
Unit Summary:	This unit covers the practical skills and knowledge required to enable learners to support children and key people to undertake glucose monitoring. Learners will cover practical skills required to help others to self-monitor blood glucose levels.
	In the context of this unit, the term 'children' refers to children and young people

Learning outcome:

1. Legislation and policies relevant to supporting glucose monitoring

Assessment criteria

You know:

1.1   Current national and local guidelines and protocols which influence supporting glucose monitoring
1.2   Organisational/setting processes relating to supporting glucose monitoring
1.3   Potential consequences of not adhering to procedures
1.4   Why appropriate consent must be obtained and confirmed prior to actions being taken

Learning outcome:

2.   Promote independence and safety when supporting children to undertake glucose monitoring

Assessment criteria

You are able to work in ways that:

2.1   Develop positive relationships and support children's participation within professional boundaries
2.2   Ensure children and key people have accurate and accessible information about the procedures
2.3   Check that information is clearly understood by children and key people
2.4   Explain to children and key people the importance of gathering equipment prior to starting blood collection activities
2.5   Explain to children and key people the importance of following hygiene precautions when carrying out procedures
2.6   Explain to children and key people the importance of collecting blood samples of the right quality and factors which affect the quality

2.7   Explain the importance of cleaning access sites when obtaining blood samples

2.8   Describe safe disposal methods for hazardous and non-hazardous waste

2.9   Explain to children and key people the importance of obtaining sufficient supplies and storing them safely

2.10   Encourage children and key people to develop their own abilities and skills in monitoring glucose levels

3.   Support children to carry out glucose monitoring

Assessment criteria

You know:

3.1   Why it is important to keep full and accurate glucose monitoring records

3.2   The importance of investigating changes in children's condition and blood glucose measurements

3.3   Possible reasons for changes in condition and blood glucose measurements and the actions to be taken

3.4   The importance of recording and acting on results of glucose monitoring

3.5   Potential problems with recording results of glucose monitoring

You are able to work in ways that

3.6   Provide advice to children and key people when monitoring glucose to include the following

- use of the correct equipment
- correct testing techniques
- how to compare the results of samples

3.7   Encourage children and key people to identify a suitable place for carrying out glucose monitoring

3.8   Support children and key people to prepare equipment before carrying out glucose monitoring

3.9   Support and observe children and key people during the procedure to ensure they

- compare measurements correctly
- record measurements accurately
- dispose of hazardous and non-hazardous waste materials safely and hygienically
- return materials and equipment to safe storage after the procedure

3.10   Check the timing and children and key people's interpretation of measurements, taking action if they appear to be abnormal

3.11   Discuss any discomfort experienced by children during and after obtaining blood samples and advise on how to minimise it

3.12   Assist children and key people to monitor the child's overall condition, encouraging them to seek advice and support when changes occur

3.13   Complete records on activities undertaken by children and key people and outcomes achieved, in line with organisation/setting procedures

3.14   Take action promptly where observed changes occur in children

Unit 315 Supporting children to undertake glucose monitoring

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner assisting a child and/or key people to monitor blood glucose levels on a minimum of three occasions. This can be on different children or on the same child on a number of occasions.
- Documentation and records must be completed clearly, accurately and legibly.

Guidance for delivery

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

Key people - those who are important to a child and who can make a difference to his or her well-being. Key people may include family, friends, carers and others with whom the child has a supportive relationship. These key people may be involved in undertaking blood glucose monitoring if the child is unable to do so.

Related NOS

- Diab HA1 Assess the healthcare needs of children with diabetes and agree care plans
- Diab HA6 Help children with diabetes to change their behaviour to reduce the risk of complications and improve their quality of life
- Diab HA8 Enable children with diabetes to monitor their blood glucose levels
- Diab HA13 Provide information and advice to enable an individual with diabetes to minimise the risks of hypoglycaemia

Related legislation and guidance

- Diabetes Delivery Plan for Wales 2016-2020: The best standard of care for everyone with diabetes December 2016
  https://gov.wales/docs/dhss/publications/161212diabetes-delivery-planen.pdf
- "Think Glucose" campaign
  https://webarchive.nationalarchives.gov.uk/20100304061513/http://www.institute. nhs.uk/quality_and_value/think_glucose/welcome_to_the_website_for_thinkglucose.h tml
- Making Every Contact Count Public Health Wales
  http://www.wales.nhs.uk/sitesplus/888/page/65550

- Understanding diabetes
https://webarchive.nationalarchives.gov.uk/20100305014525/http://www.nhs.uk/P
athways/diabetes/Pages/Landing.aspx
- Infection Prevention and Control for Childcare Settings (2014)
http://www.wales.nhs.uk/sitesplus/documents/888/Infection%20Prevention%20and
%20Control%20for%20Childcare%20Settings%20Final%202014%20%282%29.outpu
t.pdf
- NICE Guidelines https://www.nice.org.uk/about/what-we-do/our-programmes/nice-
guidance/nice-diagnostics-guidance
- Introduction to Specimen Collection
https://www.labcorp.com/resource/introduction-to-specimen-collection#
- Specimen Collection http://www.northcumbriaccg.nhs.uk/about-us/key-policies-and-
documents/policies/infection-prevention/21-specimen-collection-october-2015-
version-100.pdf
- Supporting Children with Type 1 Diabetes in Primary Schools and Early Years Settings
(2016) https://www.ouh.nhs.uk/childrens-diabetes/schools/documents/primary-
school-care-statement.pdf
- Health and Care Standards   Welsh Government April 2015
http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%
20Framework_2015_E1.pdf

Unit 316   Taking venous blood samples from children

Level:	3
GLH:	20
Credit:	3
Unit Summary:	This unit covers the knowledge and skills required to take venous blood samples from children. Learners will gain the practical skills required to complete processes safely, efficiently and in ways that reduce distress as far as possible. In the context of this unit, the term 'children' refers to children and young people

Learning outcome:

1. Take venous blood samples from children

Assessment criteria

You know:

  1.1   Local policy and procedures relating to the taking of venous blood samples

  1.2   Health and safety considerations relating to taking venous blood samples

  1.3   Potential adverse reactions and complications when taking blood samples from children

  1.4   Equipment and material requirements for taking blood samples from children of different ages

  1.5   Anatomy of a normal vein

  1.6   Suitable sites for taking venous blood samples from children

  1.7   Adaptations needed to take blood from children of different ages

  1.8   Considerations when taking blood samples from children

You are able to work in ways that:

  1.9   Prepare appropriate equipment for obtaining venous blood and confirm samples and volumes required

  1.10   Follow hand hygiene processes and select appropriate PPE

  1.11   Confirm identity of the child and obtain valid consent from family/carer

  1.12   Use methods to prepare and calm the child prior to and throughout blood sampling

  1.13   Gain venous access using the selected blood collection system, using techniques which will cause minimum discomfort

  1.14   Obtain blood from the selected site with consideration of
- container according to investigation required
- volume
- order when taking multiple samples

  1.15   Mix blood and anti-coagulant thoroughly in required containers

1.16 Monitor for indications of adverse reaction and complications taking appropriate action where necessary
1.17 Remove blood collection equipment and stop blood flow with sufficient pressure
1.18 Apply suitable dressings to puncture sites according to organisation/setting protocols and advise families/carers how to care for the site
1.19 Complete records in line with organisation/setting procedures

Learning outcome

2. Prepare blood samples taken from children for processing

Assessment criteria

You are able to work in ways that:
2.1 Label blood samples clearly, accurately and legibly, using pre-prepared labels where appropriate
2.2 Place samples in appropriate packaging and ensure correct request forms are attached
2.3 Place samples in nominated place for collection and transportation, ensuring blood is kept at the required temperature
2.4 Document evidence that appropriate checks have been made in line with organisation/setting procedures
2.5 Ensure immediate transportation of blood to the relevant department in line with urgency of sampling investigations

Unit 316   Taking venous blood samples from children
Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.
For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner taking blood samples from a child on a minimum of **five** occasions. This could be the same child on separate occasions or different children on separate occasions.
- Observe the learner preparing blood samples for processing on a minimum of **five** occasions.

Guidance for delivery

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

Simulation should be used as part of the training process to ensure learner confidence in taking samples before practice in a clinical setting.
When confirming identity setting/organisational protocol and procedures must be followed, but this should include a minimum of three from;

- name
- date of birth
- address
- NHS number
- hospital number

Labelling of samples should follow organisation/setting requirements.

Health and safety considerations – including blood spillage, needle stick, environmental considerations, PPE, sharps disposal

Adverse reactions and complications – could include bleeding, bruising, pain, fainting, failure to bleed, needle phobia, allergies, phlebitis

Considerations including
- Anatomical - sites, associated anatomy (veins and arteries), use of plasters
- Other - consent, restraint, pain management (application of creams and gels), communication with families/carers, involvement of families/carers

Methods – could include use of play, distraction techniques, positive communication (reassure child, let child know what is happening, use age appropriate language, address communication to the child, praising and encouraging)

Techniques – could include application and removal of tourniquet, position and support of limb, position of self in relation to individual and equipment

Related NOS
- CHS132 Obtain venous blood samples

Related legislation and guidance
- NICE Quality Standard for Hand hygiene
- Guidelines for hand hygiene in Irish healthcare settings (2015) http://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/guidelines/File,15060,en.pdf
- WHO Guidelines on Hand Hygiene in Health Care http://apps.who.int/iris/bitstream/handle/10665/44102/9789241597906_eng.pdf;jsessionid=2369B3883857B00CDD81279426F774EE?sequence=1
- Welsh Government: Doing Well – Doing Better - Standards for Health Services in Wales April 2010 http://www.wales.nhs.uk/sites3/documents/919/english%20web%20version.pdf
- WHO Guidelines on obtaining blood samples http://www.euro.who.int/__data/assets/pdf_file/0005/268790/WHO-guidelines-on-drawing-blood-best-practices-in-phlebotomy-Eng.pdf?ua-1
- Infection Prevention Control and Aseptic Non Touch Technique Welsh Government Guidelines http://www2.nphs.wales.nhs.uk:8080/WHAIPDocs.nsf/61c1e930f9121fd080256f2a004937ed/e4528983f2eddd3a80257f10003dd2f3/$FILE/ANTT%20Framework%20v4.0.pdf
- Marsden guidelines for venepuncture https://www.rcm.org.uk/news-views-and-analysis/analysis/how-to%E2%80%A6-perform-venepuncture
- NICE Guidelines https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-diagnostics-guidance
- Introduction to Specimen Collection https://www.labcorp.com/resource/introduction-to-specimen-collection#
- Specimen Collection http://www.northcumbriaccg.nhs.uk/about-us/key-policies-and-documents/policies/infection-prevention/21-specimen-collection-october-2015-version-100.pdf
- Health and Care Standards Welsh Government April 2015 http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf
- Quality and Safety https://gov.wales/topics/health/nhswales/circulars/quality/?lang=en
- Supporting Learners with Healthcare Needs- Guidance document no: 215/2017. March 2017 http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en

Unit 317   Providing care for children living with cancer

Level:	3
GLH:	35
Credit:	8
Unit Summary:	This unit covers the skills and knowledge required for providing ongoing support and care to children living with cancer, and their families/carers. Learners will cover knowledge of issues which impact on children diagnosed and being treated for cancer and will use practical skills to support them and their families/carer when living with cancer.
	In the context of this unit, the term 'children' refers to children or young people

Learning outcome:

1. The development and symptoms of cancer in children

Assessment criteria

You understand:

1.1   The term 'cancer'
1.2   List the most commonly diagnosed cancers in children
1.3   Why the early detection of cancer is important
1.4   The term 'metastasis'
1.5   The impact of metastasis on children with cancer
1.6   The term 'palliation of symptoms'
1.7   How genetics of cancer drive the symptoms and treatment of some cancers
1.8   'Red flag/alarm' signs and symptoms that may indicate cancer
1.9   Why improving symptom awareness among the public is important
1.10   Risk factors for cancer which are common to other diseases
1.11   Potential physical and psychological side effects of main treatment options for cancer

Learning outcome:

2. Care and support available for children diagnosed with cancer

Assessment criteria

You understand:

2.1 Specialist cancer services available for children
2.2 The role of play specialists in the care of children with cancer
2.3 The potential impact on the families/carers of a child diagnosed with cancer
2.4 The importance of the availability of equal access to cancer care services
2.5 Positive impacts a key worker can make to a child's experience of cancer services

Learning outcome:

3. The care and support available for children experiencing cancer, their families/carers

Assessment criteria

You understand:

3.1 Ways of supporting children and their families/carers through and beyond treatment
3.2 The signs and symptoms of possible deterioration of a child being treated for cancer
3.3 The potential complications and impacts of cancer on children and their families/carers
3.4 The roles and responsibilities of different members of the multi-disciplinary team who may be involved in supporting children living with cancer
3.5 The short and medium-term effects of main treatment options for cancer in children
3.6 Where families/carers can access financial advice and support following a child's cancer diagnosis

Learning outcome:

4. Care and support to children surviving cancer, their families/carers

Assessment criteria

You understand:

4.1 The term 'cancer survivorship'
4.2 The principles and recommendations from the national cancer survivorship initiatives
4.3 The value of cancer research and clinical trials

You are able to work in ways
that:

4.4 Work with empathy and sensitivity when providing care to a child living with cancer, their family/carer and support network
4.5 Adhere to organsiational/setting policies that support children living with cancer, and their families/carers
4.6 Follow cancer personal plans when supporting children living with cancer, and their families/carers

4.7   Provide opportunities for children living with cancer, and their families/carers to express how they are feeling

4.8   Collaborate with key workers to support children, their families/carers during and after cancer treatment

4.9   Communicate relevant information and sources of advice to children and their families/carers in an empathetic and sensitive manner

4.10 Document and report changes in a child's condition

Unit 317   Providing care for children living with cancer

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.
For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Reflective account by the learner signed by an expert witness, about providing support to individuals living with or surviving cancer on at least one occasion.
- Related documentation/records must be completed clearly, accurately and legibly.

Guidance for delivery

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

Cancer delivery plan - Making Every Contact Count; standards, pathway integration, early detection and person-centred care guidelines diagnostic services to cope with the expected increased demand; fast track pathways for patients with alarm symptoms; access to multi-disciplinary diagnostic centres for potentially serious, vague symptoms; direct access to certain tests for 'low-but-not-no' risk symptoms; imaging equipment; workforce shortages in pathology, radiology and oncology; reforming the way diagnostic pathways work

Key worker - the cancer pathway is complex and a named key worker is fundamental to help the child and their family navigate the pathway and ensure a smooth patient journey. The key worker is usually the clinical nurse specialist, who as part of a wider multi-disciplinary team coordinates treatment and care. The healthcare system, and patients, should also be clear who their responsible doctor is at all stages of the care pathway.

Cancer survivorship – Having no signs of cancer after finishing treatment. The term also refers to living with, through, and beyond cancer. According to this definition, cancer survivorship begins at diagnosis and includes people who continue to have treatment over the long term, to either reduce the risk of recurrence or to manage chronic disease.

Metastasis - the medical term for cancer that spreads to a different part of the body from where it started.

Recovery packages – These elements form part of an overall support and self-management package for people affected by cancer.

Most commonly diagnosed cancers – non-Hodgkin lymphoma, Hodgkin lymphoma, leukaemia, brain and spinal cord, neuroblastoma, Wilms tumour

Main treatment options - surgery, radiotherapy, chemotherapy
Cancer care services - complex and very specialist care, clinical trials and other studies, opportunities to be involved in and engaged in research activities

Members – primary, secondary, tertiary

Potential impacts on child and family / carers– fatigue, developing relationships, financial hardship of family, anxiety/depression, fear of recurrence, changes in behaviour, family dynamics, physical changes, emotional changes, socialisation issues, impact on education

Information and sources of advice – financial, well-being, follow up support, counselling, third sector services, specialist services

Related NOS

- GEN44 Liaise between primary, secondary and community teams
- PHARM50.2011 Provide advice on anti-cancer therapy for an individual

Related legislation and guidance

- Welsh Government Cancer delivery plan - **http://gov.wales/topics/health/nhswales/plans/cancer-plan/?lang=en**
- Cancer Delivery Plan for Wales 2016-2020 - The highest standard of care for everyone with cancer produced by the Wales Cancer Network Nov 2016 https://gov.wales/docs/dhss/publications/161114cancerplanen.pdf
- End of life care delivery plan - **http://gov.wales/topics/health/nhswales/plans/end-of-life-care/?lang=en**
- National cancer survivorship initiative https://webarchive.nationalarchives.gov.uk/20100809113601/http://www.improvement.nhs.uk/cancer/LinkClick.aspx?fileticket=4apVUSvGcow%3d&tabid=214
- National cancer survivorship initiative: new and emerging evidence on the ongoing needs of cancer survivors (2011) https://eprints.soton.ac.uk/342572/1/The_National_Cancer_Survivorship_Initiative_-_new_and_emerging_evidence.pdf
- End of Life Care Plan and Palliative Care Implementation Board **http://wales.pallcare.info/**
- Macmillan Cancer Support - https://www.macmillan.org.uk/
- Marie Curie Care and Support - https://www.mariecurie.org.uk/?gclid=EAIaIQobChMI7tjhp9mj3AIV4ZztCh1AOguhEAAYASAAEgLa1vD_BwE&gclsrc=aw.ds
- Contact a Family https://contact.org.uk/wales
- Care after cancer https://www.macmillan.org.uk/documents/getinvolved/campaigns/campaigns/survivorship/survivorshipreport2009.pdf
- Living with and beyond cancer: taking action to improve outcomes (2013) https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/181054/9333-TSO-2900664-NCSI_Report_FINAL.pdf

- Supporting Learners with Healthcare Needs- Guidance document no: 215/2017. March 2017 http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en

Unit 318   Palliative and end of life care for children and young people

Level:	3
GLH:	35
Credit:	9
Unit Summary:	This unit provides the learner with the knowledge and skills required to support children receiving palliative care and support at the end of life, with consideration of their families/carers. It includes the principles of child-centred approaches and the importance of building positive relationships with children, families/carers. The learner will understand the range of specialist services available to provide support.
	In the context of this unit, the term 'children' refers to children and young people

Learning outcome:

1. Policies and processes that underpin the provision of palliative and end of life care for children

Assessment criteria

You understand:

1.1   Terms relating to palliative and end of life care for children
- palliative care
- end of life care
- life limiting condition
- terminal care

1.2   National guidance and current approaches to palliative and end of life care and how they underpin care

1.3   What is meant by 'child based approaches' when providing palliative care/caring for children approaching end of life

1.4   The importance of upholding children's rights to express themselves about their palliative and end of life care

1.5   The ways that power and influence may be used and/or abused when providing palliative care/supporting children approaching end of life

1.6   Conflicts and legal or ethical issues, specific to children, that may arise in relation to death, dying, palliative or end of life care

1.7   The roles of next of kin in relation to
- palliative care
- end of life care

2. Child-centred approaches relating to palliative/end of life care

Assessment criteria

You understand:

2.1 Ways to involve children, their families/carers in decisions about their palliative/end of life care
2.2 The role of **key people** and support services who may be involved in palliative/end of life care
2.3 The benefits of caring networks and local schemes
2.4 The importance of always acting in the child's best interest
2.5 The concept of a holistic approach in caring for life limiting conditions, palliative and end of life care

Range

Key people - family members, friends, others who are important to the well-being of the child, multi-disciplinary team

Learning outcome:

3. The importance of effective communication with children, their families/carers in developing positive relationships during palliative/end of life care

Assessment criteria

You understand:

3.1 Why positive relationships are important for children who are receiving palliative/end of life care
3.2 The challenges that may occur in developing positive relationships with children who are receiving palliative / end of life care, their families/carers
3.3 The importance of the use of first language when communicating with children who are receiving palliative / end of life care, and their families/carers
3.4 How different **customs and preferences** may influence palliative/end of life care
3.5 The challenges of sensory impairment on palliative/end of life care
3.6 The importance of checking that communication has been understood by the child at end of life, their carers/family and those involved in their care and support
3.7 Considerations in relation to young carers involved in palliative/end of life care

Range

Customs and preferences - beliefs, religion, culture

Learning outcome:

4. The meaning of well-being in the context of palliative and end of life care for children

You understand:

4.1 The importance of discussing with and involving children, their families/carers in decisions about their palliative/end of life care

4.2 The importance of supporting the **well-being** of children and families/carers, in the context of palliative/end of life care

4.3 Ways in which children's well-being may be **enhanced** when receiving palliative/end of life care

4.4 Ethical considerations in relation to nutrition and hydration of children receiving palliative/end of life care

4.5 Potential conflicts that might arise during palliative/end of life care

4.6 The actions to be taken when conflicts have arisen

4.7 The importance of working in partnership with **key people** to support children's well-being

4.8 Coping strategies that may be adopted by children and their families/carers when facing death and dying

4.9 M**odels** of loss and grief

Range

Well-being - social, emotional, cultural, spiritual, intellectual, economic, physical and psychological

Enhanced - environmental factors, medical/non-medical interventions, use of equipment and aids, alternative/complementary therapies, hospice provision, third sector bodies

Key people - family members, friends, others who are important to the well-being of the child, multi-disciplinary team

Models – Kübler-Ross grief cycle, Worden's theory, Stroebe & Schute

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Learning outcome:

5. Provide palliative/end of life care and ongoing support to children living with life limiting conditions

Assessment criteria

You are able to work in ways that:

5.1 Actively listen to children and families/carers in relation to end of life care

5.2 Communicate the requirements of children and families/carers to others

5.3 Provide support to families/carers

5.4 Identify and report behavioural changes in children when receiving palliative/end of life care

5.5 Record and report the physical changes in the condition of children receiving palliative/end of life care

5.6 Support children's physical and emotional needs when receiving palliative/end of life care

5.7 Contribute to addressing distress experienced by children and families/carers

Unit 318　　　　　　　Palliative and end of life care for children and young people

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Reflective account by the learner signed by an expert witness about providing palliative support or end of life care for children and families/carers/ others on at least one occasion.
- Evidence of documentation/records must be completed clearly, accurately and legibly.

Guidance for delivery

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

Learning outcome 3, assessment criteria 3.1 - Learners should cover the importance, impact and benefits of building and maintaining any relationship from the aspect of the child – why it is important for self-expression, trust etc. It could just be that the child has a trusted adult, not necessarily one who is involved in health care provision.

Learning outcome 5, assessment criteria - Learners can achieve these criteria through simulation/professional discussion, where necessary in light of the sensitive nature and the likelihood of occurrence.

The content of this unit should incorporate learning that palliative care in children may occur over a prolonged period of time (including over years), and consideration of the support and care that learners develop from this unit should reflect and reinforce this.

Core Elements of Palliative Care - Timely and open communication and information; Choices/options in all aspects of care, including complementary therapies; death in the place of choice; co-ordination of services at home, where this is the chosen place of care; expert symptom management; access to 24-hour specialist advice and expertise; emotional and practical support for all family members; respite care, with medical and nursing input, when required.

End of Life - The last 12 months that a person is expected to live

Physical needs – oral care, continence care, constipation, personal care, mobility

Others with whom information may need to be shared - care workers, different agencies

Support to carers and families – may include referral to support services, third sector services, bereavement support, emotional and practical support

Related NOS

- SCDHSC0385 Support individuals at the end of life

Related legislation and guidance

- All Wales Standards on Palliative Care - http://www.wales.nhs.uk/palliativecare
- United Nations Convention on the Rights of the Child 1991 https://www.unicef.org.uk/what-we-do/un-convention-child-rights/
- The Children Act (2004) http://www.legislation.gov.uk/ukpga/2004/31/contents
- The Childcare Act (2006) http://www.legislation.gov.uk/ukpga/2006/21/contents
- Children's Act 1989 https://www.legislation.gov.uk/ukpga/1989/41/contents
- NICE Guidance - End of life care for infants, children and young people with life limiting conditions: planning and management (NG61) December 2016 https://www.nice.org.uk/guidance/ng61
- NICE Quality Standard - End of life care for infants, children and young people (QS160) September 2017 https://www.nice.org.uk/guidance/qs160
- Together for short lives https://www.togetherforshortlives.org.uk/about-us/
- Contact a Family https://contact.org.uk/wales
- Supporting Learners with Healthcare Needs- Guidance document no: 215/2017. March 2017 http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en

Unit 319   Administering nasal vaccinations for influenza

Level:	3
GLH:	15
Credit:	3
Unit Summary:	The unit covers the skills and steps involved in administering nasal vaccinations for influenza safely and effectively. This unit covers the signs and symptoms of influenza, who should be vaccinated and the procedures involved.

Learning outcome:

1. Standards and procedures for administering nasal spray flu vaccines

Assessment criteria

You understand:

1.1   Standards and practice guidance for the provision of nasal spray flu vaccines
1.2   Sources of information, advice, support on nasal spray flu vaccines
1.3   Signs/symptoms and treatment of influenza
1.4   The role of the World Health Organisation (WHO) in monitoring influenza
1.5   Groups who should and shouldn't be given nasal spray flu vaccines
1.6   The procedure for administering nasal spray flu vaccines
1.7   The benefits and potential side effects of nasal spray flu vaccines

Learning outcome:

2. Promotion and administration of nasal spray vaccines

Assessment criteria

You understand:

2.1   Good practice recommendations for promoting the uptake of nasal spray flu vaccines
2.2   Ways of overcoming potential barriers to the take-up of immunisations
2.3   Considerations for the provision of nasal spray flu vaccines
2.4   The current position in Wales on the uptake of immunisations

You are able to work in ways that:

2.5   Check nasal spray vaccines have been stored safely prior to use
2.6   Prepare the environment for the provision of nasal spray vaccines with consideration of health and safety guidelines

2.7 Follow quality standards, legal requirements and procedures when gathering relevant information and consent from families/carers prior to nasal spray vaccines

2.8 Follow infection control procedures when carrying out nasal spray vaccinations

2.9 Use positive communication during nasal spray vaccination procedures to ensure children and their families/carers are fully informed about what will happen and potential side effects

2.10 Safely dispose of vaccination and vaccination equipment following treatment

2.11 Record and report the vaccination given and actions taken in line with organisation/setting policy

Unit 319   Administering nasal vaccinations for influenza

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 administering nasal spray flu vaccines 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.

Learners should cover good practice recommendations including the seriousness of the disease

Considerations for the provision of nasal spray flu vaccines – including assessment of the environment, transport of vaccines (cold chain), emergency equipment, equipment needed to prepare vaccine administer vaccine and its disposal
Learners should cover the current position in Wales including how to access sources of data on uptake.

Positive communication - including reassuring child, letting child know what is happening, using age appropriate language, addressing communication to the child

Related legislation and guidance

- Nasal spray flu vaccine http://www.wales.nhs.uk/sitesplus/888/page/96845
- Management of healthcare waste http://www.hse.gov.uk/healthservices/healthcare-waste.htm
- Children's annual flu vaccine http://www.nhsdirect.wales.nhs.uk/doityourself/vaccinations/annualflu/
- Public Health Wales statistics on the uptake of immunisations in Wales http://www.wales.nhs.uk/sitesplus/888/page/43510
- Public Health Wales – vaccines for children http://www.wales.nhs.uk/sitesplus/888/page/59487
- Supporting Learners with Healthcare Needs- Guidance document no: 215/2017. March 2017 http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en

Unit 320   Undertaking stoma care

Level:	3
GLH:	20
Credit:	3
Unit Summary:	This unit covers undertaking the care of a bowel/bladder stoma. This may be for individuals with new stomas or for individuals with established stomas who are unable to or need support to manage their own stoma care.
	In the context of this unit, the term 'individual' refers to adults, children or young people.

Learning outcome:

1. Stoma care

Assessment criteria

You understand:

1.1   Anatomy in relation to the position and function of different **types of stoma**
1.2   Sites for stomas
1.3   The differences in stool consistency for different **types of stoma**
1.4   Personal responsibilities and accountability in relation to stoma care
1.5   The importance of applying standard precautions for undertaking stoma care
1.6   The potential consequences of poor practice when providing stoma care
1.7   Why an individual may have a stoma
1.8   The effects of diet and mobility on stoma function

Range
Types of stoma - colostomy, ileostomy, ileal conduit, nephrostomy, urostomy

Learning outcome:

2. How to maintain an individual's dignity when providing stoma care

Assessment criteria

You understand:

2.1   Potential concerns and worries individuals and their families/carers may have in relation to undertaking stoma care and how to overcome them
2.2   The importance of exercising sensitivity to individuals' perception of the situation and impact on their lives
2.3   Factors which may affect the level of stoma care assistance required

3. Factors impacting on stoma care provision

Assessment criteria

You understand:

3.1 Potential adverse reactions which may occur during and following stoma care activities and how they should be dealt with
3.2 The role of stoma care specialist practitioners and how they can be contacted
3.3 Potential consequences of contamination of stoma drainage systems
3.4 Equipment and materials required for undertaking stoma care
3.5 Types of stoma appliances available and their suitability for different types of stoma
3.6 Personal protective clothing and additional protective equipment which should be worn for own protection and that of the individual
3.7 Records required for stoma care activities to be undertaken

Learning outcome:

4. Provide stoma care to individuals

Assessment criteria

You are able to work in ways that:

4.1 Follow health and safety measures including precautions for infection prevention and control when providing stoma care
4.2 Confirm individual's identity and obtain valid consent before carrying out stoma care activities
4.3 Provide individuals and their families/carers with relevant information, support and reassurance in a manner which is sensitive to their needs and concerns
4.4 Confirm all equipment and materials for stoma care are fit for purpose
4.5 Carry out stoma care following appropriate techniques, in line with manufacturer's instructions
4.6 Work in a manner which optimises the individual's comfort and dignity and minimises pain and trauma
4.7 Report conditions or behaviour which may cause adverse reactions to the activity and take the appropriate action
4.8 Dispose of equipment and soiled linen safely, hygienically and in ways which minimise the risk of cross-infection
4.9 Record and report outcomes of stoma care activity accurately using methods agreed in the organisation/ setting
4.10 Report findings and/ or issues to an appropriate member of the care team

5. Use person-centred care practices to support individuals/families/carers in caring for their stomas

Assessment criteria

You are able to work in ways that:

5.1 Encourage individuals to communicate any concerns about their stoma and its function

5.2 Monitor and report on individuals' patterns of stoma function, consistency of body waste and changes that may have occurred

5.3 Encourage individuals to consume appropriate food and drink to maintain effective stoma function

5.4 Provide active support to individuals to manage their own stomas in a manner that promotes self-respect and self-esteem, maximises privacy and is consistent with care plans

5.5 Provide stoma care equipment at a time and place convenient to individuals' needs and circumstances

5.6 Take appropriate action when stoma care equipment appears to be inappropriate or unsuitable

Unit 320   Undertaking stoma care
Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.
For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Learners should be able to evidence care for individuals on at least three different occasions.

Guidance for delivery

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

Learners who complete this unit would benefit from having undertaken the Level 2 Continence unit prior to or alongside this unit.
Where the stoma is newly formed in the immediate post-operative period, these activities must be undertaken using aseptic techniques and following local guidelines and procedures

Active support - Active Support is a way for people to engage in meaningful everyday activities of their choice, with the amount of support they need.

Factors - age, medical condition, personal beliefs and preferences

Impact – diet, mental health

Related NOS

- SFHCHS10 Undertake stoma care

Related legislation and guidance

- Good Practice in Health Care, Incontinent urostomy (2009) - Publisher: European Association of Urology Nurses (EAUN) https://nurses.uroweb.org/wp-content/uploads/EAUN_IU_Guidelines_EN_2009_LR.pdf
- Clinical Practice Guidelines for Ostomy Surgery (2015) https://www.fascrs.org/sites/default/files/downloads/publication/clinical_practice_guidelines_for_ostomy_surgery.pdf
- Stoma care guidance and formulary http://www.wales.nhs.uk/sites3/Documents/814/FORMULARYstomaAccessoriesABUHBfinal%5BFeb2016%5D.pdf
- Living with colostomy https://www.nhs.uk/conditions/colostomy/living-with/

- Supporting Learners with Healthcare Needs- Guidance document no: 215/2017. March 2017 http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en

Unit 321   Undertaking non-complex wound care

Level:	3
GLH:	20
Credit:	4
Unit Summary:	This unit is aimed at supporting learners to provide non-complex wound care; this will cover the knowledge and skills required to carry out the treatment and dressing of lesions and wounds, and is applicable in a variety of health and care organisations/settings, including hospitals, care homes and the individuals own home. In the context of this unit, the term 'individual' refers to adults, children and young people.

Learning outcome:

1. Understand legislation and agreed ways of working when undertaking non-complex wound care

Assessment criteria

You understand:

1.1   Guidelines and agreed ways of working which inform non-complex wound care
1.2   The importance of complying with infection control and Personal Protective Equipment requirements at all times when undertaking non-complex wound care

Learning outcome:

2. Wound healing and contamination

Assessment criteria

You understand:

2.1   The stages of the wound healing process
2.2   Factors that promote or delay the wound healing process
2.3   Signs and symptoms of infection of non-complex wounds
2.4   The differences between asepsis, antisepsis and cross-infection
2.5   Potential sources of wound contamination
2.6   Actions to take if a wound becomes contaminated

Learning outcome:

3. The procedures and techniques to treat and dress lesions and non-complex wounds

You understand:

3.1   The importance of own responsibility and accountability, and when additional guidance should be sought, when applying treatments and dressings

3.2   The importance of following specified guidance documents when applying treatments and dressings

3.3   The types and functions of different treatments and dressings used in own work area

3.4   Procedures for dressing lesions and non-complex wounds

3.5   Procedures for dealing with adverse reactions that occur when applying treatments and dressings

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Learning outcome:

4.   Prepare to dress non-complex lesions and wounds

Assessment criteria

You are able to work in ways that:

4.1   Refer to the treatment plan and wound assessment documentation

4.2   Check for any contraindications to treatments and dressings

4.3   Check required equipment, treatments and dressings are fit for purpose

4.4   Provide information, support and reassurance respecting personal beliefs and preferences

4.5   Confirm identity and gain valid consent to carry out the activity

4.6   Apply health and safety measures relevant to the procedure and environment

4.7   Assist the individual to position themselves to enable access to the wound or lesion site

4.8   Assist the individual to adjust clothing whilst maintaining their privacy and dignity

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Learning outcome:

5.   Carry out dressing treatments for non-complex wounds

Assessment criteria

You are able to work in ways that:

5.1   Remove existing dressings following agreed procedures

5.2   Observe lesion or wound for any changes in appearance

5.3   Maintain the sterility of dressings prior to and during application

5.4   Apply dressings to non-complex wounds following standard procedures

5.5   Provide support throughout dressing treatments with consideration for minimising anxiety and discomfort

5.6   Manage the safety, dignity and comfort of the individual during and following the procedure

5.7   Dispose of waste safely following standard procedures

5.8   Record the outcomes and **findings** of the activity, according to agreed ways of working

5.9   Report outcomes and **findings** following agreed ways of working

Range

Findings – condition of wounds/lesions, healing progress, inflammation, pain

Unit 321   Undertaking non-complex wound care
Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Learners need to evidence practical demonstration of treating and dressing wounds on a minimum of **three** separate occasions.
- Completion of documentation.

Guidance for delivery

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

Aseptic Non Touch Technique (ANTT) - Aseptic Non Touch Technique or ANTT® is a tool used to prevent infections in healthcare organisations/settings.

Factors that promote - wound type, hygiene, nutrition, age

Factors that delay - infection, age, obesity, medication, co-morbidity

Stages of the wound healing process - haemostasis, inflammation, proliferation, maturation

Related NOS

- CHS12 Undertake treatments and dressings related to the care of lesions and wounds

Related legislation and guidance

- Guidelines for hand hygiene in Irish healthcare settings (2015) http://www.hpsc.ie/a-z/microbiologyantimicrobialresistance/infectioncontrolandhai/guidelines/File,15060,en.pdf
- WHO Guidelines on Hand Hygiene in Health Care http://apps.who.int/iris/bitstream/handle/10665/44102/9789241597906_eng.pdf;jsessionid=2369B3883857B00CDD81279426F774EE?sequence=1
- Welsh Government: Doing Well – Doing Better - Standards for Health Services in Wales April 2010 http://www.wales.nhs.uk/sites3/documents/919/english%20web%20version.pdf
- NICE Guidelines https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-diagnostics-guidance

- Health and Care Standards Welsh Government April 2015
  http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf
- Quality and Safety
  https://gov.wales/topics/health/nhswales/circulars/quality/?lang=en
- Infection Prevention Control and Aseptic Non Touch Technique Welsh Government Guidelines
  http://www2.nphs.wales.nhs.uk:8080/WHAIPDocs.nsf/61c1e930f9121fd080256f2a004937ed/e4528983f2eddd3a80257f10003dd2f3/$FILE/ANTT%20Framework%20v4.0.pdf
- Best practice guidelines: effective skin and wound management of non-complex burns https://www.bbraun.se/content/dam/b-braun/global/website/products-and-therapies/wound-management/Docs/Best%20Practice%20non-complex%20burns%20and%20wound.pdf.bb-.45729854/Best%20Practice%20non-complex%20burns%20and%20wound.pdf
- Supporting Learners with Healthcare Needs- Guidance document no: 215/2017. March 2017 http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en

Unit 322   Undertaking vision screening

Level:	3
GLH:	20
Credit:	4
Unit Summary:	This unit provides learners with the knowledge and skills to provide vision screening for school age children. The unit covers the importance of eye health and vision screening as well as potential causes and effects of eye problems and vision defects. Learners will gain the practical skills required to provide effective and safe vision screening of children aged 4 – 5 years in school.

Learning outcome:

1. Principles and policy context relating to vision screening

Assessment criteria

You know:
  1.1   Vision Screening policy, and practice guidance in Wales
  1.2   The vision screening schedule for Wales
  1.3   Local care pathways for access to specialist eye care professionals
  1.4   Benefits and potential risks and limitations of vision screening
  1.5   Current campaigns promoting eye health in Wales

Learning outcome:

2. Provide vision screening of children aged 4 to 5 years in school

Assessment criteria

You know:
  2.1   The structure and function of the eye
  2.2   The development of vision in children
  2.3   The importance of promoting positive eye health in children
  2.4   Types of vision defects or loss in children and their potential causes and impacts
  2.5   Potential links between visual loss and other conditions or needs
  2.6   How vision tests used with children are administered
  2.7   Roles and responsibilities of multi-agency team members working with children who have vision loss
  2.8   Ways in which children with vision loss can be monitored and supported on an ongoing basis
  2.9   Sources of information, advice, support and guidance on vision defects/visual loss

2.10 The importance of early intervention and support for children with vision defects or visual loss

2.11 Where to seek additional help and support if required when screening

You are able to work in ways that:

2.12 Follow quality standards and procedures when carrying out the vision screening

2.13 Prepare to undertake vision screening to include
- Collation of relevant information from families/carers,
- Preparation of the environment

2.14 Undertake vision assessments in accordance with current protocols

2.15 Explain to the child how the vision screening will be carried out, supporting them through the process

2.16 Record and report the results of the vison screening in line with organisational policies,

2.17 Adhere to local referral pathway if child's vison test fails to meet all Wales pass criteria

2.18 Use vision equipment safely and store correctly following use

Unit 322 Undertaking vision screening
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 providing vision screening services during a minimum of three screening sessions (this will require the candidate to vision screen at least 30 children).
- Evidence of documentation completed following vision screening must be recorded clearly, accurately and legibly in line with organisation/setting policies.
- Reflective account by the learner detailing providing vision screening processes signed by Orthoptist witness.

Guidance for delivery

It is recommended that this unit is to be delivered and assessed by the Orthoptic Services in Wales.

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.

Quality standards and procedures - including infection prevention and control, confidentiality, safeguarding, privacy and dignity and safe use and storage of equipment

Related NOS

- SFFHCHS134 Undertake vision screening

Related legislation and guidance

- Equality Act 2010
- National Screening Committee **https://legacyscreening.phe.org.uk/vision-child**
- Prioritised Eye Care Plan Actions to 2018, August 2017
- **http://gov.wales/docs/dhss/publications /170807eye-healthen.pdf**
- British and Irish Orthoptic Society **www.orthoptics.org.uk**
- NICE Guidelines **https://www.nice.org.uk/Search?q=Vision+Screening**
- Wales Eye Care Services **http://www.eyecare.wales.nhs.uk/home**
- Royal National Institute of Blind People-Wales **https://www.rnib.org.uk/wales-cymru-1**
- Moorfields Eye Hospital **http://www.moorfields.nhs.uk/content/anatomy-eye**
- NHS Website **http://www.nhs.uk/conditions/eye-tests-for-children/Pages/Introduction.aspx**
- Royal National Institute of Blind People **https://www.rnib.org.uk/information-parents**

- Nystagmus **http://ihv.org.uk/wp-content/uploads/2015/10/33-PT_Nystagmus_V4.pdf**
- An RCN Toolkit for School Nurses **www.rcn.org.uk**
- Royal National Institute of Blind People-looking after your eyes **https://www.rnib.org.uk/eye-health/looking-after-your-eyes**
- All Wales Safeguarding Procedures (2019) **http://www.myguideapps.com/projects/wales_safeguarding_procedures/default/**
- Welsh Government Safeguarding Guidance https://gov.wales/safeguarding-guidance

Unit 323   Undertaking hearing screening in school age children

Level:	3
GLH:	15
Credit:	3
Unit Summary:	This unit provides learners with the knowledge and skills to provide hearing screening for school age children. The unit covers importance of ear health and hearing screening as well as potential causes and impacts of hearing problems and defects. Learners will gain the practical skills required to provide effective and safe hearing screening services.

Learning outcome:

1. Principles and policy context relating to hearing screening

Assessment criteria

You understand:

- 1.1   Hearing screening policy direction and practice guidance for Wales
- 1.2   The hearing screening schedule for Wales
- 1.3   The ways in which the health screening principles and the concept of informed choice underpin hearing screening
- 1.4   How principles of child-centred approaches underpin hearing screening
- 1.5   The benefits of hearing screening
- 1.6   The risks and limitations of the hearing screening results
- 1.7   The legislation, policy context and codes of practice that underpin work with children who have hearing loss

Learning outcome:

2. Provide hearing screening services for children

Assessment criteria

You know:

- 2.1   How the ear works
- 2.2   What sound is
- 2.3   The term 'audiology'
- 2.4   Language and common terms used to describe hearing loss
- 2.5   Potential causes of hearing loss in children
- 2.6   The different levels of hearing loss

2.7 Types of **hearing loss/conditions** and their impact of hearing loss on a child's development

2.8 Types of aids and equipment that are available for children with hearing loss

2.9 Ways in which children with hearing loss can communicate

2.10 Impacts on families/carers and others of a child's hearing loss

2.11 How children with hearing loss are monitored and supported on an ongoing basis

2.12 How hearing tests used with children are administered

2.13 The importance of notifying other professionals working with the child and their family of results and actions following hearing screening for children

You are able to work in ways that:

2.14 Adapt the screening process for children with consideration of additional needs

2.15 Prepare to undertake hearing tests including gathering relevant information/permission from families/carers

2.16 Follow organisation/setting policies and procedures when undertaking hearing screening

2.17 Explain to children how the hearing screening will be carried out, supporting them through the process

2.18 Implement good practice guidance and protocols to follow on how the results are recorded, reported and stored

2.19 Signpost referral routes/actions following the results of hearing screening for children

2.20 Obtain parental/carer consent prior to sharing any information

2.21 Signpost to sources of information, advice, support and guidance for families, carers and professionals on hearing loss

Range
Hearing loss/conditions - sensorineural, conductive, mixed, glue ear

Unit 323   Undertaking hearing screening in school age 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 providing hearing screening services on a minimum of ten occasions.
- Evidence of documentation completed following hearing screening must be recorded clearly, accurately and legibly in line with organisation/setting policies.
- Reflective account by the learner detailing providing hearing screening processes signed by audiologist witness.

Guidance for delivery

It is recommended that this unit is to be delivered and assessed by the audiology service in Wales.
Delivery of this unit should incorporate and build on the core knowledge developed within the Level 2 Core qualification, and through the application of this knowledge in practice, demonstrated through the mandatory core practice unit.

This unit is to be delivered and assessed by the audiology service in Wales
Additional needs – physical, developmental, sensory impairment, behavioural/emotional

Related legislation and guidance

- National Deaf Society http://www.ndcs.org.uk/
- NHS Wales http://www.screeningforlife.wales.nhs.uk
- Contact a Family https://contact.org.uk/wales
- Public Health Screening Programmes https://gov.wales/topics/health/protection/public-health-screening/?lang=en
- Newborn Hearing Screening Wales http://www.wales.nhs.uk/sitesplus/980/home
- Screening for Life http://www.screeningforlife.wales.nhs.uk/newborn-hearing-screening-wales
- Supporting Learners with Healthcare Needs- Guidance document no: 215/2017. March 2017 http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en

Unit 324   Administering adrenaline auto-injections

Level:	3
GLH:	15
Credit:	3
Unit Summary:	This unit covers the principle and use of different types of auto-injection devices so they can be confident in how to manage in the case of a severe reaction. In the context of this unit, the term 'individual' refers to adults, children and young people

Learning outcome:

1. Support the safe administration of auto-injection adrenalin devices

Assessment criteria

You understand:

1.1   Reasons for the prescription of auto-injection adrenalin

1.2   The effect adrenaline has within the body and on anaphylaxis symptoms

1.3   Advantages and disadvantages of auto-injection adrenalin devices

1.4   Types of auto-injection adrenalin devices including doses available for different age groups

1.5   Reasons auto-injection adrenalin devices may not be suitable for different age groups

1.6   Policies, procedures and guidelines for the safe storage and administration of adrenalin auto-injection devices within organisations/settings

1.7   Local practices relating to the safe storage and maintenance of auto-injection adrenalin devices

1.8   Where to source advice and guidance on auto-injection adrenalin devices

You are able to work in ways that:

1.9   Demonstrate the correct administration of auto-injection adrenalin devices

1.10   Advise individuals/children and their families/carers on the actions to take following the administration of auto-injection adrenalin devices

1.11   Record and report actions taken in line with legislation and organisation/setting policy

Unit 324   Administering adrenaline auto-injections

Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner assisting an individual/child with demonstration of administration of auto-injection on a minimum of three occasions - **Use of the auto-injector should be simulated/ demonstrated.**

Guidance for delivery

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

This unit must be delivered alongside or following the level 2 'Responding to anaphylactic reactions' unit (209).

Throughout learning outcome 2 learners must consider the age and situation of the child when communicating with them, their families/carers and wider support network. Depending on the situation it may or may not be appropriate to involve them directly, but consideration must be made around the language used, setting, communication methods etc. The delivery of this outcome should link to and draw on content covered in the core qualifications on positive communication and overcoming barriers.

Auto-injection adrenalin devices – A hand held device for administering a measured dose of adrenaline by auto-injection, used for the treatment of anaphylaxis. There are different branded versions of auto-injection adrenalin device (e.g. EpiPen, Jext, Emerade etc.), each with their own procedure for administration.

Advantages and disadvantages – including doses available, safety, ease of use, expiry date range.

Demonstration – learners should communicate the use of the injectors using demonstration of dummy equipment, i.e. simulation of the use of the injectors is appropriate.

Actions to be taken - in line with setting / organisation policies and procedures and in line with role and responsibilities. Including seeking emergency medical attention, removing the allergy trigger, self- positioning to ensure safety whilst waiting for assistance, actions to take in the event of accidental injection.

Related NOS

- SFHAL13 Enable an individual to use self-injected adrenaline

Related legislation and guidance

- EpiPen http://www.epipen.co.uk/patients/epipenr-user-guide
- Jext http://www.jext.co.uk/jext-video-demonstrations.aspx
- Emerade http://www.emerade-bausch.co.uk/patient/how-to-use-emerade
- Supporting Learners with Healthcare Needs- Guidance document no: 215/2017. March 2017 http://learning.gov.wales/resources/browse-all/supporting-learners-with-healthcare-needs/?lang=en
- BSACI (British Society for Allergy and Clinical Immunology) is an organisation for healthcare professionals caring for patients with allergy- http://www.bsaci.org
- Allergy UK https://www.allergyuk.org/
- NHS Wales Website-Allergies http://www.nhsdirect.wales.nhs.uk/encyclopaedia/ff/article/allergies
- Emergency Treatment of Anaphylactic Reactions https://www.resus.org.uk/anaphylaxis/
- NHS Wales http://www.nhsdirect.wales.nhs.uk/Encyclopaedia/a/article/anaphylaxis/
- Resuscitation Council UK https://www.resus.org.uk/anaphylaxis/
- Anaphylaxis UK https://www.anaphylaxis.org.uk
- Welsh Government: Doing Well – Doing Better - Standards for Health Services in Wales April 2010 http://www.wales.nhs.uk/sites3/documents/919/english%20web%20version.pdf
- NICE Guidelines https://www.nice.org.uk/about/what-we-do/our-programmes/nice-guidance/nice-diagnostics-guidance
- Health and Care Standards Welsh Government April 2015 http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf
- Quality and Safety https://gov.wales/topics/health/nhswales/circulars/quality/?lang=en

Unit 325   Supporting new and expectant parents

Level:	3
GLH:	20
Credit:	4
Unit Summary:	This unit covers the knowledge and practical skills to enable learners to support new and expectant parents. They will develop an understanding of the health and well-being needs of infants and their mothers and the guidance that should be provided to new parents and their support networks. Learners will develop practical skills required to effectively support new parents through providing advice, guidance and information on accessing services.

Learning outcome:

1. Health and well-being in relation to contraception and ante natal care

Assessment criteria

You understand:

1.1   The different methods of contraception available

1.2   The current schemes and initiatives relating to contraception in Wales

1.3   The term 'pre-conception health' and ways in which it can be improved

1.4   The importance of providing up to date, evidence based contraceptive advice and information, in accordance with guidelines and protocols

1.5   The ante natal programmes offered in Wales

1.6   The benefits of attending an ante natal group

1.7   The principles of
   - ante natal care
   - woman centred care
   - informed decision making for uncomplicated pregnancies

1.8   Modifiable factors during pregnancy and why it is important that these are addressed

1.9   How brief interventions may be used to address modifiable factors

1.10 Relational risk factors that may impact the well-being of the mother and unborn child
   - familial breakdown
   - domestic abuse

1.11 How to use the domestic violence tool to assess risk

You are able to work in ways that:

1.12 Provide information and support on pre-conception health, under the supervision of an appropriate professional

1.13 Promote healthy lifestyles during pregnancy

1.14 Follow guidelines, policies and procedures when working with parents to be
1.15 Co-facilitate brief intervention sessions
1.16 Co-facilitate ante natal group sessions

Learning outcome:

2. Guidance relating to advice and information for parents on health and well-being of new-born babies

Assessment criteria

You know:

2.1 National guidelines and local policies, and protocols relating to providing advice and information to parents/carers on the health and well-being of new-born babies
2.2 Professionals and services/ agencies who can provide advice and support to parents
2.3 National guidelines and local policies for child safety
2.4 The rights and responsibilities of parents for their children as defined under the Children's Act 1989

Learning outcome:

3. Requirements for the health and well-being of new-born babies and their parents

Assessment criteria

You understand:

3.1 The needs of babies at the different stages of physical, social, emotional and cognitive development
3.2 Trends and changes relating to the care of new-born babies
3.3 Ways in which adopting a healthy lifestyle can enable parents to promote their own health and well-being and that of their babies
3.4 Benefits of empowering parents to manage the care of their babies
3.5 The importance of rest and sleep for new-born babies
3.6 Principles and practice of infant feeding during the first year of life
3.7 Ways in which the needs of new-born babies may affect those who care for them
3.8 Potential impacts of family and environment, including parenting capacity on the health and well-being of babies
3.9 The factors that increase the risk of significant harm to new-born babies
3.10 The process for responding to concerns of new-born babies at risk of significant harm

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Learning outcome:

4. Provide advice to parents on meeting the health and well-being needs of new-born babies

Assessment criteria

You know:

4.1 The purpose of own role to parents

4.2 The importance of confirming the parents understanding of how to promote and protect the health and well-being of their baby

You are able to work in ways that:

4.3 Empower parents to identify how they could be supported to promote and protect the health and well-being of their baby

4.4 Provide information in a way that enables parents to make informed choices about the care of their baby

4.5 Discuss with parents potential lifestyle changes that will increase their capacity to manage their parenting responsibilities

4.6 Assist parents to develop realistic and achievable plans for promoting and protecting the health and well-being of their baby

4.7 Provide information on how to access services, information and other resources available locally or nationally for parents, including the availability of family planning services

4.8 Update records in line with local policy and protocol

4.9 Agree dates to review progress of plans and further requirements

Unit 325   Supporting new and expectant parents
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:

- Observations of the learner should take place when providing support to a parent during ante natal care and supporting parents with a new-born (first 7 days).
- Observe the learner supporting new parents.
- Evidence of documentation/records that are 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.

Reference to parents in this unit covers carers and guardians where relevant. There may be specific situations where support will need to be provided not by the biological parent but a carer or guardian.

Brief interventions: a one-to-one programme to address or limit modifiable factors

Pre-conception health includes - nutrition, maintaining a healthy weight, drug and alcohol use, pre-existing medical conditions and medication, immunisations, toxic substances and environmental contaminants, violence, mental health concerns and coming off contraception

Principles of maternal care (ante natal care, woman centred care, informed decision making for uncomplicated pregnancies) including provision of information, provision and organisation of care, lifestyles, management of common symptoms of pregnancy, clinical examinations, screening, foetal growth and well being

Modifiable factors (healthy lifestyles during pregnancy): diet and vitamins, folic acid, emotional health and well-being, smoking cessation/smoke free environment, substance use and misuse, lack of physical activity, sexually transmitted infections

Healthy lifestyle - Healthy lifestyle may include diet, nutrition, physical exercise, rest, stress management

Lifestyle changes - Lifestyle changes may include reference to smoking, reducing alcohol intake, recreational drugs

Related NOS

- **SCDCCLD0322 Empower families through the development of parenting skills**
- **SCDCCLD0330 Maintain a service for children and families**

Related legislation and guidance

- Children's Act 1989 https://www.legislation.gov.uk/ukpga/1989/41/contents
- The Children Act (2004) http://www.legislation.gov.uk/ukpga/2004/31/contents
- The Childcare Act (2006) http://www.legislation.gov.uk/ukpga/2006/21/contents
- Children 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/
- Contraception https://www.nhsdirect.wales.nhs.uk/LifestyleWellbeing/Sexualhealthcontraception/
- NHS Guidance http://www.nhs.uk/conditions/pregnancy-and-baby/pages/pregnancy-and-baby-care.aspx
- Children, young people and education committee: Perinatal mental health in Wales (2017) http://www.assembly.wales/laid%20documents/cr-ld11234/cr-ld11234-e.pdf
- NCT Antenatal Courses https://www.nct.org.uk/courses-and-workshops/antenatal
- Antenatal screening Wales annual report (2017) http://www.wales.nhs.uk/sitesplus/888/news/46791
- Healthy Child Wales Programme **http://gov.wales/docs/dhss/publications/160926healthy-childrenen.pdf**
- Building resilience – the importance of playing (2015) https://issuu.com/playwales/docs/building_resilience_?e=5305098/31468341
- Bump, Baby and Beyond http://www.wales.nhs.uk/documents/Pregnancy%20to%204%20Years%20Book%20FINAL%20English%20Revised%20E-Book%20Compressed.pdf
- Education Begins at Home **http://gov.wales/topics/educationandskills/schoolshome/parents/education-begins-at-home/?lang=en**
- Flying Start https://gov.wales/topics/people-and-communities/people/children-and-young-people/parenting-support-guidance/help/flyingstart/?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**
- RCM **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/
- NHS - How much sleep do children need? http://www.nhs.uk/Livewell/Childrenssleep/Pages/howmuchsleep.aspx
- NHS - 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
- All About… Sleep 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
- Janet Moyles, Play and early years birth to seven years (2013) https://issuu.com/playwales/docs/play_and_early_years?mode=window

Unit 326   Introduction to homebased childcare

Level:	3
GLH:	40
Credit:	6
Unit Summary:	This unit is suitable for either prospective childminders, childminder assistants or nannies in Wales. It provides an introduction to children's care, play, learning and development in a homebased environment.

Learning outcome:

1. Legislation, national policies, guidance and regulatory frameworks requirements for homebased childcare in Wales

Assessment criteria

You understand:

1.1 The relevant legislation, national policies, guidance and frameworks that underpins children's care, play, learning and development within homebased childcare in Wales
1.2 The importance of adhering to legislation, national policies, guidance and frameworks in homebased childcare
1.3 The importance of a rights based approach in home-based childcare
1.4 How legislation and national policies in Wales underpin a rights based approach

Learning outcome:

2. Working in partnership with families/carers in homebased childcare

Assessment criteria

You understand:

2.1 The importance of developing positive partnerships with families/carers and keeping them informed and involved in the care of their child
2.2 Ways in which a homebased childcare service can be promoted to families/carers and sources of support
2.3 The purpose of providing information to families/carers about a homebased childcare service
2.4 The importance of agreeing, using and reviewing a contract with families/carers
2.5 Ways in which **information about the child** can be communicated, recorded and shared between the home-based childcare service and parents/carers

Range

Information about the child: should include personal/family information and child record forms but also other information such as daily diaries, accident/incident and medication records

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3. Health and well-being in homebased childcare

You understand:

3.1   The types of accidents, incidents, emergencies and health and safety hazards that may occur in homebased childcare
3.2   How risk assessments can be used to support health and well-being in homebased childcare
3.3   What is meant by the term safeguarding
3.4   The main categories of abuse and neglect and signs and symptoms associated with each category
3.5   The role and responsibilities of homebased childcare providers in relation to safeguarding including processes around disclosures and/or allegations
3.6   Ways to safeguard children whilst also protecting yourself and/or others from allegations of harm or abuse in a homebased setting
3.7   The importance of supporting children to have a balanced diet and good hydration in homebased childcare

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4. Routines, changes and transitions in homebased childcare

You understand:

4.1   The types and benefits of routines in homebased childcare which support holistic growth and development of children
4.2   The importance of working with families/carers to ensure children's individual needs and preferences are met through agreed routines
4.3   The importance of adapting routines in a homebased childcare setting
4.4   Changes and transitions which may occur in a child's life
4.5   Ways to support children with changes and transitions

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5. Holistic development of children in homebased childcare

You understand:

5.1   The stages and sequences of child development and factors that can impact on children meeting expected outcomes

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5.2   The importance of observing, monitoring and recording a child's development and plan for next steps in their development

5.3   The importance of play in home-based childcare

5.4   The importance of balancing risk taking to support children's holistic development

5.5   The importance of ensuring opportunities for activities and experiences that support holistic development in homebased childcare

5.6   Ways in which homebased childcare environments can be used to support experiential play for children

5.7   How homebased childcare can promote and encourage children's positive behaviour through the use of positive approaches

5.8   The importance of child-centred practice in home-based childcare

5.9   The importance of promoting equality, diversity and inclusion in home-based childcare

5.10   The types of additional support needs that children may have

5.11   How everyday activities and experiences can be adapted to ensure an inclusive approach for children with additional support needs in a homebased setting

Learning outcome:

6. Welsh language and culture

Assessment criteria

You understand:

6.1   The importance of recognising and supporting Welsh language and culture in homebased childcare

6.2   The importance of supporting opportunities and activities that develop children's knowledge and understanding of Welsh culture and language

6.3   Ways in which homebased childcare environment can provide opportunities for children to use and experience Welsh language, traditions and cultural celebrations

Learning outcome:

7. Professional practice in homebased childcare

Assessment criteria

You understand:

7.1   The importance of reflection and how to use this to improve practice

7.2   The importance of identifying ongoing continuing professional development requirements and opportunities

7.3   When and how to seek support in homebased childcare

7.4   The importance of developing relationships with other professionals

7.5   The importance of behaving in ways which would not call into question suitability to work in homebased childcare

7.6   The importance of confidentiality in homebased childcare

7.7   Ways to record and store information in homebased childcare

Unit 326   Introduction to homebased childcare
Supporting Information

Evidence requirements
A portfolio of evidence will be required for this unit

Guidance for delivery
Learners must complete Unit 326 Introduction to homebased childcare prior to beginning Unit 327– Preparing for Childminding Practice

Accidents, incidents, emergencies and health and safety hazards:
Accidents: Something that occurs unexpectedly and unintentionally, typically resulting in damage or injury e.g. child has fallen.
Incident(s): An instance(s) of something happening; a one-off event or occurrence, e.g. parent has not picked child up.
Emergencies: Serious, unexpected situations requiring immediate action, e.g. missing child.
Safety hazards: A danger or risk

Activities and experiences: refers to 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: could include:
- physical disability
- learning disability
- Autism
- Speech, language and communication difficulties
- sensory loss
- emotional and behavioural difficulties
- Dyslexia
- Dyspraxia
- More able and talented

Holistic development refers to children gaining skills and competence through planned learning and play to develop their physical, social, emotional, cognitive and linguistic skills

Home based childcare environments: Environments in which a childminder, nanny or other home based childcare provider delivers their service. This includes the environments inside and outside of the setting and in the community.

Legislation, national policies, guidance and frameworks: see related national legislation and guidance below

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

Positive approaches: involves working with the child and their support systems to:
- try to understand what someone is feeling and why they are responding in the way they are;
- where possible, undertake any required changes and intervene at an early stage to try and prevent difficult situations at all;
- understand what needs to be planned and put into place to support the child to manage distressed and angry feelings in a way that reduces the need for behaviour that challenges any restrictions.

Professionals include colleagues, other workers or professionals that individuals may come into contact with when caring for and supporting a child.

Routine in home based childcare: Personal care routines-depending on age of child, daily routines and less regular routines within home based childcare.

Types of play: could 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.

Related NOS
- SCD CCLD 0203: Support the development of children and young people
- SCD CCLD 0206: Support children's learning through play
- SCD CCLD 0209: Support a child with additional support needs
- SCD HSC 0034: Promote the safeguarding of children and young people
- SCD CCLD 0303: Promote the development of children and young people
- SCD CCLD 0320: Care for children at home
- SCD CCLD 0328: Manage a small-scale childcare business
- SCD CCLD 0330: Maintain a service for children and families

Related legislation and guidance
- Early Childhood play learning and care in Wales - Early childhood play, learning and care in Wales - Hwb (gov.wales)
- Curriculum for Wales - Curriculum for Wales - Hwb (gov.wales)
- The Children and Families (Wales) Measure 2010-Part 4 relates to play and participation and the requirement for local authorities to undertake a Play Sufficiency Assessment. https://www.legislation.gov.uk/mwa/2010/1/part/4
- The Childcare Act 2006 http://www.legislation.gov.uk/ukpga/2006/21/contents and the Childcare Act 2006 (Local Authority Assessment) (Wales) Regulations 2016

http://www.legislation.gov.uk/wsi/2016/88/contents/made - requirements of the Childcare Sufficiency Assessment produced by local authorities.

- National Minimum Standards for Regulated Child Care in Wales (2016) https://careinspectorate.wales/sites/default/files/2018-01/160411regchildcareen.pdf
- Additional Learning Needs and Education Tribunal (Wales) Bill,2016 https://www.gov.wales/additional-learning-needs-special-educational-needs
- Mwy na Geriau/ More than just words (2012) https://gov.wales/topics/health/publications/health/guidance/words/?lang=en
- Welsh Language Strategy: A living language: a language for living (2012 to 2017). Cymraeg 2050: Welsh language strategy | GOV.WALES
- The Welsh Language (Wales) Measure (2011) http://www.legislation.gov.uk/mwa/2011/1/contents/enacted
- Children Act 1989 http://www.legislation.gov.uk/ukpga/1989/41/contents
- Children Act 2004 http://www.legislation.gov.uk/ukpga/2004/31/contents
- 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/
- Infection Prevention and Control for Childcare Settings (2015) phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/guidance/accordians/docs/infection-prevention-and-control-guidance-2019-for-childcare-settings-0-5-years-in-wales-nurseries-childminding-and-playgroups/
- Food and Nutrition in Childcare Settings (2018) https://beta.gov.wales/food-and-nutrition-childcare-settings
- Food and Nutrition for Childcare Providers - **Food and nutrition for childcare providers: menus and recipes | GOV.WALES**
- Play Wales, Reflective practice – what is it and why is it so important? (2018) https://issuu.com/playwales/docs/reflective_practice?e=5305098/62475902
- All Wales Safeguarding Procedures (2019) **http://www.myguideapps.com/projects/wales_safeguarding_procedures/default/**
- Welsh Government Safeguarding Guidance https://gov.wales/safeguarding-guidance

Unit 327   Preparing for childminding practice

Level:	3
GLH:	25
Credit:	4
Unit Summary:	This unit is suitable for prospective childminders in Wales. It provides an introduction to children's care, play, learning and development and gives prospective childminders knowledge to support their preparation for registration.

Learning outcome:

1. Registering as a childminder in Wales

Assessment criteria

You understand:

1.1 The role, responsibilities and accountabilities of a childminder
1.2 The process for registering as a childminder in Wales
1.3 The importance of a 'Statement of Purpose' and how it reflects the childminding service being provided
1.4 The relevant policies and procedures that need to be developed to meet regulatory requirements for a childminding service and the importance of these
1.5 The importance of holding appropriate insurance cover for a childminding service
1.6 Sources of support and information for setting up and running a childminding service

Learning outcome:

2. Professional practice in childminding

Assessment criteria

You understand:

2.1 Ways in which a rights based approach can be embedded into childminding practice and why this is important
2.2 How a childminder can work with families/carers to ensure the child's individual needs and preferences are met
2.3 Ways in which a childminder can observe, monitor and record a child's development and plan for the next steps in their development
2.4 The importance of quality review and reflective practice and how this can be implemented in a childminding setting
2.5 Ways in which a childminder can use feedback to support the development of quality
2.6 The importance of engagement with other professionals to support continuous professional development in a childminding service

2.7   The importance of managing and recording complaints

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3. Health and well-being in a childminding setting

You understand

3.1   The importance of safe practice to ensure security and safety of children in a childminding service
3.2   The types of records needed to support safe practice in a childminding service
3.3   The importance of gaining written consent from families/carers and circumstances for which written consent is required in a childminding service
3.4   The role and responsibilities of a childminder and others in infection prevention and control
3.5   The role and responsibilities of a childminder and others for food safety
3.6   Ways in which a childminder can work to support children to have a balanced diet and good hydration
3.7   The roles and responsibilities of a childminder and others in relation to the administration and storage of medication
3.8   Ways in which a childminder can work in carrying out, recording and reviewing risk assessments
3.9   The importance of emergency evacuation in a childminding setting

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4. Effective business planning for a childminding service

You understand:
4.1   The importance of developing an operational plan for a childminding service
4.2   The importance of financial planning for a childminding service
4.3   Ways in which a childminder can work to ensure appropriate financial management of a childminding service
4.4   Ways in which a childminder can promote and grow a childminding service

Unit 327 Preparing for childminding practice
Supporting Information

Evidence requirements

Professional discussions based on portfolio of work being completed to support registration as a childminder in Wales

Guidance for delivery

Learners must complete Unit 326 Introduction to homebased childcare prior to beginning Unit 327– Preparing for Childminding Practice

Financial management: could include HMRC; invoicing, payment and collection of fees; accounting system/processes and procedures; IT systems

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

Professionals include colleagues, other workers or professionals that individuals may come into contact with when caring for and supporting a child.

Policies and procedures: these would be the policies and procedures required by the regulator.

Statement of Purpose: this is a document needed for regulatory requirements and sets out what the service will provide.

Safe practice: This includes safe practice inside and outside of the childminding setting. This also includes access to the setting, signing children in and out, visitors book etc.

Types of records: accident/incident and medication record, attendance register, visitors book, parental permissions

Related NOS
- SCD CCLD 0203: Support the development of children and young people
- SCD CCLD 0206: Support children's learning through play
- SCD CCLD 0209: Support a child with additional support needs
- SCD CCLD 0320: Care for children at home
- SCD CCLD 0328: Manage a small-scale childcare business
- SCD CCLD 0330: Maintain a service for children and families

Related legislation and guidance

- Early Childhood play learning and care in Wales - Early childhood play, learning and care in Wales - Hwb (gov.wales)
- Curriculum for Wales - Curriculum for Wales - Hwb (gov.wales)
- The Children and Families (Wales) Measure 2010-Part 4 relates to play and participation and the requirement for local authorities to undertake a Play Sufficiency Assessment. https://www.legislation.gov.uk/mwa/2010/1/part/4
- The Childcare Act 2006 http://www.legislation.gov.uk/ukpga/2006/21/contents and the Childcare Act 2006 (Local Authority Assessment) (Wales) Regulations 2016 http://www.legislation.gov.uk/wsi/2016/88/contents/made - requirements of the Childcare Sufficiency Assessment produced by local authorities.
- National Minimum Standards for Regulated Child Care in Wales (2016) https://careinspectorate.wales/sites/default/files/2018-01/160411regchildcareen.pdf
- Additional Learning Needs and Education Tribunal (Wales) Bill,2016 http://senedd.assembly.wales/mgIssueHistoryHome.aspx?IId=16496
- Successful Futures: Independent Review of Curriculum and Assessment Arrangements in Wales (2015)-The Donaldson Review https://gov.wales/docs/dcells/publications/150225-successful-futures-en.pdf
- Mwy na Geriau/ More than just words (2012) https://gov.wales/topics/health/publications/health/guidance/words/?lang=en
- Welsh Language Strategy: A living language: a language for living (2012 to 2017). Cymraeg 2050: Welsh language strategy | GOV.WALES
- The Welsh Language (Wales) Measure (2011) http://www.legislation.gov.uk/mwa/2011/1/contents/enacted
- Children Act 1989 http://www.legislation.gov.uk/ukpga/1989/41/contents
- Children Act 2004 http://www.legislation.gov.uk/ukpga/2004/31/contents
- 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/
- Infection Prevention and Control for Childcare Settings (2015) phw.nhs.wales/services-and-teams/harp/infection-prevention-and-control/guidance/accordians/docs/infection-prevention-and-control-guidance-2019-for-childcare-settings-0-5-years-in-wales-nurseries-childminding-and-playgroups/
- Food and Nutrition in Childcare Settings (2018) https://beta.gov.wales/food-and-nutrition-childcare-settings
- Food and Nutrition for Childcare **Providers - Food and nutrition for childcare providers: menus and recipes | GOV.WALES**
- Play Wales, Reflective practice – what is it and why is it so important? (2018) https://issuu.com/playwales/docs/reflective_practice?e=5305098/62475902
- Anti-racism Wales Action Plan - https://www.gov.wales/anti-racist-wales-action-plan

Unit 328   Facilitate group learning

Level:	3
GLH:	20
Credit:	4
Unit Summary:	The unit aims to support learners with the knowledge, understanding and skills needed to plan, prepare, deliver and evaluate group learning

Learning outcome:

1. Plan and prepare training sessions

Assessment criteria

You know:

1.1 The **stages** of the training cycle
1.2 The importance of identifying the target audience prior to developing training sessions
1.3 The difference between teaching and facilitating
1.4 The learning cycle
1.5 Types of learning styles that are adopted by different learners
1.6 Learning methods and resources that can be used to support training
1.7 Potential barriers to learning, and approaches to overcome barriers

You are able to work in ways that:

1.8 Identify the aims of the session
1.9 Set **SMART** objectives
1.10 Establish the background and experience of the participants
1.11 Prepare session plans in line with identified aims and objectives
1.12 Prepare and access the range of resources required for delivery of the session to include:
- environment
- technology
- accessibility requirements
- housekeeping requirements
- stationery and handouts

Range
Stages- identify training need, design training, deliver training, evaluate outcomes
SMART - Specific, Measurable, Achievable, Relevant, Time bound.

2. Facilitate training sessions

You know:

2.1 Delivery techniques to meet a range of learning styles
2.2 The importance of setting ground rules with participants that includes an understanding of confidentiality and any information that may need to be shared
2.3 How to ensure that all participants have an opportunity to contribute and participate in sessions
2.4 Methods used to deal with difficulties that may arise within training sessions
2.5 Potential impacts of own opinions on the participants and the delivery of training sessions
2.6 How to signpost participants to further information that will support their ongoing learning

You are able to work in ways that:

2.7 Develop a shared understanding of expectations of the training session
2.8 Promote active participation of all participants
2.9 Facilitate discussions, using individual and group work as appropriate
2.10 Support a range of different learning styles ensuring inclusion of participants in group and/or individual work
2.11 Take account of equality, diversity and bilingualism when facilitating training sessions
2.12 Use a range of different forms of **communication**, that promote interaction within the session

Range

Communication- verbal, non-verbal, active listening, questioning techniques, open body language, tone of voice

3. Review and evaluate training sessions

You understand:

3.1 The value of participant feedback and evaluation
3.2 Methods of feedback collection and evaluation
3.3 How to support participants to reflect on their own learning

You are able to work in ways that:

3.4 Review feedback against the objectives of the training session
3.5 Evaluate and use feedback to improve future training sessions
3.6 Maintain records of training sessions undertaken

Unit 328   Facilitate group learning
Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Evidence of session plans
- Observe the delivery of part of a training session ensuring that this covers all of the practice elements of this unit
- Evidence of how feedback has been used to evaluate and improve training sessions.

Guidance for delivery

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

Learning styles - refer to a range of theories that aim to account for differences in individuals learning. These theories propose that all people can be classified according to their style of learning. A common concept is that individuals differ in how they learn.

The Learning Cycle - a concept of how people learn from experience. It will have several steps or phases, the last of which can be followed by the first. Examples could be:

- Kolb Learning Cycle
- Honey and Mumford Learning Cycle

Related NOS

- LSILADD01. Identify collective learning and development needs.
- LSILADD03. Plan and prepare learning and development programmes.
- LSILADD05. Develop and prepare resources for learning and development.
- LSICLD1.2.1V2. Plan, prepare and facilitate community learning and developmental group work.
- LSILADD06. Manage learning and development in groups.
- LSILADD07. Facilitate individual learning and development.
- LSIAG27. Facilitate learning in groups.
- LSICLD4.4.1V2. Monitor and evaluate the quality of learning and development activities.
- LSILADD13. Evaluate and improve learning and development provision.
- SFTDW9 Identify the learning and development needs of the groups you work with.
- SCDCCLD0415. Lead in advising and supporting practitioners in early years settings working with children who have additional support needs.
- LSILADD04. Plan and prepare specific learning and development opportunities.

- LSIFL308 v 2. Develop training sessions
- Facilitate the development of effective group practice in health and social care or children and young people's settings (O20c) 683
- Manage induction in health and social care or children and young people's settings (O35) 684

Related legislation and guidance
- List of required Qualifications to work within early years and childcare in Wales 2017. **https://socialcare.wales/resources/list-of-required-qualifications-to-work-within-early-years-and-childcare-sector-in-wales**
- National Occupational Standards guide for Social care early years and childcare. **https://socialcare.wales/learning-and-development/national-occupational-standards-nos**
- Legislative framework for childcare in Wales. http://www.childreninwales.org.uk/resource/legislative-framework-childcare-wales/
- Welsh Government. Regulation and inspection of childcare. https://gov.wales/topics/people-and-communities/people/children-and-young-people/childcare/regulation/?lang=en
- Welsh Government Early Years. https://gov.wales/topics/people-and-communities/people/children-and-young-people/early-years/?lang=en
- National Minimum Standards for regulated childcare for children up to the age of twelve (2018) **http://careinspectorate.wales/docs/cssiw/publications/160303regchildcareen.pdf**
- Early Years and Childcare qualifications, Social Care Wales. **https://socialcare.wales/learning-and-development/early-years-and-childcare-qualifications**
- Welsh Medium childcare and early years education provision (2017) http://www.comisiynyddygymraeg.cymru/English/Publications%20List/Welsh%20Medium%20Childcare%20and%20Early%20Years%20Provision%20Briefing%20Note.pdf
- Health and Safety legislation relevant to early years. **http://resources.hwb.wales.gov.uk/VTC/ngfl/nln_materials/nln_health_and_social_care/Health%20and%20safety%20legislation%20relevant%20to%20an%20early%20years%20setting/access/reference.html**
- Childcare, Play and Early Years Workforce Plan December 2017. https://gov.wales/topics/people-and-communities/people/children-and-young-people/early-years/childcare-play-early-years-workforce-plan/?lang=en
- National Occupational Standards guide for Social care early years and childcare. **https://socialcare.wales/learning-and-development/national-occupational-standards-nos**
- Welsh Government Flying Start. https://gov.wales/topics/people-and-communities/people/children-and-young-people/parenting-support-guidance/help/flyingstart/?lang=en
- Reflective practice – what is it and why is it so important? (2018) https://issuu.com/playwales/docs/reflective_practice?e=5305098/62475902
- Inspiring learners – how to be a more effective trainer (2018) https://issuu.com/playwales/docs/inspiring_learners_2018?e=5305098/62476148

Unit 329   Supporting individuals with enteral feeding

Level:	3
GLH:	15
Credit:	3
Unit Summary:	This unit covers methods for feeding individuals using techniques other than oral feeding namely gastrostomy tube feeding. Learners will develop an awareness of policies and protocols and person-centred approach. They will understand the process and techniques relating to enteral tube feeding. They will also develop skills to carry out enteral tube feeding with individuals and the ability to manage stocks of products.
	In the context of this unit, the term 'individual' refers to adults, children and young people

Learning outcome:

1. Current guidelines, policies and protocols related to enteral feeding

Assessment criteria

You understand:

1.1   Current organisational policies, protocols, national and local guidelines related to enteral feeding

1.2   The potential consequences of not adhering to procedures when caring for **individuals** requiring enteral tube feeding

1.3   The local guidelines in relation to:
- administering enteral tube feed to individuals and their personal plan
- infection control procedures associated with enteral tube feeding
- the importance of clearing away and safe disposal of used equipment
- The roles of others in caring for individuals with enteral feeding tubes

1.4   The importance of knowing where and when to seek clinical support

Range

Individuals - refers to adults or children in a care setting or living in the community in receipt of home enteral tube feeding

Roles - community nurse, nutrition nurse specialist, dietitian, support roles including speech and language therapist, pharmacist, the broader/virtual team e.g. dental referral/oral health issues as appropriate, roles of third parties e.g. home enteral feeding company

Learning outcome:

2. Undertake enteral tube feeding techniques

You understand:

2.1 The different enteral tubes available and appropriate care for the tube the patient has in situ

2.2 The range of enteral tube feeds available and that the feed prescribed will be dependent upon the individual's nutritional needs

2.3 The importance of maintaining adequate nutrition and hydration to individuals

2.4 The importance of monitoring and recording fluid and feed intake according to an individual's personal plan

2.5 The importance of accurately checking feed, expiry date and volume to be administered according to the individual's personal plan

2.6 The different techniques of enteral tube feed administration e.g. bolus/pump

2.7 The importance of stock rotation and storage conditions

2.8 The adverse reactions or **problems** which may occur prior to, during or post feeding and how to escalate these

2.9 How to minimise the adverse effects of enteral tube feeds e.g. Gastrointestinal symptoms

2.10 The reasons why a feed may need to be delayed or stopped and help to be sought

2.11 The factors which will affect the level of care and support required by individuals, families/carers/others

2.12 he potential psychological, emotional and physical impact enteral tube feeding may have on individuals, families/carers/others

You are able to work in ways that:

2.13 Carry out daily care of the tube in accordance with the individual's personal plan

2.14 Confirm equipment and feed is:
- appropriate to the procedure
- fit for purpose
- in the personal plan

2.15 Check whether the individual has taken any fluids/nutritional products recently and the completion time of last feed

2.16 Select, check and prepare the feed according to the individual's personal plan

2.17 Position the individual to ensure their safety and comfort during feeding

2.18 Ensure enteral tube feeding is set up:
- Using the most appropriately dated feed
- according to the timing in the individual's personal plan
- using appropriate techniques
- in line with manufacturer's instructions
- to optimise comfort and dignity

2.19 Check that sufficient fluids, feeds and equipment are available for future needs

2.20 Record and report in line with organisational policy and protocol

Problems - include tube blocking/tube leakage/tube displacement (falling out)/buried bumper/infections around the stoma site/reflux/aspiration/nausea and vomiting/constipation/diarrhoea

Unit 329   Supporting individuals with enteral feeding
Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Reflective account by the learner signed by an expert witness, on supporting an individual (or individuals) who has an enteral feeding tube in situ on a minimum of 3 occasions.
- Documentation/records must be completed clearly, accurately and legibly.

Guidance for delivery

It is recommended that this unit is to be assessed by a registered nurse or nutrition nurse with current enteral feeding experience.

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

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

Gastrostomy - a tube inserted directly into the stomach, via a stoma. This tube provides a safe and effective method of ensuring adequate nutritional and fluid intake when oral nutrition and hydration are compromised or where additional intake is necessary (Löser, 2005). This includes **Percutaneous Endoscopic Gastrostomy (PEG)** and **Radiologically Inserted Gastrostomy (RIG)**

Appropriately dated feed – this would be in accordance with stock rotation principles

Related NOS

- CHS17.2012 Carry out Enteral tube feeding techniques to ensure individuals nutritional and fluid intake
- A/601/8980 Prepare for and carry out Enteral tube feeding techniques

Related legislation

- Social Services and Well-being (Wales) Act 2014 - Information and Learning Hub **http://www.ccwales.org.uk/the-act/**
- More Than Just Words and the Follow-on Strategic Framework for Welsh Language Services in Health and Social Care **http://gov.wales/topics/health/publications/health/guidance/words/?lang=en**

- Doing Well, Doing Better: Standards for Health Services in Wales (April 2010)
- Wales Competency Framework to Support Adults who Require Home Enteral Tube Feeding via a Gastrostomy Feeding Tube (April 2016) **www.**wales**.nhs.uk/governance-emanual/opendoc/290078**
- NICE Quality Standard 61 (2014) Infection Prevention and Control **https://www.nice.org.uk/guidance/qs61**
- NICE Clinical Guideline 32. (2017) Nutrition support for adults: oral nutrition support, enteral tube feeding and parenteral nutrition **https://www.nice.org.uk/Guidance/CG32**
- BAPEN **http://www.bapen.org.uk/**
- PINNT **http://pinnt.com/Home.aspx**

Unit 333   Study skills

Level:	3
GLH:	10
Credit:	2
Unit Summary:	This unit aims to support learners to gain confidence in the use of study skills to enhance their learning.

Learning outcome:

1. Apply study skills models, tools and techniques for continuing professional development

Assessment criteria

You understand:

1.1 What is meant by the terms:
- learning styles
- reflective practice
- experiential learning
- plagiarism

1.2 How to manage time, plan and organise study

1.3 How to source and establish relevance and currency of published materials

1.4 How to collate, interpret and evaluate information

1.5 How to reference information used to support reasoning and / or factual content

1.6 Methods that can be used to link reflective practice to academic learning

You are able to work in ways that:

1.7 Evaluate own strengths and areas of development for the use of study skills models and techniques

1.8 Identify the support needed to undertake professional study

1.9 Create a plan to address any identified areas of development

1.10 Create a **personal study plan**

1.11 Apply study skills methods, tools and techniques

1.12 Link reflective practice to academic learning

1.13 Evaluate effectiveness of study skills methods, tools and techniques

Range

Personal study plan: range of goals to be achieved, steps to achieve goals, tracking progress, support and resources, time management, evaluation

Unit 333   Study Skills

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. Guidance for any additional evidence that may be needed can be found in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:
- Creation of a personal study plan
- Reflective evaluation of use of personal study

Guidance for delivery

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

Related legislation and guidance

National Occupational Standards

Unit 334   Promoting children's understanding of sustainability in the early years

Level:	3
GLH:	5
Credit:	2
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to promote children's understanding of sustainability in the early years through a range of activities.

Learning outcome:

1. Understand the importance of promoting children's knowledge about sustainability

Assessment criteria

You understand:

1.1 What is meant by the term 'sustainability'
1.2 How the Well-being and Future Generations (Wales) Act 2015 sets out the aims and vision for sustainability in Wales within a global context
1.3 Why it is important for children to learn about sustainability in the terms of local, national and global context
1.4 Why early childhood is a crucial period for developing fundamental values and attitudes about sustainability
1.5 How to use different **types of activities, experiences and opportunities to develop children's understanding of sustainability**
1.6 How to embed pedagogical principles into activities, experiences and opportunities that promote sustainability

Range

Types of activities, experiences and opportunities to develop children's understanding of sustainability – Play (Creative play, physical play, imaginative play, environmental play, structured play, unstructured / self-directed play), arts, crafts, stories, songs, exploration of outdoor environment, gardening, nature watching, bird feeding, bug hotels, making compost, recycling, cooking, intergenerational activities, digital technology (Apps, AI etc.)

2. Promote children's understanding of sustainability

Assessment criteria

You are able to work in ways
that:

2.1 Promote support for children to engage in a range of activities, experiences and
opportunities that uphold sustainability
2.2 Role model best practice in supporting children to access and engage in activities,
experiences and opportunities that promote sustainability
2.3 Embed pedagogical principles into support for children to engage in activities,
experiences and opportunities that promote sustainability
2.4 Ensure adaptations are made to support engagement and inclusion of all children

Learning outcome:

3. Evaluate the use of activities, experiences and opportunities that support children's
understanding of sustainability

Assessment criteria

You are able to work in ways that:

3.1   Evaluate how well a range of activities, experiences and opportunities have supported
the development of children's values, attitudes and understanding about sustainability
3.2   Reflect on own practice in promoting sustainability

Unit 334   Promoting children's understanding of sustainability in the 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.

Pedagogical principles:
- the child (exercising choice, participating, being involved, initiating and directing their own learning over a period of time, learning from first-hand, exploratory and practical, hands-on activities, being appropriately challenged and supported by the adults and learning environment, so that good progress is made),
- the learning environment (which provides flow between continuous, enhanced and focused activities, located indoors and outdoors, that reflect and engage children's interests, that allows children access to resources that enable them to use choice and develop independence in their learning, which enables children to apply, use, consolidate and extend their skills across their learning, that includes opportunities for children to be physically and cognitively active as well as having 'quiet time' for contemplation and thought),
- the workers (who prompt the child to think about and reflect upon their learning experiences in order to extend their learning when appropriate, who plan developmentally appropriate, engaging learning opportunities informed by regular observation and assessment of children's abilities, who actively engage families/carers in the setting/school community, seeing them as partners in their children's learning, who look to continuously develop themselves professionally, sharing and learning from excellent and effective practice and working with other practitioners across Wales and further afield)

Related legislation and guidance

Please refer to the **Overarching guidance on legislation, guidance and national policy** and **Overarching guidance on resources** sections.
Well-being of Future Generations (Wales) Act 2015 – The Future Generations Commissioner for Wales

National Occupational Standards

Unit 335   Developing practice leadership skills in an early years and childcare setting

Level:	3
GLH:	19
Credit:	4
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed for practice leadership in an early years and childcare setting.

Learning outcome:

1. Understand practice leadership in an early years and childcare setting

Assessment criteria

You understand:

1.1 What is meant by the terms '**leadership**' and 'practice leadership'
1.2 The difference between management and leadership
1.3 The role of a practice leader in an early years and childcare setting
1.4 **Practice leadership tools and techniques** that can be used to support others
1.5 How practice leadership skills can be used to improve outcomes for children

Range

Leadership – leadership qualities, leadership styles
Practice leadership tools and techniques - learning styles, role modelling, motivating others, constructive feedback, mentoring, coaching, supervision, appraisal, reflective practice

Learning outcome:

2. Apply tools and techniques to develop own practice leadership skills

Assessment criteria

You are able to work in ways that:

2.1 Reflect on own leadership qualities and leadership style
2.2 Evaluate own strengths and areas of development in the use of **practice leadership tools and techniques**
2.3 Identify information and support needed to undertake the practice leadership role
2.4 Create a plan to address any identified areas of development
2.5 Apply a range of practice leadership tools and techniques to:

- support others
- improve outcomes for children

2.6 Evaluate the effectiveness of own use of practice leadership tools and techniques

Unit 335 Developing practice leadership skills in an early years and childcare setting

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. Guidance for any additional evidence that may be needed can be found in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:
* Reflective evaluation of self in relation to practice leadership
* Creation of a development plan
* Evaluation of own use of practice leadership tools and techniques

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.

Leadership qualities

• integrity – acting in an open, honest and ethical way, and promoting strong professional relationships based on trust

• dignity – encouraging mutual respect between people, self-respect and personal confidence

• compassion – being caring and valuing everyone

• support – praising effort, promoting equality and celebrating success

• growth – providing an opportunity for people to develop and inspiring personal achievement.

Leadership styles

Leadership styles are ways of leading and motivating others There are many types of leadership styles, but some of the most common are:
* Transformational: inspiring and empowering others to achieve a common vision
* Delegative: encouraging others to have autonomy and responsibility to make decisions
* Authoritative: providing clear direction and guidance to others
* Transactional: rewarding and correcting others based on their performance
* Participative: involving others in decision-making and problem-solving

Others – this could be other workers, professionals, colleagues. In the terms of childminders who are lone working, this could include sharing best practice through forums and childminder groups

Related legislation and guidance

Leadership Qualities Framework (skillsforcare.org.uk)
Effective supervision in social care, early years... | Social Care Wales
Leadership in non-maintained nursery settings: View - Hwb (gov.wales)

Unit 336 Promoting the use of digital technology with children in the early years

Level:	3
GLH:	5
Credit:	2
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to promote the use of digital technology with children in the early years

Learning outcome:

1. Understand how digital technology can be used to support holistic development in the early years

Assessment criteria

You understand:

1.1 What is meant by the term 'digital technology'

1.2 **Different types of digital technology** that can be used to support holistic development for:
- 0 – 2 year olds
- 2 – 3 year olds
- 3 – 7 year olds

1.3 The potential benefits of using different types of digital technology with children at different ages

1.4 How different types of digital technology can be used to enhance social and emotional learning

1.5 Digital play options that can be used to stimulate imagination and promote social and emotional learning

1.6 How to support a play continuum between digital and non digital

1.7 The importance of children engaging in digital technology with adults or peers rather than on their own

1.8 How to support the **safe use** of digital technology

1.9 How to address potential barriers to the safe use of digital technology with children

1.10 How to support families / carers to engage in the safe use of digital technology with their children

1.11 How and where to access additional guidance on the safe use of digital technology

Range

Different types of digital technology – toys, Apps, Artificial Intelligence, real life resources such as digital scales, calculators, cameras and recording devices.

Safe use – security measures when using the internet, Apps and social media

2. Promote the use of digital technology in the early years

You are able to work in ways that:
2.1 Engage children in the safe use of different types of digital technology to support:
- holistic development
- social and emotional learning
2.2 Ensure adaptations are made to support engagement and inclusion of all children
2.3 Promote the safe use of digital technology to support children's holistic development with:
- families / carers/ others
2.4 Evaluate the effectiveness of digital technology in enhancing:
- holistic development
- social and emotional learning
2.5 Reflect on and evaluate own skills in the safe use of digital technology with children
2.6 Access information and / or support to develop own skills in the safe use of digital technology

Unit 336   Promoting the use of digital technology with children in the 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.

Potential benefits – could include:
- Development of motor skills
- Strengthened co-ordination and reaction time
- Improved social and emotional development
- Promotion of collaboration and relationships
- Building of cultural awareness
- Language development
- Enhanced experiential learning

Social and emotional learning would include:
- How to value self and others
- How to think equally about each other
- Tolerance, acceptance, respect and understanding of others
- How to develop healthy relationships
- Global citizenship
- Celebration of diversity
- Emotional literacy (recognition and labelling of emotions)
- Kindness
- Behavioural self-regulation
- Stress management techniques
- Problem solving

Potential barriers to the use of digital technology – could include:
- Time
- Confidence of child

- Confidence of workers
- Resources
- General guidance
- Guidance on screen time
- Lack of adult engagement

Artificial Intelligence (AI) – this is a branch of computer science that aims to create systems and machines that are capable of performing tasks that typically need human intelligence and problem solving abilities.

AI systems used algorithms – step by step instructions which explain how to perform a task – and compiled data. The system then analyses and recognises patterns in the stored, compiled data, this enables the machine to make informed predictions and decisions. AI gives computers and machines the ability to 'think' and learn on their own. As they develop their 'memory' they need less instructions or inputs from humans.

There are a range of AI powered toys and Apps which can be used with children. AI can help to personalise learning for individual children.

Related legislation and guidance

Unit 337　　　　　Trauma informed practice with children

Level:	3
GLH:	30
Credit:	5
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to provide positive support to children who have experienced trauma.
	Where the term 'trauma' is used in the unit, this relates to 'trauma', 'complex trauma' and 'developmental trauma'

Learning outcome:

1. Understand the impact of trauma on child development

Assessment criteria

You understand:

1.1 What is meant by the terms; 'trauma', 'complex trauma' and 'developmental trauma'

1.2 The effect of trauma on:
- self-regulation
- emotional development
- social relationships
- sense of self
- language and communication
- learning and skills development

1.3 The neuroscience of trauma:
- early developmental experiences
- how the brain responds to danger
- hyperarousal and dissociation
- traumatic triggers

1.4 Why children who have experienced trauma may struggle with transitions

1.5 The potential for change in the presentation of children who have experienced trauma

1.6 The potential impact of trauma on mental health

Learning outcome:

2. Understand developmental trauma

You understand:

2.1 How **impacts of developmental trauma** relate to **the order in which the neurological system and brain develop**

2.2 Why some children may be more at risk of developmental trauma

2.3 Signs of the impacts of developmental trauma and dissociation

Range

Impacts of developmental trauma – Sensory development, dissociation, attachment development, emotional regulation, behavioural regulation, cognition, self-concept and identity development

The order in which the brain develops – initial development of the nervous system, and subsequent development of brain development following 3 stages: 1. The brainstem (sensory input and survival), 2. The mid brain (attachment and emotional development), 3. The cortical brain (thinking, learning, language and inhibiting)

Learning outcome:

3. Use interventions to help repair trauma

Assessment criteria

You understand:

3.1 What is meant by a '**safe base**' and why this is important for children who have experienced trauma

3.2 The range of responses which may be used by children who have experienced trauma to try to keep themselves safe

3.3 How **the neurosequential model** can be used to calm or alert the brainstem

3.4 The range of interventions which can be used to help repair the impacts of developmental trauma

3.5 The range of **brainstem calming activities** which can be used with children

3.6 The importance of observing behaviours and responding in ways which can help repair the impacts of trauma

3.7 Why it is important for workers to understand their own attachment style and strategies when responding to children who have experienced trauma

3.8 The importance of being able to reflect on how your life experiences and attachment strategies impact on your relationship with the children you care for

3.9 How to model **behaviours** which help repair developmental trauma

You are able to work in ways that:

3.10 Consistently provide a safe base for children

3.11 Form positive, safe, caring/nurturing relationships with children

3.12 Use a range of interventions and activities to help repair the impacts of developmental trauma

3.13 Monitor, review and evaluate interventions and activities used

3.14 Role model behaviours which help repair developmental trauma

3.15 Support children through failure and to make safe mistakes

3.16 Praise and celebrate successes

3.17 Reflect on and recognise own attachment style and strategies and how these impact on your responses to children

Range

Safe base – physical safety, emotional safety, social safety, cultural safety

The neurosequential model – relational (offered by safe adult), relevant (developmentally matched to child rather than actual age), repetitive (patterned), rhythmic (resonant with neural patterns), rewarding (pleasurable), respectful (of child and their families/carers)

Brainstem calming activities – drumming, dancing, trampolining, swinging, walking, running, tapping, breathing rhythmically, singing, rapping

Behaviours – problem solving, communicate, show different emotions, cope when things go wrong, repair relationships

Unit 337 Trauma informed practice with children

Supporting Information

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

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

Complex trauma occurs when terrifying experiences, caused by someone who should be a figure of trust, are the norm in children's lives (D'Andrea et al, 2012). Children adapt to this hostile environment and their baseline reactivity changes. Children can become over-sensitised to threat and may respond negatively to neutral and even positive cues.

Developmental trauma occurs when children experience severe neglect in their earliest years. Neglect occurs when physical, emotional or cognitive experiences required for normal development are either inadequate or absent. The impact is severe whether neglect is deliberate or the consequence of problems caregivers face in managing their own and their children's lives. The terror and helplessness experienced by neglected infants have led many theorists to describe early neglect as 'developmental trauma' (D'Andrea et al, 2012).

Dissociation – a separation or disconnect between thoughts, feelings and behaviours and a separation between the mind and body. It is the mind's way of putting unbearable experiences and memories into different compartments. It occurs when the 3 areas of the brain disconnect from each other which results in the primitive brain shifting down as a way of protecting oneself from harm

Hyperarousal – excessive **arousal :** an abnormal state of increased responsiveness to stimuli that is marked by various physiological and psychological symptoms (such as increased levels of alertness and anxiety and elevated heart rate and respiration)

Note, the relationship between hyperarousal and disassociation and how the gap between the two widens with age and experience. For example, when babies cry they are demonstrating a state of hyperarousal; if the baby cries and is left for too long, they may start to dissociate.

Life experiences – for example, any personal experiences of trauma and own development of resilience (e.g. own experience of being parented, personal experience of trauma, attachment).

Trauma results from events outside normal human experience which overwhelm usual coping mechanisms. It is associated with terror and helplessness and often involves a feeling that the individual or someone important to them is at serious risk. All children have different genetic heritages and a unique set of life experiences which result in varying responses to adversity.

Trauma results from the way children experience adverse events not the events themselves. Some children suffer multiple adverse events without being traumatised, whereas others are overwhelmed by apparently less serious experiences. Some recover spontaneously from trauma but others suffer serious long-term effects that interfere with daily life.

Related legislation and guidance

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

National Occupational Standards
SCDCCLD0327 Support children who have experienced trauma

Unit 338 Promoting use of outdoor environments for growth, learning and development in the early years

Level:	3
GLH:	5
Credit:	3
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to promote learning, growth and development in the outdoor environment through a range of activities, experiences and opportunities.

Learning outcome:

1. Understand the principles of using the outdoor environment to support holistic development

Assessment criteria

You understand:

1.1 Different **types of outdoor environments**
1.2 The features of outdoor environments that support holistic development
1.3 The **benefits of accessing outdoor environments** through **different types of activities, experiences and opportunities** for:
 - 0 – 2 year olds
 - 2 – 3 year olds
 - 3 – 7 year olds
1.4 The importance of all children having regular access to outdoor environments
1.5 How to promote the benefits of accessing outdoor environments with families / carers
1.6 The potential impact on children of limited access to outdoor environments
1.7 How to embed pedagogical principles into activities within outdoor environments
1.8 Risk assessments which must be undertaken to ensure safety and security when using outdoor environments that:
 - are balanced
 - consider the benefits as well as the risks
1.9 How to engage children in **further exploration and learning** about the outdoor environment whilst indoors

Range

Types of outdoor environments – outdoor spaces within the early years and childcare setting, local green spaces**,** parks, woods, forests, beaches, playgrounds, nature reserves, wildlife parks, outdoor museums, sports grounds, gardens, ponds

Benefits of accessing outdoor environments – physical, intellectual, emotional and social development, well being, confidence, resilience, risk taking, stimulation and use of the senses, understanding of the natural environment and sustainability, understanding of living things, local and global citizenship, connection to local communities and networks, curiosity, exploration and creativity, experiential learning, space and scale, real life experiences

Different types of activities, experiences and opportunities – Play (Creative play, physical play, imaginative play, environmental play, structured play, unstructured / self-directed play), nature walks, pond dipping, leaf collecting, den building, gardening, bird feeding, bug hunts / hotels, sand / water tables, wind toys

Further exploration and learning – stories, songs, rhymes, art, play, drama, digital media

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Learning outcome:

2. Promote the use of outdoor environments to support children's holistic development

Assessment criteria

You are able to work in ways
that:

2.1   Promote support for children to access a range of outdoor environments with:
  - families / carers
  - others

2.2   Promote support for children to engage in a range of activities, experiences and opportunities in outdoor environments

2.3   Role model best practice in supporting children to access and engage in activities, experiences and opportunities in outdoor environments

2.4   Embed pedagogical principles into support for children to access and engage in activities, experiences and opportunities in outdoor environments

2.5   Ensure adaptations are made to support engagement and inclusion of all children

2.6   Carry out balanced risk assessments to ensure appropriate safety and security measures are in place for use of outdoor environments

2.7   Promote support for engagement in further exploration and learning about the outdoors whilst indoors

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Learning outcome:

3. Evaluate the use of outdoor environments to support holistic development

Assessment criteria

You are able to work in ways that:

3.1   Evaluate how well a range of outdoor environments have supported holistic development

3.2   Evaluate how well a range of activities, experiences and opportunities in outdoor environments have supported holistic development

3.3   Reflect on own practice in supporting use of the outdoor environment

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Unit 338   Promoting use of outdoor environments for growth, learning and development in the 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.

Pedagogical principles:
- the child (exercising choice, participating, being involved, initiating and directing their own learning over a period of time, learning from first-hand, exploratory and practical, hands-on activities, being appropriately challenged and supported by the adults and learning environment, so that good progress is made),
- the learning environment (which provides flow between continuous, enhanced and focused activities, located indoors and outdoors, that reflect and engage children's interests, that allows children access to resources that enable them to use choice and develop independence in their learning, which enables children to apply, use, consolidate and extend their skills across their learning, that includes opportunities for children to be physically and cognitively active as well as having 'quiet time' for contemplation and thought),
- the workers (who prompt the child to think about and reflect upon their learning experiences in order to extend their learning when appropriate, who plan developmentally appropriate, engaging learning opportunities informed by regular observation and assessment of children's abilities, who actively engage families/carers in the setting/school community, seeing them as partners in their children's learning, who look to continuously develop themselves professionally, sharing and learning from excellent and effective practice and working with other practitioners across Wales and further afield)

Balanced risk assessment:
Information available from Play Wales: **https://play.wales/play/play-and-risk/**

Related legislation and guidance

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

Inspiring Environments: https://www.pacey.org.uk/working-in-childcare/inspiring-environments/

National Occupational Standards

Unit 339   Promoting support for children to develop behaviours that value themselves and others

Level:	3
GLH:	7
Credit:	3
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to promote support for children to develop behaviours that show value for themselves and others through social and emotional learning.

Learning outcome:

1. Understand the importance of social and emotional learning for children

Assessment criteria

You understand:

1.1 What is meant by the term 'social and emotional learning'
1.2 The potential benefits of social and emotional learning for:
 - children
 - communities and society
1.3 What is meant by a "sense of belonging" and how this can be supported through social and emotional learning
1.4 What is meant by the terms:
 - protected characteristics
 - prejudice
 - unconscious bias
 - racism
 - multiple discrimination
 - an anti-racism approach
 - cultural awareness
 - cultural sensitivity
1.5 The potential impact of racism on children, families and communities
1.6 How an anti-racism approach can have a positive impact on children, families and communities
1.7 How social and emotional learning can be used to influence and/or positively modify attitudes, values and behaviours of children in terms of valuing themselves and others
1.8 Why the age of 3 – 7 years is the optimal window to influence and/or positively modify attitudes, values and behaviours of children

2. Promote social and emotional learning

You understand:

2.1 How to use culturally sensitive **tools and techniques** that support social and emotional learning

2.2 The importance of involving families / carers in the social and emotional learning of children

2.3 Why it is important for workers to reflect on own attitudes, values, behaviours and biases when supporting the social and emotional learning of children

You are able to work in ways that:

2.4 Role model the use of culturally sensitive tools and techniques that support:
- social and emotional learning
- sense of belonging

2.5 Ensure adaptations are made to support engagement and inclusion of all children

2.6 Promote the use of culturally sensitive tools and techniques that support social and emotional learning with other workers and families

2.7 Monitor and evaluate the use of culturally sensitive tools and techniques for social and emotional learning in influencing and/or positively modifying attitudes, values and behaviours of children

2.8 Continuously reflect on own attitudes, values, behaviours and biases and how these may impact on:

- children's social and emotional learning

- others

2.9 Actively promote and engage in an anti-racism approach

Range

Tools and techniques – concept of heart and mind, stories, drama, role play, imaginative play, art, exploration and labelling of feelings, celebration of diversity

Unit 339 Promoting support for children to develop behaviours that value themselves and others

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.

Supporting information

Social and emotional learning would include:
- How to value self and others
- How to think equally about each other
- Tolerance, acceptance, respect and understanding of others
- How to develop healthy relationships
- Global citizenship
- Celebration of diversity
- Emotional literacy (recognition and labelling of emotions)
- Kindness
- Behavioural self-regulation
- Stress management techniques
- Problem solving

Potential benefits of social and emotional learning would include:

Improvement in:
- Social competence
- Emotional competence
- Behavioural self regulation
- Emotional and behavioural problems
- Early learning outcomes

(Blewitt et al 2018)

Reduction in:
- Emotional and behavioural challenges during adolescent years

(Durlak et al 2008)

Positive effects on:

- Crime
- Employment
- Health
- Cognitive and non-cognitive skills

(Heckman and Karapakula 2019)

Reference: **https://thinkequal.org/wp-content/uploads/2022/05/TE-Impact-Studies-Summary-2020.pdf**

Protected characteristics - The Equality Act 2010 is legislation/law that applies in England, Wales and Scotland. It protects people from discrimination, harassment or victimisation. It does this by setting out a number of 'protected characteristics'. It is against the law to discriminate against anyone because of:

- age (under-18s are only protected against age discrimination in relation to work)
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation.

Prejudice – is a negative preconception or attitude toward members of a group based on shared characteristics such as race, sex, age, religion, class, culture etc. Prejudice can be racial but it can also be sexist, ageist or classist. Prejudiced beliefs are usually learned early in life and can affect behaviour in both subtle and overt ways.

Unconscious bias - Unconscious bias refers to unconscious forms of prejudice, discrimination and stereotyping based on race, gender, sexual identity, ethnicity, ability, age etc. Biases and prejudices often develop in early childhood from parents, the education systems, media and personal experiences. Everyone can think in a way that involves unconscious bias at some point but it is important to try to be aware of it and not let it affect our behaviour.

Racism – is prejudice and discrimination against people based on their race or ethnicity.

Multiple discrimination – is when people are discriminated against because of more than one characteristic which is part of their identity for example gender and race and these interplay to create greater disparities.

Anti-racism approach – Racism can be about the consequences of our actions and these consequences can be from a lot of small things that people don't even notice they are doing, not just obvious racist behaviour. It can therefore be unintentional but can still cause harm.

Anti-racism is an active commitment to working against racial injustice and discrimination.

It's making conscious and thoughtful decisions regarding your own behaviours and how they negatively influence and impact your own biases and actions. You do not have to be

completely free of racism or bias to be anti-racist. Part of the role as an anti-racist person is self-reflection and self-improvement.

An anti-racist is different from a non-racist due to the active nature of the position. To be anti-racist is to be an active part of the solution, whereas a non-racist is a bystander of the problem.

The Welsh Government has developed an anti-racist action plan, this aims to prevent racist behaviour. The Welsh Government have set an ambitious target of eradicating racism in Wales by 2030. The Plan sets out recommendations for supporting anti-racism in order to realise this ambition. (see **Anti-racist Wales Action Plan | GOV.WALES**)

Cultural awareness – is being mindful, observant and conscious of the similarities and differences among and between cultural groups. Cultural awareness helps us see and respect other perspectives and to appreciate the value of people who are different to us.

Cultural sensitivity - awareness and appreciation of the values, norms and beliefs characteristic of a cultural, ethnic, racial or other groups accompanied by a willingness to adapt own behaviour accordingly

Potential impact of racism – economic / educational / employment / incarceration / health disparities and inequalities, self esteem, confidence, sense of belonging

Why the age of 3 – 7 years is the optimal window to modify attitudes, values and behaviours of children – During the early years the brain has a unique neuroplasticity and the ages 3 – 7 are when neural connections are made to last, and a child's identity, habitual ways of responding, emotional regulation and cognitive, behavioural and attitudinal architecture are built. 90% of the adult brain is fully formed by the age of 5.
Early years until the age of 7 offer an optimal window for positive and pro attitudinal and behavioural modifiability which lasts into adulthood and can increase:

- self worth
- emotional literacy
- self regulation
- critical thinking
- inclusion
- problem solving
- empathy
- peaceful conflict resolution
- resilience
- gender equality
- racial equality
- relationship building skills.

Reference link

Related legislation and guidance

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

DARPL – Diversity and Anti-Racism Professional Learning: https://darpl.org/

National Occupational Standards

Unit 208   Supporting children living with diabetes mellitus

Level:	2
GLH:	20
Credit:	5
Unit Summary:	This unit will enable learners to understand what diabetes is; different types of diabetes and treatment and management. Learners will explore the importance of well-being in the context of care and support. They will be able to implement a child-centred approach to support children to manage their diabetes.
	In the context of this unit, the term 'diabetes' refers to diabetes mellitus and the term 'children' refers to children and young people.

Learning outcome:

1. Causes and treatments of diabetes

Assessment criteria

You know:

1.1 Different **types of diabetes** and common treatments
1.2 The normal blood glucose range for type 1 diabetes
1.3 Signs and symptoms of unstable diabetes
1.4 Potential long-term complications of unstable diabetes
1.5 The importance of recognising ketonuria
1.6 The action to take if a child with diabetes is unresponsive
1.7 Risk factors that may lead to the early onset of type 2 diabetes
1.8 **Ways** in which type 1 diabetes can be managed
1.9 The effect of insulin on blood glucose levels in type 1 diabetes
1.10 The terms 'hypoglycaemia', 'hyperglycaemia' and 'glycaemic control'
1.11 The impact of other illnesses on glycaemic control

Range

Types of diabetes - type 1, type 2
Ways - non-pharmacological (lifestyle advice) and pharmacological (injectable)

2. The importance of child-centered approaches when supporting children living with diabetes

Assessment criteria

You know:

2.1 Challenges faced by children diagnosed with diabetes and their families/ carers
2.2 Factors that impact on the well-being of children living with diabetes
2.3 The importance of a 'child-centred' approach when working with children living with diabetes and their families/carers
2.4 How to support children living with diabetes, including adaptations to support their daily lives
2.5 The roles of
   - Families/carers
   - multi-disciplinary teams
   - diabetic specialist nurses

Learning outcome:

3. Support children and their families/carers to manage their diabetes

Assessment criteria

You know:

3.1 How to support children and their families/carers to manage their own condition in accordance with their age and stage of development
3.2 The effects of glycaemic control in relation to:
   - home environment
   - eating patterns
   - attitudes to food
   - physical activity
   - long health complications
3.3 The importance of recording and reporting the care and support provided for children living with diabetes

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

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-inspidus-booklet/

Child-centred - a way of working which aims to put the person at the centre of the care situation taking into account their individuality, wishes and preferences

Factors that impact on well-being - diet, physical and mental health

Related NOS

- Diab HA6 Help children with diabetes to change their behaviour to reduce the risk of complications and improve their quality of life
- Diab HA10 Help children with diabetes reduce cardiovascular risk
- Diab HA9 Help an individual with diabetes to improve blood glucose control
- Diab HA5 Help an individual understand the effects of food, drink and exercise on their diabetes
- Diab HA13 Provide information and advice to enable an individual with diabetes to minimise the risks of hypoglycaemia

Related legislation and guidance

- Diabetes UK website – https://www.diabetes.org.uk/home
- National Institute for Health and Care Excellence 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

Unit 209   Responding to anaphylactic reactions

Level:	2
GLH:	10
Credit:	2
Unit Summary:	This unit provides learners with a full understanding of the causes and treatment of anaphylaxis, how it affects the body and how it can be diagnosed and treated. Learners will look in detail at how anaphylaxis impacts on the lives of individuals / children and their families/carers and will learn the skills required to support them in the event of an anaphylactic reaction.
	In the context of this unit, the term 'individual' refers to adults, children and young people.

Learning outcome:

1. Respond safely to an anaphylactic reaction

Assessment criteria

You know:

1.1   How anaphylaxis differs from other allergic reactions
1.2   Signs and symptoms of anaphylaxis
1.3   The associated body systems responsible for anaphylactic reaction
1.4   The different **types of anaphylaxis**
1.5   Potential triggers to anaphylaxis
1.6   Methods of treating anaphylactic reaction, including equipment and drugs
1.7   Factors that determine the appropriate treatment for anaphylactic reactions
1.8   Where to source advice, support and guidance on anaphylaxis and allergic reactions
1.9   Guidelines and protocols that relate to supporting children and their families/carers with anaphylaxis and allergic reactions
1.10 Procedures that can minimise the likelihood of allergic reaction and anaphylaxis occurring

You are able to work in ways that:

1.11 Provide support to individuals/children who are exhibiting the signs and symptoms of an anaphylactic reaction
1.12 Follow the ABCDE approach to treating an anaphylactic reaction
1.13 Follow organisation/setting procedures for the safe storage of adrenalin for treating anaphylactic reactions

1.14   Report and record the instance of anaphylactic reaction and actions taken in line with organisation/setting policy and procedures, and any agreements with individual's/child's family/carer

Range

Types of anaphylaxis - uniphasic, biphasic, protracted

Unit 209   Responding to anaphylactic reactions
Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Observe the learner carrying out a simulated response to an anaphylactic reaction. **Simulation of anaphylactic reaction and required response is allowed.**

Guidance for delivery

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

Anaphylaxis – Anaphylaxis is an extreme and severe, life-threatening, generalised or systemic hypersensitivity reaction. It is characterised by rapidly developing life-threatening airway and/or breathing and/or circulation problems usually associated with skin and mucosal changes

Signs and symptoms – could include flushing of the skin, hives/rash on the skin, panic/anxiety, swelling of mucus membranes (e.g. tongue, throat, lips and mouth), difficulty in swallowing or speaking, elevated heart rate, severe asthma/breathing difficulties, abdominal pain, nausea/vomiting, drop in blood pressure, dizziness, feeling faint/fainting, collapse and unconsciousness

Potential triggers – could include food (e.g. peanuts, almonds, walnuts, cashews, Brazil nuts, sesame, fish, shellfish, dairy products, eggs), medicine (e.g. penicillin, aspirin), chemicals, materials (e.g. latex), bee/wasp/insect stings, environment (e.g. hay fever)

Support – Support should be provided in line with setting/organisation policies and procedures and in line with role and responsibilities. Support could include calling for help, making them comfortable and safe, administering injectable adrenalin where appropriate and in line with role and responsibility, removing the trigger

ABCDE approach – This approach can be used to assess and treat patients suffering an anaphylactic shock. ABCDE stands for - Airway, Breathing, Circulation, Disability, Exposure

Related NOS

- SFHAL1 Link an individual to follow up care after an acute, severe allergic reaction
- SFHAL 2 Recognise when to consider allergy in an individual
- SFHAL10 Enable staff in educational environments to support the management of an individual's allergy

Related legislation and guidance

- NICE Guidelines **https://www.nice.org.uk/Search?q=Anaphylaxis**
- NICE Guidance QS119 on Anaphylaxis **https://www.nice.org.uk/guidance/qs119**
- BSACI (British Society for Allergy and Clinical Immunology) is an organisation for healthcare professionals caring for patients with allergy- **http://www.bsaci.org**
- Allergy UK **https://www.allergyuk.org/**
- NHS Wales Website-Allergies **http://www.nhsdirect.wales.nhs.uk/encyclopaedia/ff/article/allergies**
- Royal College of Paediatrics and Child Health-Allergy Care Pathways **http://www.rcpch.ac.uk/improving-child-health/clinical-guidelines-and-standards/search-paediatric-clinical-guidelines/publi#allergy**
- NHS Wales **http://www.nhsdirect.wales.nhs.uk/Encyclopaedia/a/article/anaphylaxis/**
- Resuscitation Council UK **https://www.resus.org.uk/anaphylaxis/**
- Anaphylaxis UK **https://www.anaphylaxis.org.uk**
- Health and Care Standards Welsh Government April 2015 http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf

Unit 210   Introduction to breathlessness and asthma in children

Level:	2
GLH:	10
Credit:	2
Unit Summary:	This unit provides learners with an introduction to breathlessness and asthma. Learners will develop an understanding of breathlessness and asthma and will know how to support children who are experiencing these conditions.
	In the context of this unit, the term 'children' refers to children and young people.

Learning outcome:

1. Causes and impacts of breathlessness

Assessment criteria

You know:

1.1 What is meant by 'breathlessness'
1.2 Causes of breathlessness
1.3 Links between breathlessness and other illnesses
1.4 Signs and symptoms of breathlessness in children
1.5 Potential complications that breathlessness can cause in children

Learning outcome:

2. Causes and impacts of asthma

Assessment criteria

You know:

2.1 The signs and symptoms of asthma
2.2 How asthma is monitored in children
2.3 Potential causes and triggers of asthma
2.4 Potential impacts of asthma on children's everyday lives and their development

Learning outcome:

3. How asthma can be managed

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.aspx**owse-all/supporting-learners-with-healthcare-needs/?lang=en
- British Lung Foundation-Breathlessness **https://www.blf.org.uk/support-for-you/breathlessness/causes**
- NHS Website **http://www.nhs.uk/Conditions/shortness-of-breath/Pages/Introduction.aspx**
- NICE breathlessness- **www.nice.org.uk**
- British Lung Foundation **https://www.blf.org.uk/support-for-you/asthma**
- Royal College Royal College of Paediatrics and Child Health-Allergy Care Pathways – asthma https://www.rcpch.ac.uk/resources/allergy-care-pathway-asthma-andor-rhinitis
- Asthma UK **https://www.asthma.org.uk/** and in Wales **https://www.asthma.org.uk/cymru/**
- Health and Care Standards Welsh Government April 2015 http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf

Unit 211   Supporting continence care in children

Level:	2
GLH:	20
Credit:	4
Unit Summary:	This unit develops and enables learners to support children who have ongoing issues with continence, not consistent with their age or stage of development. Learners will develop skills to support children to reduce discomfort and other complications. In the context of this unit, the term 'children' refers to children and young people

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

You understand:

2.1   Types of urinary incontinence
2.2   Symptoms of urinary incontinence
2.3   Causes of and conditions associated with urinary incontinence
2.4   Treatments and interventions for urinary incontinence
2.5   Aids that may be used to support urinary incontinence

You are able to work in ways that:

2.6   Maintain environment, equipment and materials correctly in accordance with guidelines and protocols
2.7   Support children to maintain their personal hygiene whilst managing urinary continence
2.8   Apply infection control principles when supporting children with urinary incontinence

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Learning outcome:

3.   Support children with faecal incontinence

Assessment criteria

You understand:

3.1   Causes of faecal incontinence in children
3.2   Symptoms of faecal incontinence and associated conditions
3.3   Tests for causes of faecal incontinence
3.4   Treatments and interventions for faecal incontinence

You are able to work in ways that:

3.5   Maintain environment, equipment and materials correctly in accordance with guidelines and protocols
3.6   Support children to maintain their personal hygiene whilst managing faecal incontinence
3.7   Apply infection control principles when supporting children with faecal incontinence

Unit 211　　　　　Supporting continence care in children
Supporting Information

Evidence requirements

If not assessed through the holistic tasks, a portfolio of evidence must be kept for the knowledge and practice outcomes within this unit. The evidence within the portfolio should be kept following the conditions outlined in the assessment pack.

For the practice outcomes, the following minimum evidence requirements must be met through the portfolio of evidence:

- Expert witness signed reflective account by the learner 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

Unit 212 Supporting individuals with moving and positioning

Level:	2
GLH:	20
Credit:	3
Unit Summary:	This unit aims to support learners to develop the knowledge, understanding and skills needed to assist individuals with moving and positioning. The unit covers the principles of moving and positioning, ergonomics and posture as well as techniques for safe moving and positioning. In the context of this unit, the term 'individual' refers to adults, children and young people.

Learning outcome:

1. Anatomy and physiology related to manual handling and moving and positioning

Assessment criteria

You know:

1.1 The anatomy and physiology of the human body in relation to manual handling and moving and positioning
1.2 The importance of good posture
1.3 What is meant by the term 'musculoskeletal disorders' (MSD's) and the potential short term and long-term implications of these
1.4 The importance of an **ergonomic approach** to manual handling and moving and positioning for musculoskeletal health
1.5 Potential risks to individuals and those assisting if moving and positioning is not carried out correctly

Range:

Ergonomic approach: takes into account the nature of the task, the individual, the load, the environment and worker participation

Learning outcome:

2. Preparation for assisting individuals with moving and positioning

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
- Lifting Operations and Lifting Equipment Regulations (1998)
  http://www.hse.gov.uk/work-equipment-machinery/loler.htm

- Reporting of Injuries, Diseases & Dangerous Occurrences Regulations (2013)
http://www.hse.gov.uk/riddor/index.htm
- All Wales NHS Manual Handling Training Passport and Information Scheme (2010)
http://www.nationalbackexchange.org/files/training_guidelines/all_wales_nhs_manual_handling_passport_scheme.pdf
- WLGA Manual Handling Passport Scheme, Manual Handling of People Guidance for Social Care
- Health and Care Standards Welsh Government April 2015
http://www.wales.nhs.uk/sitesplus/documents/1064/24729_Health%20Standards%20Framework_2015_E1.pdf
- HSE – What you need to do – Moving and handling
http://www.hse.gov.uk/healthservices/moving-handling-do.htm

Unit 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. Undertake physiological measurements

3. Assessment criteria

You know:

3.1 Reasons for undertaking physiological measurements
3.2 Normal ranges across different **groups** for
  - blood pressure
  - pulse
  - temperature
  - oxygen saturation
  - respiration
  - body mass index (BMI)

    o conscious level
3.3 Appropriate procedures for undertaking physiological measurements
3.4 Actions to take when physiological measurements are out of their normal range

You are able to work in ways that:
3.5 Explain to the child and their family/carer what physiological measurements will be undertaken and gain valid consent
3.6 Check equipment is fit for purpose when preparing to take physiological measurements
3.7 Apply standard precautions for infection control and health and safety
3.8 Carry out the measurements according to agreed ways of working at the prescribed frequency, and relevant to the purpose of assessment
3.9 Provide support and reassurance to the child whilst undertaking physiological measurements, adapting communications and techniques as appropriate
3.10 Record and report physiological measurements in line with agreed ways of working
3.11 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

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- 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.outpu
  t.pdf
- NHS Wales - All Wales Infection Pretension and Control Guidance for Educational
  Settings (2017)
  http://www.wales.nhs.uk/sitesplus/documents/888/All%20Wales%20Infection%20P
  revention%20and%20Control%20Guidance%20for%20Educational%20Settings_FIN
  ALMay%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

Unit 214 Undertaking point of care testing

Level:	2
GLH:	15
Credit:	3
Unit Summary:	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.
	In the context of this unit, the term 'individual' refers to adults, children and young people.

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. Conduct 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

Unit 215   Undertaking collection of specimens

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

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

Appendix 1   Recommended Unit Guidance

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 16 credits to complete the Level 3 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 *Depending on the age group being cared for one or more of the units below may be required*	Credit values	Optional Units Groups B and C The units chosen from the list below will depend on the speciality of the clinical setting.	Credit values
Health Role				
Health Visiting / Flying Start	Promoting the care of 0-2 year olds Promoting the care of 2-3 year olds Promoting work with 3-7 year olds	4 4 6	Supporting families to develop parenting skills Promoting and supporting speech, language and communication skills in the early years Positive approaches to behaviour support in early years Supporting children with additional needs Supporting children's health promotion Facilitate group learning Undertaking point of care testing Undertaking collection of specimens	13 4 4 8 3 4 3 3
Flying Start Maternity	Promoting the care of 0-2 year olds	4	Supporting families to develop parenting skills Supporting new and expectant mothers Facilitate group learning Undertaking point of care testing Undertaking collection of specimens	13 4 4 3 3

School Nursing	Promoting work with 3-7 year olds	6	Promoting and supporting speech, language and communication skills	4
			Supporting children with additional needs	8
			Supporting children living with epilepsy	3
			Supporting children's health promotion	3
			Supporting children to undertake glucose monitoring	3
			Administering nasal vaccinations for influenza	3
			Administering adrenaline auto-injection	3
			Responding to anaphylactic reactions	2
			Undertaking vision screening	4
			Undertaking hearing screening in school age children	3
			Facilitate group learning	4
Palliative Care (Level 3)	Promoting the care of 0-2 year olds	4	Supporting children with additional needs	8
	Promoting the care of 2-3 year olds	4	Supporting children living with epilepsy	3
	Promoting work with 3-7 year olds	6	Providing care for children living with cancer	8
			Palliative and end of life care for children and young people	9
			Undertaking stoma care	4
			Undertaking non-complex wound care	4
			Supporting continence care in children	4
			Supporting individuals with moving and positioning	3
Childcare Role				
Nursery practitioner	Promoting the care of 0-2 year olds	4	Positive approaches to behaviour support in early years	4
	Promoting the care of 2-3 year olds	4	Promoting and supporting speech, language and communication skills	4
	Promoting work with 3-7 year olds	6	Supporting children with additional needs	8
			Promoting the acquisition of a new language through immersion	4
			Supporting children's health promotion	3
			Responding to anaphylactic reaction	2
			Introduction to breathlessness and asthma in children	2
			Administration of auto injection adrenaline	3
Sessional practitioner Cylch Playgroup	Promoting the care of 2-3 year olds	4	Positive approaches to behaviour support in early years	4
	Promoting work with 3-7 year olds	6	Promoting and supporting speech, language and communication skills	4
			Supporting children with additional needs	8
			Promoting the acquisition of a new language through immersion	4

			Supporting children's health promotion	3
			Responding to anaphylactic reaction	2
			Introduction to breathlessness and asthma in children	2
			Administration of auto injection adrenaline	3
Assistant Nursery practitioner	Promoting work with 3-7 year olds	6	Positive approaches to behaviour support in early years	4
			Promoting and supporting speech, language and communication skills	4
			Supporting children with additional needs	8
			Promoting the acquisition of a new language through immersion	4
			Supporting children's health promotion	3
			Responding to anaphylactic reaction	2
			Introduction to breathlessness and asthma in children	2
			Administration of auto injection adrenaline	3
Flying Start practitioner	Promoting the care of 0-2 year olds	4	Positive approaches to behaviour support in early years	4
	Promoting the care of 2-3 year olds	4	Promoting and supporting speech, language and communication skills	4
	Promoting work with 3-7 year olds	6	Promoting the acquisition of a new language through immersion	4
			Supporting children's health promotion	3
			Responding to anaphylactic reaction	2
			Introduction to breathlessness and asthma in children	2
			Administration of auto injection adrenaline	3
Flying Start Support/Family worker	Promoting the care of 0-2 year olds	4	Positive approaches to behaviour support in early years	4
	Promoting the care of 2-3 year olds	4	Promoting and supporting speech, language and communication skills	4
	Promoting work with 3-7 year olds	6	Supporting children with additional needs	8
			Promoting the acquisition of a new language through immersion	4
			Facilitate group learning	4
			Supporting families to develop parenting skills	5
			Supporting children's health promotion	3
			Responding to anaphylactic reaction	2
			Introduction to breathlessness and asthma in children	2
			Administration of auto injection adrenaline	3

Appendix 2   Relationships to other qualifications

Links to other qualifications

This qualification has connections to the following qualifications:

- Level 1/2 Introduction to Health and Social Care and Child Care
- Level 2 Children's Care, Play, Learning and Development: Core
- Level 3 Children's Care, Play, Learning and Development: Principles and Contexts