City & Guilds Level 2

Health and Social Care: Core

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.

Specification

For teaching from January 2024

Version
September 2024 Version 2.1

Qualification at a glance

Subject area	Health and Social Care
City & Guilds number	8040
Age group approved	16+
Entry requirements	None
Assessment	1 externally set and marked multiple choice test (2 externally set and marked multiple choice tests for the Adults & Children and Young People pathway)
Approvals	Centre and qualification approval is required
Support materials	Sample assessment materials Guidance for Teaching Learner Guide Administration Handbook (Introduction to working with City & Guilds and WJEC)
Registration and certification	Please refer to the Administration Handbook (Introduction to working with City & Guilds and WJEC) for details

Title and level	Reference number	QiW number
Level 2 Health and Social Care: Core (Children and Young People)	8040-02	C00/1238/4
Level 2 Health and Social Care: Core (Adults)		
Level 2 Health and Social Care: Core (Adults & Children and Young People)		

Version and date	Change detail	Section
1.1 August 2019	Updated support materials	Throughout document
1.1 August 2019	Assessment component numbers added	Summary of assessment
1.2 October 2019	Updated unit content	Unit 001 - 1.4
1.3 August 2020	Safeguarding references updated	Legislation and Guidance: Unit 006
1.4 March 2021	Safeguarding references updated (Removal of 'Safe Hands 2000')	Legislation and Guidance: Unit 006
2.0 September 2023	Change to overarching assessment approach	2. Summary of assessment 4. Centre requirements 5. Delivering, assessing and quality assuring this qualification
	Updated delivery guidance	All units (001 – 007)
2.1 September 2024	Typographical errors amended	Unit overview sections

Contents

1. Introduction

About the qualification

Who are the qualifications for?

This qualification is aimed post-16 learners in Wales working, or seeking to work, in the health and social care sectors.

It has been developed by the City & Guilds/WJEC consortium in conjunction with stakeholders from the health and social care sector. These included Social Care Wales, Health Education and Improvement Wales (HEIW), tutors, teachers and workplace assessors.

It is designed to be delivered by a range of different centre types including work-based learning, further education and schools.

What do the qualifications cover?

The qualification covers the fundamental knowledge and understanding of the All Wales Induction Framework for Health and Social Care and reflects a range of different roles and settings. The content covers:

- The principles and values of health and social care
- Health and well-being
- Professional practice as a health and social care worker
- Safeguarding individuals
- Health and safety in health and social care

For further information on the All Wales Induction Framework for Health and Social Care, please refer to Social Care Wales website: **https://socialcare.wales/learning-and-development/all-wales-induction-framework-for-health-and-social-care**

What opportunities for progression are there?

This qualification supports learners to progress into further study, including the following qualifications within the suite of Health and Social Care, and Childcare qualifications for Wales:

- Level 2 Health and Social Care: Practice (Adults)
- Level 2 Health and Social Care: Principles and Contexts (Adults, Children and Young People)
- Level 3 Health and Social Care: Practice (Adults)
- Level 3 Health and Social Care: Practice (Children and Young People)
- Level 3 Certificate and Diploma in Health and Social Care: Principles and Contexts
- Level 3 Advanced GCE and Advanced Subsidiary GCE in Health and Social Care, and Childcare

The qualification also supports opportunities into employment. However, it should be noted that in addition to the core qualification a Level 2 or 3 Health and Social Care: Practice qualification is also a requirement for practice.

For more information on registration and requirements to work within the health and care sector, please refer to Social Care Wales website,

https://socialcare.wales/registration

Qualification aims and objectives

The Level 2 Health and Social Care: Core qualification enables learners to develop knowledge and understanding:

- of the core principles and values which underpin Health and Social Care practice;
- of ways of working in the Health and Social Care sector;
- which informs effective practice within Health and Social Care;
- to support progression on to further study within Health and Social Care.

Structures

The Health and Social Care: Core qualification allows learners the opportunity to complete a single pathway focused on either Adults or Children and Young People, or a combined pathway that covers both of these routes.

To achieve the **Level 2 Health and Social Care: Core (Adults)** learners must achieve five mandatory units 001, 003, 005 - 007.

Unit Number	Unit title	Guided learning hours
001	Principles and values of health and social care (adults)	100
003	Health and well-being (adults)	80
005	Professional practice as a health and social care worker	50
006	Safeguarding individuals	40
007	Health and safety in health and social care	30
	Total	300

To achieve the **Level 2 Health and Social Care: Core (Children and Young People)** learners must achieve five mandatory units 002, 004 – 007.

Unit Number	Unit title	Guided learning hours
002	Principles and values of health and social care (children and young people)	100
004	Health and well-being (children and young people)	80
005	Professional practice as a health and social care worker	50
006	Safeguarding individuals	40
007	Health and safety in health and social care	30
	Total	300

To achieve the **Level 2 Health and Social Care: Core (Adults & Children and Young People)** candidates must achieve seven mandatory units 001 – 007.

Unit Number	Unit title	Guided learning hours
001	Principles and values of health and social care (adults)	100
002	Principles and values of health and social care (children and young people)	100
003	Health and well-being (adults)	80
004	Health and well-being (children and young people)	80
005	Professional practice as a health and social care worker	50
006	Safeguarding individuals	40
007	Health and safety in health and social care	30
	Total	480

Within the **Level 2 Health and Social Care: Core (Adults & Children and Young People)** pathway, units 005-007 must be delivered within both the contexts of adults and children and young people.

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 the unit and can be used for planning purposes. GLH has been identified per unit however centres may choose to deliver this qualification holistically and therefore the unit GLH per unit is provided as an estimate only.

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

The TQT for each qualification pathway is specified below.

Pathway	TQT
Health and Social Care: Core (Adults)	320
Health and Social Care: Core (Children and Young People)	320
Health and Social Care: Core (Adults & Children and Young People)	540

2. Assessment

To achieve the (Adults) and (Children and Young People) pathways within this qualification, candidates must pass:

- one externally-set, externally-marked multiple choice test

To achieve the (Adults & Children and Young People) pathway within this qualification, candidates must pass:

- two externally-set, externally-marked multiple choice tests

External Multiple-Choice Test

The external multiple choice test covers content from across all units within each pathway. The tables below indicate the number of items and marks which will be drawn from each unit.

Level 2 Health and Social Care: Core (Adults) multiple choice test

Online Test - 8040-500 (English language) or 8040-600 (Welsh language)

Test:	**Duration: 1 hour 45 minutes**	
Unit No	**Title**	**Number of questions**
001	Principles and values of health and social care (adults)	19
003	Health and well-being (adults)	17
005	Professional practice as a health and social care worker	9
006	Safeguarding individuals	11
007	Health and safety in health and social care	9
	Total	**65**

Level 2 Health and Social Care: Core (Children and Young People) multiple choice test

Online Test - 8040-501 (English language) or 8040-601 (Welsh language)

Test:	Duration: 1 hour 45 minutes	
Unit No	**Title**	**Number of questions**
002	Principles and values of health and social care (children and young people)	19
004	Health and well-being (children and young people)	17
005	Professional practice as a health and social care worker	9
006	Safeguarding individuals	11
007	Health and safety in health and social care	9
	Total	**65**

Level 2 Health and Social Care: Core (Adults & Children and Young People) multiple choice test

Learners will be required to take **both** of the following assessments**:**

- **500 or 600** - Level 2 Health and Social Care: Core (Adults) multiple choice test
- **501 or 601** - Level 2 Health and Social Care: Core (Children and Young People) multiple choice test

See the tables above for individual test coverage and component numbers.

Each external multiple-choice test:

- is sat on-screen via City & Guilds evolve assessment platform
- is 105 minutes in duration
- will be drawn at random from a bank of versions
- includes 65 questions
- has a pass mark of approximately 75%[1]
- is graded pass/fail

Release of Results

On-screen tests are auto-marked and results will usually be received by the centre the same day the assessment is completed[2].

[1] The pass mark may vary slightly between papers to account for minor variations in the level of challenge between individual items.
[2] For some tests, results may take up to 20 days for results to be received – this reflects where new versions need to first be validated to confirm the results

Resit arrangements

Candidates who fail to achieve the mark required for the external assessment can resit a new test. Whilst there is no fixed minimum period before a resit may take place, or a cap on the number of permitted resits, candidates may need further support and the opportunity to address any identified gaps in their knowledge and understanding before attempting a different version of the external multiple-choice test.

Reasonable adjustments

Reasonable adjustments can be made for certain learners in order to enable them to access the assessments. Information on reasonable adjustments is found in the Joint Council for Qualifications document 'Access Arrangements and Reasonable Adjustments'. This document is available on the JCQ website (**www.jcq.org.uk**).

External assessment arrangements

The multiple-choice tests are taken on-screen through City & Guilds computer-based testing platform.

The test will be sat under invigilated examination conditions. See **JCQ requirements** for details.

For further details on making entries, access arrangements and guidance on conducting the tests, please refer to the Administration Handbook (Introduction to working with City & Guilds and WJEC) available on the Consortium website at www.healthandcarelearning.wales.

Centres have access to two Sample Assessment versions (per pathway) – one is available to download from the consortium website (www.healthandcarelearning.wales.) and one is available to practice on screen. The on-screen sample needs to be booked from the City & Guilds Walled Garden, using the following component numbers:

- **010 (English) or 050 (Welsh)** - Level 2 Health and Social Care: Core (Adults) multiple choice test
- **020 (English) or 051 (Welsh)** - Level 2 Health and Social Care: Core (Children and Young People) multiple choice test

3. Units

The following units are contained within this document.

Unit Number	Unit title
001	Principles and values of health and social care (adults)
002	Principles and values of health and social care (children and young people)
003	Health and well-being (adults)
004	Health and well-being (children and young people)
005	Professional practice as a health and social care worker
006	Safeguarding individuals
007	Health and safety in health and social care

Learning outcomes and the use of command verbs

There are two types of learning outcomes in the Level 2 Health and Social Care: Core qualification:

- Learning outcomes that require candidates to demonstrate *knowledge* of specific area of learning
- Learning outcomes that require candidates to demonstrate *understanding* of specific area of learning

This differentiation has been provided to support delivery personnel to understand the expectations regarding the depth and breadth of knowledge a learner is expected to develop. Both types of learning outcome can be assessed via any question type i.e. scenario / non-scenario.

Delivery guidance and the use of **bold** within assessment criteria

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, exemplification of content to be addressed in the delivery; or specific definitions that should be used to support delivery are highlighted here. Areas of content that are exemplified within the delivery guidance section are emboldened within the main body of content. **Note,** the delivery guidance section for each unit has been structured in learning outcome order to support delivery.

The following defined terms are referred to throughout the unit content -

- **Carer** - includes any person over 18 who provides or intends to provide care or support to another adult who needs care. This includes emotional care and support as well as physical, a person who is paid to provide care or does so as a voluntary worker is not considered as a carer.
- **Individual** - the person you support or care for in your work. This could be a child or an adult.

Resources

In addition to the delivery guidance, a range of digital and print-based resources have been produced to provide an important foundation for learners to gain knowledge and understanding of how legislation, national policies, guidelines and frameworks support health and social care provision for adults.

These can be accessed **here**

Additional resources that would be beneficial to support the delivery of this qualification are provided by Social Care Wales and can be accessed **here**

Unit 001 Principles and values of health and social care (adults)

Level:	2
GLH:	100
Aim:	To give learners an understanding of how legislation, national policies, guidance and frameworks support health and social care provision for adults.
Unit overview:	This unit will ensure that learners gain knowledge of how legislation, national policies, guidelines and frameworks support health and social care provision for adults. Learners will understand the need to promote equality and diversity and how person centred and rights based approaches relate to health and social care including how appropriate risk taking supports well-being voice, choice and control. Learners will appreciate the importance of effective communication, including the role of Welsh language and culture, in supporting health and social care provision and how periods of change and transition can impact on individuals. Understanding will be gained of how to develop positive relationships with individuals within professional boundaries and approaches that support positive behaviour including how learners' own beliefs, values and life experiences can affect attitude and behaviour towards others.
Assessment type:	Multiple-choice test.

Learning outcome:

Learning outcome:

The learner will:

1 Understand how legislation, national policies and Code of Conduct and Practice underpin health and social care and support for individuals

Assessment criteria

The learner will be assessed on:

1.1 **Principles and values of the Social Services and Well–Being (Wales) Act 2014**
1.2 How the principles underpin health and social care and support practice
1.3 **Codes of conduct and professional practice**, including who these apply to and how they can be used
1.4 How the **codes of conduct and professional practice** underpin the principles and values of health and social care and support practice

Learning outcome:

The learner will:

2 Understand how rights based approaches relate to health and social care

Assessment criteria

The learner will be assessed on:

2.1 **Key elements of a rights based approach**
2.2 How **legislation and national policies** underpin a rights based approach
2.3 How legislation impacts on a rights based approach in practice
2.4 The term '**advocacy'** and how it can support a rights based approach
2.5 Ways in which individuals and their families or carers **can be supported to make a complaint or express a concern about their service**

Learning outcome:

The learner will:

3 Understand how to use person centered approaches

Assessment criteria

The learner will be assessed on:

3.1 The importance of '**person centred approaches'**
3.2 The terms 'co-production' and 'voice, choice and control'
3.3 The importance of knowing an individual's **preferences and background**
3.4 Ways of working to establish the **preferences and backgrounds** of individuals, what matters to them and the outcomes that they want
3.5 The term 'behaving towards people with dignity and respect' and why this is central to the role of the health and social care worker
3.6 **Reasons for establishing consent with an individual** when providing care or support and why this is important
3.7 Ways of working that support person centred approaches
3.8 The term '**active participation'**
3.9 The **importance of supporting individuals to engage in activities and experiences** that are meaningful and enjoyable
3.10 How person centred approaches are used to support **active participation** and inclusion
3.11 The purpose of **personal plans**

Learning outcome:

The learner will:

4 Understand how to promote equality, diversity and inclusion

Assessment criteria

The learner will be assessed on:

4.1 The terms '**equality'**, '**diversity'**, '**inclusion'** and '**discrimination'**
4.2 The term '**protected characteristics'**

4.3 **Ways in which person centred approaches promote** equality, diversity and inclusion
4.4 **How the cultural, religious and linguistic backgrounds** of individuals and carers can be valued
4.5 **Ways to challenge discrimination or practice that does not support equality, diversity and inclusion**

Learning outcome:

The learner will:

5 Understand how positive risk taking supports well-being, voice, choice and control

Assessment criteria

The learner will be assessed on:

5.1 The term '**positive risk taking'** and the importance of being able to take positive risks on the well-being of individuals
5.2 Rights that individuals have to make choices and take risks
5.3 How balancing rights, risks and responsibilities contributes to person centred approaches
5.4 Considerations needed when supporting individuals to take positive risks
5.5 What is meant by '**best interest decisions**'

Learning outcome:

The learner will:

6 Understand how to develop positive relationships with individuals, their families and carers in the context of professional boundaries

Assessment criteria

The learner will be assessed on:

6.1 The term '**relationship centred working'**
6.2 The importance of developing a positive relationship with individuals, their families and carers
6.3 The term '**professional boundaries'** and how to balance these with relationship centred working
6.4 Types of **unacceptable practices** that may occur within relationships with individuals, their families and carers

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Learning outcome:

The learner will:

7 Understand the importance of effective communication in health and social care

Assessment criteria

The learner will be assessed on:

7.1 The importance of 'effective communication' for the well-being of individuals and development of positive relationships

7.2 **Key features** of effective communication
7.3 **Skills that are needed** to communicate effectively
7.4 **How to find out** an individual's communication and language needs, wishes and preferences
7.5 **Potential barriers** to effective communication and ways to address these

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Learning outcome:

The learner will:

8 Understand the importance of Welsh language and culture for individuals and carers

Assessment criteria

The learner will be assessed on:

8.1 **The importance of recognising and supporting** Welsh language and culture
8.2 **Legislation and national strategies** for Welsh language
8.3 Principles of Mwy na Geiriau / More than Just Words
8.4 The meaning of the 'Active Offer'

Learning outcome:

The learner will:

9 Know how positive approaches can be used to reduce restrictive practices in social care

Assessment criteria

The learner will be assessed on:

9.1 The terms '**positive approaches**' and '**restrictive practices**'
9.2 **Underlying causes** that may impact upon behaviour of individuals
9.3 **Positive approaches** that can be used to reduce **restrictive practices**

Learning outcome:

The learner will:

10 Understand how change and transitions impact upon individuals

Assessment criteria

The learner will be assessed on:

10.1 Types of change that may occur in the course of an individual's life as a result of **significant life events** or **transitions**
10.2 Factors that make these changes either positive or negative

Learning outcome:

The learner will:

11 Understand how own beliefs, values and life experiences can affect attitude and behaviour towards individuals and carers

Assessment criteria

The learner will be assessed on:

11.1 **The impact of own attitude and behaviour on individuals and carers**

Unit 001: Delivery guidance

Learning outcome 1: Understand how legislation, national policies and Code of Conduct and Practice underpin health and social care and support for individuals

Principles and values of the Social Services and Well-being (Wales) Act 2014 - The Social Services and Well-being (Wales) Act 2014 is an important piece of legislation about how we should be providing care and support to the people who need it in Wales.

The Act has:
•regulations, which give more detail about what must be done to put the Act into practice
•codes of practice, which give guidance to help put the Act into practice.

•The Act covers:
•adults (people aged 18 or over)
•children (people under the age of 18)
•carers (adults or children who provide or intend to provide care and support).

The Act is built on five important core principles. Health and social care workers don't need to know details about the Act and the regulations, but they do need to understand about the principles as these will guide their work:
•voice and control
•prevention and early intervention
•well-being
•co-production
•multi-agency.

• voice and control – putting an individual and their needs at the centre of their care and support, with voice and control over the outcomes that will help them achieve well-being
• prevention and early intervention – being able to access advice and support at an early stage to maintain a good quality of life and reduce or delay the need for longer term care and support
• well-being – supporting individuals to achieve well-being in every part of their lives
• co-production – involving individuals in the design and provision of their support and services and recognising the knowledge and expertise they can bring
• multi-agency – strong partnership working between all agencies and organisations to improve the well-being of individuals in need of care and support, and carers in need of support.

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

Learning outcome 2: Understand how rights based approaches relate to health and social care

Key elements of a rights based approach would include the expectations of individuals:

•to be treated as an individual
•to be treated equally and not discriminated against

•to be respected
•to have privacy
•to be treated in a dignified way
•to be protected from danger and harm
•to be supported and cared for in a way that meets their needs, takes account of their choices and protects them
•to communicate using their preferred methods of communication and language
•to access information about themselves'

Empowering individuals to have voice and control over all aspects of their lives demonstrates a rights based approach.

Legislation and national policies to include

- Social Services and Well-Being (Wales) Act 2014
- Equality Act 2010
- Human Rights Act 1998 and associated Conventions and Protocols such as, UN Convention on the Rights of Person with Disabilities and UN Principles for Older Persons 1991, Declaration of rights of older people in Wales (2014);
- Mental Health Act (1989), Code of Practice for Wales (2008) and the Mental Health (Wales) Measure (2010)
- Mental Capacity Act 2005 and associated Code of Practice;
- Deprivation of Liberty Safeguards;
- Welsh Language Act 1993; Welsh Language measure (2011) and Mwy na Geriau. Welsh Government Strategic Framework for the Welsh Language in Health and Social Care (2013)

Advocacy underpins all the principles of the Social Services and Well-being (Wales) Act 2014 and is an important tool to support people's voice and control, and well-being. Advocacy can help people access information about services, be involved in decisions about their lives, explore choices and options, and make their needs, views and wishes known. Advocacy upholds rights and challenges discrimination.
There are lots of different types of advocacy:

- self-advocacy – when individuals represent and speak up for themselves
- informal advocacy – when family, friends or neighbours support someone to have their views wishes and feelings heard
- collective advocacy – involves groups of individuals with common experiences, being empowered to have a voice, influence change and promote social justice
- peer advocacy – one individual acting as an advocate for another who shares a common experience or background
- formal advocacy – may refer to the advocacy role of workers in health, social care and other settings where they are required, as part of their role, to consider the wishes and feelings of the individual and to help make sure they're addressed properly
- citizen advocacy – involves a one-to-one long-term partnership between a trained or supported volunteer citizen advocate and an individual
- independent volunteer advocacy – involves an independent and unpaid advocate who works on a short term, or issue led basis, with one or more individuals
- independent professional advocacy – involves a professional, trained advocate working in a one-to-one partnership with an individual to make sure their views are accurately communicated, and their rights upheld. This might be for a single issue or multiple issues. Independent advocates work with individuals who wouldn't be able to take part in decisions being made about them without this support. They are completely independent of the service and the individual, this means they can truly represent their needs, views and wishes and 'what matters' to the individual without any conflict of interest.

Ways to support individuals, their families/carers to make a complaint or express a concern - could include:
- providing information and / or explaining the process to be followed to make a complaint or express a concern about their service
- reassuring individuals and / or families/carers about their right to make a complain or express a concern about their service
-referring to a manger or senior staff member in the care setting

Learning outcome 3: Understand how to use person centred approaches

Person-centred approaches are at the heart of care and support for individuals. Being person-centred means seeing the person first, supporting them as an individual by knowing what matters to them and how they want to be supported. It's about making sure the person has as much voice and control over their life and services as possible and are treated with dignity and respect.

Preferences and background - the unique mix of an individual's experience, history, culture, beliefs, preferences, family, relationship, informal networks and community

Establishing consent with individuals for support with all tasks and activities is important to ensure:
- the person has voice and control over what is happening, including the right to choose and refuse
- they are assured that health and social care workers are taking account of 'what matters' and how they want to be supported

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

Supporting individuals to **engage in activities and experiences that are meaningful and enjoyable** is important to:

- support achievement of well-being
- recognise skills and abilities, building on strengths and assets
- support physical and mental health
- develop and maintain relationships
- demonstrate respect of individuals' interests, backgrounds and preferences

Personal plans set out how the care of an individual will be provided. They are based on assessment information and care and support plans and will cover personal wishes, aspirations and care and support needs of the individual.
Personal plans will provide:

- Information for individuals and their representatives of the agreed care and support and the manner in which this will be provided
- A clear and constructive guide for staff about the individual, their care and support needs and the outcomes they would like to achieve
- A basis for ongoing review
- A means for individuals, their representatives and staff to measure progress and whether their personal outcomes are met

Learning outcome 4: Understand how to 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 ('the Act') is legislation 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's against the law to discriminate against anyone because of:
•age
•disability
•gender reassignment
•marriage and civil partnership
•pregnancy and maternity
•race
•religion or belief
•sex
•sexual orientation.

There are two type 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.

Ways in which person centred approaches promote equality, diversity and inclusion would include:
- treating people with dignity and respect
- recognising, valuing and celebrating diversity
- knowing individuals backgrounds and preferences and working in ways which take account of these
- supporting inclusion and challenging exclusion

The cultural, religious and linguistic backgrounds of individuals and their families/carers can be valued by:

- finding out about and taking account of the cultural, religious and linguistic backgrounds of individuals and their families/ carers
- supporting individuals to engage in and celebrate cultural and religious events / occasions which are important to them

Ways to challenge discrimination or practice that does not support equality, diversity and inclusion could include:
- role modelling best practice which supports equality, diversity and inclusion
- recognising and challenging discrimination
- referring on to managers where there are concerns about discrimination or practice which does not support equality, diversity and inclusion

Learning outcome 5: Understand how positive risk taking supports well-being, voice, choice and control

Positive risk taking is about individuals taking control of their own lives by weighing up the potential benefits and harms of exercising one choice of action over another. Positive risk taking is not ignoring any potential risks. Risk is part of everyone's everyday life, and everyone has the right to take risks.

Positive risk taking can support well-being, voice, choice and control. However, while it's important for health and social care workers to support people to make their own choices, there are times when this may place them at risk. It is important for workers to know how to support individuals to balance their rights, risks and responsibilities.

Positive risk taking is about assisting individuals to make informed choices and take risks that help them to achieve 'what matters'

For a positive risk-taking approach, decision-making should be pro-active as well as:
•balanced, recognising the potential for benefit as well as the risk of harm, and considering the possible emotional, psychological and social impact of each option, as well as the physical
•defensible, that is, well-founded, justifiable and recorded proportionately. Not defensive, that is, driven by the need to protect workers and organisations.
•collaborative with individuals who use services, their families and other professionals, using all available resources to achieve the outcomes that matter most.

Best interest decision – an understanding of what best interest decisions are and how and when they are made. Best interest decision occurs if someone does not have the mental capacity to make legal, healthcare, welfare or financial decisions for themselves. It is one of the principles of the Mental Capacity Act. The decision can only be made after an assessment has deemed the individual does not have the capacity. Strict principles and codes of practice should be followed to carry out the assessment as set out in the Mental Capacity Act.

The five principles set out in the Mental Capacity Act are:

1. Assume a person has capacity unless proved otherwise
2. Do not treat people as incapable of making a decision unless all practicable steps have been tried to help them

3. A person should not be treated as incapable of making a decision because their decision may seem unwise
4. Always do things or take decisions for people without capacity in their best interests
5. Before doing something to someone or making a decision on their behalf, consider whether the outcome could be achieved in a less restrictive way

Decisions made on behalf of a person without capacity should be made in their best interests, considering the person's known wishes, beliefs and their general well-being. Capacity is not a one-off decision but decision-specific. For example, a person may be able to make choices about their daily life activities but lack capacity in financial areas. Capacity is also time specific, as people can have fluctuating capacity meaning that although they may be incapacitated currently, they may not be in the future.

Properly engaging the person in the decision-making process, listening to and taking account of their views, wishes and feelings is central to a best interest assessment. Best interest meetings bring together people to make difficult decisions.

Learning outcome 6: Understand how to develop positive relationships with individuals, their families and carers in the context of professional boundaries

Relationship centred working is based on:

- person centred approaches
- supporting voice and control
- co-productive approaches
- active listening
- focusing on strengths and abilities
- compassion
- kindness
- knowing a person's preferences and background
- trust

The term 'professional boundaries' would include:

- working within role and remit
- not sharing too much personal information
- not engaging in any unacceptable practices.

Unacceptable practices would include:

- Sexual contact with an individual using the service
- Causing physical harm or injury to individuals
- Making aggressive or insulting comments, gestures or suggestions
- Seeking information on personal history where it is neither necessary nor relevant
- Watching an individual undress where it is unnecessary
- Sharing own private or intimate information where it is unnecessary
- Inappropriate touching, hugging and caressing
- Concealing information about individuals from colleagues, for example, not completing records, colluding with criminal acts
- Acceptance of gifts and hospitality in return for better treatment
- Spreading rumours or hearsay about an individual or others close to them
- Misusing an individual's money or property
- Encouraging individuals to become dependent or reliant for the worker's own gain

- Giving special privileges for 'favourite individuals' for example spending excessive time with someone, becoming over involved, or using influence to benefit one individual more than others
- Providing forms of care that will not achieve the planned outcome
- Providing specialist advice or counselling where the worker is not qualified to do this
- Failing to provide agreed care and support for or rejecting an individual, for example, due to negative feeling about an individual
- Trying to impose own religious, moral or political beliefs on an individual
- Failing to promote dignity and respect
- Any practices specifically prohibited in relevant legislation, statutory regulations, standards and guidance.

Learning outcome 7: Understand the importance of effective communication in health and social care

Key features of effective communication - communication is a two way process where each person is trying to understand what the other is saying. Key features of effective communication would include:

- being aware of and taking account of any difficulties individuals may have with communication
- using aids and adaptations to meet the communication needs of individuals
- being aware of and taking account of environmental factors
- using effective communication skills
- being clear about what needs to be communicated

Skills needed to communicate effectively would include:
- speaking clearly and using a normal tone of voice
- not rushing
- not interrupting or finishing sentences for an individual
- using language and terminology which the individual can understand / avoiding jargon
- using active listening (eye contact, gestures, reassuring smiles, show an interest and understanding of what is being communicated)
- using open body language
- avoiding language which may patronise, stigmatise or reinforce negative perceptions of individuals and their families/carers
- adapting and using a range of methods of communication to meet the needs of individuals

How to find out an individual's communication and language needs, wishes and preferences could include:
- talking to and asking the individual
- observing how an individual communicates and interacts with others
- reading the personal plan

Potential barriers to effective communication could include:
- environmental factors (noise, lighting)
- language
- sight or hearing loss
- cultural factors
- speech and language difficulties

- cognitive abilities of individual
- time of day (e.g. if an individual is tired before bed or after getting up)
- distractions (e.g. an individual is engaged in an activity they are enjoying)
- if the individual is physically or mentally unwell

Learning outcome 8: Understand the importance of Welsh language and culture for individuals and carers

Recognising and supporting Welsh language and culture is important as this can:

- promote equality, diversity and inclusion
- support participation
- reduce isolation
- demonstrate treating individuals with dignity and respect
- show workers are taking account of individual's backgrounds and preferences
- support individuals to have voice and control over their care services
- support person centred and rights based approaches

Legislation and national strategies for Welsh language

The Welsh Language Act 1993; Welsh Language Measure (2011) and Mwy na geriau / More than just words:

•give the Welsh language official status in Wales

•introduce standards to explain how organisations are expected to use the Welsh language.

In Wales, the Welsh language should be treated no less favourably than the English language and people in Wales should be able to live their lives through the medium of Welsh if they wish to. The Welsh Government Strategic Framework for the Welsh Language in Health and Social Care (2013) is the Welsh Government's commitment to strengthen Welsh language services to people accessing health and social care and their families and carers.

Mwy na geiriau / More than just words has principles to make sure individual's Welsh language needs are met. It puts a duty on care providers to make sure they have workers with the language skills to care for Welsh speakers.

The principle of the 'Active Offer' is at the heart of Mwy na geiriau. Under the Active Offer, service providers shouldn't wait for individuals to ask for Welsh services. Instead, they should actively identify their language needs. The strategy notes that if you're a Welsh speaker, being able to use your own language must be seen as a core part of your care and not an optional extra.

Cymraeg 2050 is a Welsh Government strategy which aims for Wales to have one million Welsh speakers by 2050.

Learning outcome 9: Know how positive approaches can be used to reduce restrictive practices in social care

Positive approaches are based upon the principles of person centred care:

- Getting to know an individual
- Respecting and valuing their histories and backgrounds and understanding:
  - Their likes and dislikes
  - Their skills and abilities
  - Their preferred communication style and support structures

- Understanding the impact of their environment upon them and using this to identify ways to support people consistently in every aspect of the care they receive and to engage in activities important to them.

Developing good relationships is fundamental, and positive approaches should be used at all times. They are essential when someone is stressed; distressed; frightened; anxious or angry and at risk of behaving in such a way that is challenging to their safety and / or the safety of others.

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

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

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

Restrictive practices could also include more obvious actions such as those listed in Welsh Government's Reducing Restrictive Practices Framework such as:

- physical restraint
- chemical restraint
- environmental restraint
- mechanical restraint
- seclusion or enforced isolation
- long-term segregation
- coercion.

They should only be used as part of an agreed behaviour support plan and should only ever be used as an immediate and planned response to behaviours that challenge, or to take control of a situation where there's a real possibility of harm if no action is taken.

Any act of restrictive practice has a potential to interfere with an individual's human rights. So all acts of restrictive practice must be lawful, proportionate and the least restrictive option available.

Restrictive practices must never be used to punish or with the sole intention of inflicting pain, suffering, humiliation or to achieve compliance. It's never lawful to use restraint to humiliate, degrade or punish people.

Restrictive practices, other than those used in an emergency, should always be planned in advance and agreed by a multi-disciplinary team and wherever possible, the individual. They should be included in their personal plan, behaviour support or behaviour management plan.

Underlying causes could include:

- Chronic or acute pain

- Infection or other physical pain
- Sensory loss
- An acquired brain injury or other neurological condition
- Communication difficulties
- Environment
- Fear and anxiety
- Unhappiness
- Boredom
- Loneliness
- Un-met needs
- Demands
- Change
- Transitions
- Recent significant events such as death of a family member
- Past events or experiences
- Abuse or trauma
- Bullying
- Over-controlling care
- Being ignored

Learning outcome 10: Understand how change and transitions impact upon individuals

Significant life events would include important changes in an individual's life, both positive and negative. For individuals with some conditions they may be changes and disruption to their routine; for others they may be onset of a deteriorating condition such as sensory loss or dementia; for others they may be a crisis affecting them.

Everyone faces significant life events at certain times during their lives, these can include:
•having new siblings
•leaving home
•getting married
•moving house
•starting a new school or job
•having children and grandchildren
•retirement
•ill health
•death of parents or other close family member.

We can experience a whole host of emotions when facing significant changes. These can range from happiness and excitement to worry, fear, anger and depression. The way we respond can be influenced by whether the change is chosen, such as, moving house, or imposed, for example moving into a residential care home. How much control we feel we have is an important factor in how we react. Many of the individuals accessing care and support may feel they have little or no control over what's happening to them, which can cause distress and anxiety.

A **transition** is a period of change from one stage of life to another. These changes happen to everyone throughout life. They can happen suddenly or gradually and can last for different amounts of time. A transition can also be moving from one activity to another such as day centre to home. For some individuals, disruptions to their routine can make them feel unsettled and/or cause distress.

Some of these changes or transitions have a positive effect on our lives, while others can have a negative effect. As with significant life events, the amount of control individuals have will impact on how they feel and cope with them.

Transitions could include:

- people moving into or out of the service provision
- births
- deaths
- marriage
- employment
- redundancy
- retirement
- transferring between years in schools or colleges
- transferring between education establishments
- physical changes such as onset of puberty
- moving into adulthood
- becoming a carer.

Learning outcome 11: Understand how own beliefs, values and life experiences can affect attitude and behaviour towards individuals and carers

The Codes of Conduct and Professional Practice set out clear expectations of how health and social care workers are expected to behave. it is important that all workers are aware of the potential **impact of their own attitudes and behaviour on individuals, their families/carers** - this can be either positive or negative.

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 individuals, their families/carers is essential for person centred practice in health and social care.

Unit 002 Principles and values of health and social care (children and young people)

Level:	2
GLH:	100
Aim:	To give learners an understanding of how legislation, national policies, guidance and frameworks support health and social care provision for children and young people.
Unit overview:	This unit will ensure that learners gain knowledge of how legislation, national policies, guidelines and frameworks support health and social care provision for children and young people. Learners will understand the need to promote equality and diversity and how person/child centred and rights based approaches relate to health and social care including how appropriate risk taking supports well-being voice, choice and control. Learners will appreciate the importance of effective communication, including the role of Welsh language and culture, in supporting health and social care provision and how periods of change and transition can impact on children and young people. Understanding will be gained of how to develop positive relationships with children and young people within professional boundaries and approaches that support positive behaviour including how learners' own beliefs, values and life experiences can affect attitude and behaviour towards others.
Assessment type:	Multiple-choice test

Learning outcome:

The learner will:

1 Understand how legislation, national policies and codes of conduct and practice underpin health and social care and support for children and young people

Assessment criteria

The learner will be assessed on:

1.1 **Principles and values of the Social Services and Well-being (Wales) Act 2014** and **the Children Act (1989 and 2004)**
1.2 How the principles underpin health and social care and support practice
1.3 **Codes of conduct and professional practice**, including who these apply to and how they can be used
1.4 How the **codes of conduct and professional practice** underpin the principles and values of health and social care and support

Learning outcome:

The learner will:

2 Understand how rights based approaches relate to health and social care

Assessment criteria

The learner will be assessed on:

2.1 **Key elements of a rights based approach**
2.2 How **legislation and national policies** underpin a rights based approach
2.3 How legislation impacts on a rights based approach in practice
2.4 The term '**advocacy'** and how it can support a rights based approach
2.5 Ways in which children and young people and their families or carers **can be supported to make a complaint or express a concern about their service**

Learning outcome:

The learner will:

3 Understand how to use child centered approaches

Assessment criteria

The learner will be assessed on:

3.1 The importance of '**child centred approaches'**
3.2 The terms 'co-production' and 'voice, choice and control'
3.3 The importance of knowing a child or young person's **preferences and background**
3.4 Ways of working to establish the **preferences and background** of children and young people, what matters to them and the outcome that they want
3.5 The term 'behaving towards children with dignity and respect' and why this is central to the role of the health and social care worker
3.6 Ways of working that support child centred approaches
3.7 The term '**active participation**'
3.8 The importance of supporting children and young people's **engagement in activities that are meaningful and enjoyable**
3.9 How child centred approaches are used to support **active participation** and inclusion
3.10 Reasons for **establishing consent** with a child or young person when providing care or support and why this is important
3.11 The term '**parental responsibility'**
3.12 The purpose of **personal plans**

Learning outcome:

The learner will:

4 Understand how to promote equality, diversity and inclusion

Assessment criteria

The learner will be assessed on:

4.1 The terms '**equality'**, '**diversity'**, '**inclusion'** and '**discrimination'**

4.2 Ways in which child centred approaches promote equality diversity and inclusion
4.3 **How the cultural, religious and linguistic backgrounds** of children and young people can be valued
4.4 **Ways to challenge discrimination or practice** that does not support equality, diversity and inclusion

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Learning outcome:

The learner will:

5 Understand how positive risk taking supports well-being, voice, choice and control

Assessment criteria

The learner will be assessed on:

5.1 The term '**positive risk taking'** and the importance of being able to take positive risks on the well-being of children and young people
5.2 Rights of children and young people to make choices and take risks
5.3 How balancing rights, risks and responsibilities contributes to child centred approaches
5.4 Considerations needed when supporting children and young people to take positive risks including their stage of development and life experiences

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Learning outcome:

The learner will:

6 Understand how to develop positive relationships with children and young people and their families and carers in the context of 'professional boundaries'

Assessment criteria

The learner will be assessed on:

6.1 The term '**relationship centred working'**
6.2 The importance of developing a positive relationship with children and young people and their families and carers
6.3 The term '**professional boundaries'** and how to balance these with relationship centred working
6.4 Types of **unacceptable practices** that may occur within relationships with children and young people, their families and carers

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Learning outcome:

The learner will:

7 Understand the importance of effective communication in health and social care

Assessment criteria

The learner will be assessed on:

7.1 The importance of 'effective communication' for the well-being of children and young people and development of positive relationships
7.2 **Key features** of effective communication

7.3 **Skills that are needed** to communicate effectively
7.4 **How to find out a child's communication and language needs, wishes and preferences**
7.5 **How the stage of development of a child or young person will impact upon their communication skills**
7.6 **Potential barriers** to effective communication and ways to address these

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Learning outcome:

The learner will:

8 Understand the importance of Welsh language and culture for children and young people

Assessment criteria

The learner will be assessed on:

8.1 The importance of **recognising and supporting Welsh language and culture**
8.2 **Legislation and national strategies for Welsh language**
8.3 Principles of Mwy na Geiriau / More than Just Words
8.4 The meaning of the 'Active Offer'

Learning outcome:

The learner will:

9 Know how positive approaches can be used to reduce restrictive practices in social care

Assessment criteria

The learner will be assessed on:

9.1 The terms **'positive approaches'** and **'restrictive approaches'**
9.2 **Underlying causes** that may impact upon the behaviour of children and young people
9.3 **Positive approaches** that can be used to reduce **restrictive practices** and promote positive behaviour

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Learning outcome:

The learner will:

10 Understand how change and transition impact upon children and young people

Assessment criteria

The learner will be assessed on:

10.1 Types of change that may occur in the course of a child or young person's life as a result of **significant life events** or **transitions**
10.2 Factors that make these changes either positive or negative
10.3 How to support young people to develop the skills, confidence and knowledge that will prepare them for adult life

Learning outcome:

The learner will:

11 Understand how own beliefs, values and life experiences can affect attitude and behaviour towards children and young people

Assessment criteria

The learner will be assessed on:

11.1 **The impact of own attitude and behaviour on children and young people**

Unit 002 Delivery guidance

Learning outcome 1: Understand how legislation, national policies and Code of Conduct and Practice underpin health and social care and support for children and young people

Principles and values of the Social Services and Well-being (Wales) Act 2014 - The Social Services and Well-being (Wales) Act 2014 is an important piece of legislation about how we should be providing care and support to the people who need it in Wales.

The Act has:
•regulations, which give more detail about what must be done to put the Act into practice
•codes of practice, which give guidance to help put the Act into practice.

•The Act covers:
•adults (people aged 18 or over)
•children (people under the age of 18)
•carers (adults or children who provide or intend to provide care and support).

The Act is built on five important core principles. Health and social care workers don't need to know details about the Act and the regulations, but they do need to understand about the principles as these will guide their work:
•voice and control
•prevention and early intervention
•well-being
•co-production
•multi-agency.

• voice and control – putting a child or young person and their needs at the centre of their care and support, with voice and control over the outcomes that will help them achieve well-being
• prevention and early intervention – being able to access advice and support at an early stage to maintain a good quality of life and reduce or delay the need for longer term care and support
• well-being – supporting children and young people to achieve well-being in every part of their lives
• co-production – involving children and young people in the design and provision of their support and services and recognising the knowledge and expertise they can bring
• multi-agency – strong partnership working between all agencies and organisations to improve the well-being of children and young people in need of care and support, and carers in need of support.

The Children Act 1989 (1989 and 2004) provides a framework for the care and protection of children up to their 18th birthday.

It defines parental or carer responsibility and encourages partnership working with parents and carers. It focuses on putting children and young people at the heart of planning and decision making through co-production and person-centred practice.

The main principles of the Children Act include**:**

- the welfare of the child is always the main focus

- wherever possible, children should be brought up and cared for within their own families
- parents and carers with children in need should be supported to bring up their children themselves. This support should:

  - be provided in partnership
  - meet each child's identified needs
  - be appropriate to the child's race, culture, religion and language
  - be open to effective independent representations and complaints procedures
  - use existing partnerships between the local authority and other agencies, including voluntary agencies.

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

Learning outcome 2: Understand how rights based approaches relate to health and social care

Key elements of a rights based approach would include the expectations of children and young people:

•to be treated as an individual
•to be treated equally and not discriminated against
•to be respected
•to have privacy
•to be treated in a dignified way
•to be protected from danger and harm
•to be supported and cared for in a way that meets their needs, takes account of their choices and protects them
•to communicate using their preferred methods of communication and language
•to access information about themselves'

Empowering children and young people to have voice and control over all aspects of their lives demonstrates a rights based approach.

Advocacy underpins all the principles of the Social Services and Well-being (Wales) Act 2014 and is an important tool to support people's voice and control, and well-being. Advocacy can help people access information about services, be involved in decisions about their lives, explore choices and options, and make their needs, views and wishes known. Advocacy upholds rights and challenges discrimination.
Local authorities have a legal obligation under the Social Services and Well-being (Wales) Act 2014 to provide an independent professional 'voice' or advocate for every looked after child and young person, care leaver and child in need of care and support, who wants to take part or comment on decisions about their lives. An independent professional advocate should also be provided if a child or young person wants to make a complaint.
The Active Offer of Advocacy is one element of the new statutory advocacy provision, which involves a meeting between a child or young person and an advocate when the child comes into care or when the child or young person is the subject of child protection procedures.
At this meeting, the child or young person is told about their rights under the UNCRC, about different types of advocacy and information about the local Independent Professional

Advocacy Service, the Children's Commissioner, the Meic Helpline (the helpline service for children and young people up to the age of 25 in Wales) and the right to complain

The law states that children and young people have the right to say what they think should happen when adults are making decisions that affect them.

An independent professional advocate will support a young person and make sure their voice is heard when decisions affecting them are being made.

The support to the child or young person will include:
•listening to them
•helping them look at their options
•supporting them to make a decision
•making sure they know their rights
•helping them to have their say.
An advocate won't:
•judge the young person
•tell the young person what to do
•talk to anyone else without their permission.

Independent advocates can help young people to get their voice heard:
•in school
•at home
•in care
•in hospital
•in housing
•in court.

Ways to support children and young people, their families/carers to make a complaint or express a concern

These could include:
- providing information and / or explaining the process to be followed to make a complaint or express a concern about their service
- reassuring children/young people and / or families/carers about their right to make a complain or express a concern about their service
-referring to a manger or senior staff member in the care setting

Learning outcome 3: Understand how to use child centred approaches

Child centred approaches are at the heart of care and support for children and young people. Being child-centred means seeing the child/young person first, supporting them as an individual by knowing what matters to them and how they want to be supported. It's about making sure the child/young person has as much voice and control over their life and services as possible and are treated with dignity and respect.
The benefit and importance of using a child centred approach is therefore to ensure children/young people feel respected and supported to be able to express what matters to them and are able to develop and learn at their own rate with consideration of them as individuals.

Preferences and background - the unique mix of a child's experience, history, culture, beliefs, preferences, family, relationship, informal networks and community

Active participation is a way of working that regards children and young people as active partners in their own care or support rather than passive recipients. Active participation recognises each child or young person's right to participate in the activities and relationship of everyday life as independently as possible according to their age and stage of development.

Supporting children/young people to **engage in activities and experiences that are meaningful and enjoyable** is important to:

- support achievement of well-being
- recognise skills and abilities, building on strengths and assets
- support child development
- support physical and mental health
- develop and maintain relationships
- demonstrate respect of children/young people's' interests, backgrounds and preferences

Establishing consent with children/young people for support with all tasks and activities is important to ensure:

- the child/young person has voice and control over what is happening, including the right to choose and refuse
- they are assured that health and social care workers are taking account of 'what matters' and how they want to be supported

Parental responsibility - most parents have legal rights and responsibilities, which are known collectively as 'parental responsibility'.

Parental responsibility involves providing a home for a child or young person, as well as protecting the child or young person. Parental responsibility also involves legal rights and duties, powers, responsibilities and any authority a parent has for a child or young person and their property.

Parental responsibility is a legal status underpinned by the Children Act 1989. Others, besides parents, can have parental responsibility for a child or young person. For example, a local authority for children and young people in its care, a child or young person's guardian, their stepfather or other relatives will be able to acquire parental responsibility in certain circumstances.

A person who has parental responsibility for a child or young person has the right to make decisions about their care and upbringing.

Through all this, the voice of the child or young person must be heard and their views, wishes and preferences must inform any decision making.

Personal plans set out how the care of a child or young person will be provided. They are based on assessment information and care and support plans and will cover personal wishes, aspirations and care and support needs of the individual.
Personal plans will provide:

- Information for individuals and their representatives of the agreed care and support and the manner in which this will be provided
- A clear and constructive guide for staff about the individual, their care and support needs and the outcomes they would like to achieve

- A basis for ongoing review
- A means for individuals, their representatives and staff to measure progress and whether their personal outcomes are met

Learning outcome 4: Understand how to 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 ('the Act') 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's 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 type 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.

Ways in which child centred approaches promote equality, diversity and inclusion would include:

- treating children and young people with dignity and respect
- recognising, valuing and celebrating diversity

- knowing children and young people's backgrounds and preferences and working in ways which take account of these
- supporting inclusion and challenging exclusion

The cultural, religious and linguistic backgrounds of children and young people and their families/carers can be valued by:

- finding out about and taking account of the cultural, religious and linguistic backgrounds of children and young people and their families/ carers
- supporting children and young people to engage in and celebrate cultural and religious events / occasions which are important to them

Ways to challenge discrimination or practice that does not support equality, diversity and inclusion could include:

- role modelling best practice which supports equality, diversity and inclusion
- recognising and challenging discrimination
- referring on to managers where there are concerns about discrimination or practice which does not support equality, diversity and inclusion

Learning outcome 5: Understand how positive risk taking supports well-being, voice, choice and control

Positive risk taking can support well-being, voice, choice and control. But, while it's important that health and social care workers support children and young people to make their own choices, there are times when this may include the child/young person putting themselves at risk. It is important that workers know how to support children and young people to balance their rights, risks and responsibilities.

Risk taking is an important part of child development, health and social care workers need to support children and young people to learn how to take safe risks. As they grow through their teenage years, young people want to find their own identity. They do this by exploring the limits around them, pushing boundaries and testing their abilities to handle different situations independently. Adolescent risk taking is an important part of this journey and part of becoming independent young adults. However, as brains typically don't fully mature until the age of 25 it means teenagers are more likely than adults to make quick and risky decisions. Children and young people need support from adults to develop their ability to evaluate risks and consequences, and learn how to manage their impulses so they stay safe.

Positive risk taking is about supporting children and young people to take risks that help them achieve 'what matters' and to grow and develop into independent young adults.

For a positive risk-taking approach, decision-making should be:
•balanced, recognising the potential for benefit, as well as the risk of harm, and considering the possible emotional, psychological and social impact of each option, as well as the physical
•defensible, that is well-founded, justifiable and recorded proportionately and not defensively (that is, driven by the need to protect ourselves and our agencies)
•collaborative with children and young people who use services, their families and other professionals, using all available resources to achieve the outcomes that matter most.

It is important to recognise that whilst workers have a duty to minimise the risk of serious injuries for children and young people, taking risks promotes physical health, self-confidence, social development and resilience, and has an important role in supporting health, well-being and development. Through risk taking, children and young people will learn to find their own

limits and boundaries, and how to keep themselves safe. These are valuable life skills they can take into adulthood.

Children and young people who haven't learned to manage risk through play may be more vulnerable in the long term or have high anxieties about new situations.

Learning outcome 6: Understand how to develop positive relationships with children and young people, their families and carers in the context of professional boundaries

Relationship centred working is based on:

- child centred approaches
- supporting voice and control
- co-productive approaches
- active listening
- focusing on strengths and abilities
- compassion
- kindness
- knowing a child / young person's preferences and background
- trust

The term **'professional boundaries'** would include:

- working within role and remit
- not sharing too much personal information
- not engaging in any unacceptable practices.

Unacceptable practices would include:

- Sexual contact with an individual using the service
- Causing physical harm or injury to individuals
- Making aggressive or insulting comments, gestures or suggestions
- Seeking information on personal history where it is neither necessary nor relevant
- Watching a child or young person undress where it is unnecessary
- Sharing own private or intimate information where it is unnecessary
- Inappropriate touching, hugging and caressing
- Concealing information about a child or young person from colleagues, for example, not completing records, colluding with criminal acts
- Acceptance of gifts and hospitality in return for better treatment
- Spreading rumours or hearsay about a child/young person or others close to them
- Misusing an individual's money or property
- Encouraging a child or young person to become dependent or reliant for the worker's own gain
- Giving special privileges for 'favourite children for example spending excessive time with someone, becoming over involved, or using influence to benefit one child or young person more than others
- Providing forms of care that will not achieve the planned outcome
- Providing specialist advice or counselling where the worker is not qualified to do this
- Failing to provide agreed care and support for or rejecting a child or young person, for example, due to negative feeling about a child or young person
- Trying to impose own religious, moral or political beliefs on a child or young person

- Failing to promote dignity and respect
- Any practices specifically prohibited in relevant legislation, statutory regulations, standards and guidance.

Learning outcome 7: Understand the importance of effective communication in health and social care

Key features of effective communication
Communication is a two way process where each person is trying to understand what the other is saying. Key features of effective communication would include:

- being aware of and taking account of any difficulties children and young people may have with communication
- using aids and adaptations to meet the communication needs of children and young people
- being aware of and taking account of environmental factors
- using effective communication skills
- being clear about what needs to be communicated

Skills needed to communicate effectively would include:
- speaking clearly and using a normal tone of voice
- not rushing
- not interrupting or finishing sentences for a child or young person
- using language and terminology which the child/young person can understand / avoiding jargon
- using active listening (eye contact, gestures, reassuring smiles, show an interest and understanding of what is being communicated)
- using open body language
- avoiding language which may patronise, stigmatise or reinforce negative perceptions of children/young people and their families/carers
- adapting and using a range of methods of communication to meet the needs of children and young people

How to find out a child's communication and language needs, wishes and preferences could include:
- talking to and asking the child
- observing how a child/young person communicates and interactions with others
- reading the personal plan

How the stage of development of a child or young person will impact on their communication skills
Children will start to develop communication skills from birth. There are four broad areas covered in the stages of speech and language development:
- listening and attention
- understanding
- speech sounds and talk
- social skills.

Children with delayed development may progress through each of the stages at a slower rate, children and young people who have delayed development, will have a communication plan which sets out agreed methods to support them.

Potential barriers to communication could include:

- environmental factors (noise, lighting)
- language
- sight or hearing loss
- cultural factors
- speech and language difficulties
- cognitive abilities and stage of development of the child/young person
- time of day (e.g. if a child/young person is tired before bed or after getting up)
- distractions (e.g. a child/young person is engaged in an activity they are enjoying)
- if the child/young person is physically or mentally unwell

Learning outcome 8: Understand the importance of Welsh language and culture for children and young people

Recognising and supporting Welsh language and culture is important as this can:
- promote equality, diversity and inclusion
- support participation
- reduce isolation
- demonstrate treating children/young people with dignity and respect
- show workers are taking account of children and young people's backgrounds and preferences
- support children and young people to have voice and control over their care services
- support childcentred and rights based approaches

Legislation and national strategies for Welsh language
The Welsh Language Act 1993; Welsh Language Measure (2011) and Mwy na geriau / More than just words:

•give the Welsh language official status in Wales
•introduce standards to explain how organisations are expected to use the Welsh language.

In Wales, the Welsh language should be treated no less favourably than the English language and people in Wales should be able to live their lives through the medium of Welsh if they wish to. The Welsh Government Strategic Framework for the Welsh Language in Health and Social Care (2013) is the Welsh Government's commitment to strengthen Welsh language services to people accessing health and social care and their families and carers.

Mwy na geiriau / More than just words has principles to make sure individual's Welsh language needs are met. It puts a duty on care providers to make sure they have workers with the language skills to care for Welsh speakers.

The principle of the 'Active Offer' is at the heart of Mwy na geiriau. Under the Active Offer, service providers shouldn't wait for individuals to ask for Welsh services. Instead, they should actively identify their language needs. The strategy notes that if you're a Welsh speaker, being able to use your own language must be seen as a core part of your care and not an optional extra.

Cymraeg 2050 is a Welsh Government strategy which aims for Wales to have one million Welsh speakers by 2050.

Learning outcome 9: Know how positive approaches can be used to reduce restrictive practices in social care

Positive approaches are based upon the principles of person centred care:

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

Developing good relationships is fundamental, and positive approaches should be used at all times. They are essential when someone is stressed; distressed; frightened; anxious or angry and at risk of behaving in such a way that is challenging to their safety and / or the safety of others.

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

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

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

Restrictive practices could also include more obvious actions such as those listed in Welsh Government's Reducing Restrictive Practices Framework such as:

- physical restraint
- chemical restraint
- environmental restraint
- mechanical restraint
- seclusion or enforced isolation
- long-term segregation
- coercion.

They should only be used as part of an agreed behaviour support plan and should only ever be used as an immediate and planned response to behaviours that challenge, or to take control of a situation where there's a real possibility of harm if no action is taken.

Any act of restrictive practice has a potential to interfere with a child/young person's human rights. So all acts of restrictive practice must be lawful, proportionate and the least restrictive option available.

Restrictive practices must never be used to punish or with the sole intention of inflicting pain, suffering, humiliation or to achieve compliance. It's never lawful to use restraint to humiliate, degrade or punish people.

Restrictive practices, other than those used in an emergency, should always be planned in advance and agreed by a multi-disciplinary team and wherever possible, the child/young person. They should be included in their personal plan, behaviour support or behaviour management plan.

Underlying causes could include:

- Chronic or acute pain
- Infection or other physical pain
- Sensory loss
- An acquired brain injury or other neurological condition
- Communication difficulties
- Environment
- Fear and anxiety
- Unhappiness
- Boredom
- Loneliness
- Un-met needs
- Demands
- Change
- Transitions
- Recent significant events such as death of a family member
- Past events or experiences
- Abuse or trauma
- Bullying
- Over-controlling care
- Being ignored

Learning outcome 10: Understand how change and transitions impact upon children and young people

Significant life events would include important changes in a child's life both positive and negative. For some they be changes and disruption to routines or the onset of a deteriorating condition such as sensory loss; for others they may be a sudden change to their lives such as loss and bereavement and for others it may be a crisis affecting them.

Everyone faces significant life events at certain times during their lives, these can include:
•having new siblings
•leaving home
•getting married
•moving house
•starting a new school or job
•having children and grandchildren
•retirement
•ill health
•death of parents or other close family member.

We can experience a whole host of emotions when facing significant changes. These can range from happiness and excitement to worry, fear, anger and depression. The way we respond can be influenced by whether the change is chosen, such as, moving house, or imposed, for example moving into a residential care home. How much control we feel we have is an important factor in how we react. Many of the children and young people accessing care and support may feel they have little or no control over what's happening to them, which can cause distress and anxiety.

A **transition** is a period of change from one stage of life to another. These changes happen to everyone throughout life. They can happen suddenly or gradually and can last for different amounts of time. A transition can also be moving from one activity to another such as school to home. For some children and young people, disruptions to their routine can make them feel unsettled and/or cause distress.

Some of these changes or transitions have a positive effect on our lives, while others can have a negative effect. As with significant life events, the amount of control children and young people have will impact on how they feel and cope with them.

Transitions could include children or young people moving into or out of the service provision, births, deaths, transferring between years in schools or colleges, transferring between education establishments, physical changes such as the onset of puberty, moving into adulthood.

Learning outcome 11: Understand how own beliefs, values and life experiences can affect attitude and behaviour towards children and young people

The Codes of Conduct and Professional Practice set out clear expectations of how health and social care workers are expected to behave. it is important that all workers are aware of the potential **impact of their own attitudes and behaviour children and young people** - this can be either positive or negative.

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/young people, their families/carers is essential for child centred practice in health and social care.

Unit 003 Health and well-being (adults)

Level:	2
GLH:	80
Aim:	To give learners an understanding of the factors that impact upon the health well-being of adults.
Unit overview:	This unit will ensure that learners gain knowledge of factors that may affect the health and well-being of individuals. This will include understanding of the links between good physical health and mental health, and how these can be impacted by different factors such as physical activity and self-identity. Knowledge will be gained of the importance and ways of ensuring appropriate personal care for individuals. This includes pressure area care, mouth care, foot care and continence care. Learners will understand the importance of nutrition and hydration including government guidelines. Learners will understand responsibilities, legislation and guidelines and their importance in the administration of medication.
Assessment type:	Multiple-choice test

Learning outcome:

The learner will:

1 Know what well-being means in the context of health and social care

Assessment criteria

The learner will be assessed on:

1.1 The term '**well-being'** and its importance
1.2 Factors that affect the well-being of individuals and carers
1.3 The importance of families, friends and community networks on the well-being of individuals and carers
1.4 **Ways of working that support well-being**

Learning outcome:

The learner will:

2 Know the factors that impact upon the health and well-being of individuals

Assessment criteria

The learner will be assessed on:

2.1 **Factors that can affect human development**

2.2 **Factors that may affect the health, well-being and development of individuals** and the impact this may have on them
2.3 Differences between the **medical and social models of disability**
2.4 The terms 'good physical health' and 'good mental health' and how these are interdependent
2.5 The **impact of prolonged inactivity** on physical and mental well-being
2.6 Social, mental and physical benefits of engagement in activities and experiences
2.7 Ways that people can engage in a range of personal activities including the use of social media and technology
2.8 How **engagement in the 'arts'** can support health and well-being
2.9 The term '**attachment'** and the impact that this can have on individuals in adulthood
2.10 The importance of **self-identifying, self-worth and sense of security and belonging** for the health and well-being of individuals
2.11 How the way that individuals are supported will impact on how they feel about themselves
2.12 Health checks that individuals need to support their health and well-being
2.13 Services and information that support health promotion
2.14 **Types of changes** in an individual that would give cause for concern for their health and well-being
2.15 The importance of observing, monitoring and recording the health and well-being of individuals affected by particular health conditions
2.16 The importance of reporting any concerns or any changes in the health and well-being of individuals
2.17 **Links between health and well-being and safeguarding**
2.18 **Links between health and well-being and the Mental Capacity** Act

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Learning outcome:

The learner will:

3 Know how to support individuals with their personal care and continence management

Assessment criteria

The learner will be assessed on:

3.1 The term '**personal care**'
3.2 Ways to establish with an individual their preferences in relation to how they are supported with their **personal care**
3.3 Ways to protect the privacy and dignity of an individual when they are being supported with their **personal care**
3.4 The term '**continence'**
3.5 Factors that may contribute to difficulties with continence
3.6 Ways in which difficulties with continence can affect an individual's self- esteem, health, well-being and day to day activities
3.7 How an individual's beliefs, sexual preference and values may affect the management of their continence
3.8 Aids and equipment that can support the management of continence
3.9 Professionals that may help with continence management
3.10 Ways to support individuals with their **personal care** and / or continence management in a way that protects both the individual and the **worker** supporting them

Learning outcome:

The learner will:

4 Know what is meant by good practice in relation to pressure area care

Assessment criteria

The learner will be assessed on:

4.1 The terms '**pressure area care'**, '**pressure damage'** and '**pressure ulcers'**
4.2 **Legislation and national guidelines in relation to pressure damage**
4.3 Factors that cause skin breakdown and pressure damage
4.4 **Stages of pressure ulcer development**
4.5 Parts of the body that are commonly affected by pressure damage

Learning outcome:

The learner will:

5 Know how to support good oral health care and mouth care for individuals

Assessment criteria

The learner will be assessed on:

5.1 The terms '**oral health care'** and '**mouth care'**
5.2 **National policy and practice guidance on oral health care**
5.3 **Common oral and dental problems** in older people and other individuals who need care and support
5.4 Reasons **why oral health and mouth care are important**
5.5 Potential impacts of poor oral health and mouth care on health, well-being, self-esteem and dignity
5.6 **Links between oral health and mouth care and nutrition**
5.7 Professionals that may help with oral health care

Learning outcome:

The learner will:

6 Know the importance of foot care and the health and well-being of individuals

Assessment criteria

The learner will be assessed on:

6.1 The importance of foot care for individuals
6.2 **Common conditions** that can cause problems with feet
6.3 **Signs of foot and toe nail abnormalities**
6.4 The potential impact of foot conditions or abnormalities on the health and well-being of individuals
6.5 Professionals that may help with foot care

Learning outcome:

The learner will:

7 Understand the roles and responsibilities related to the administration of medication in health and social care settings

Assessment criteria

The learner will be assessed on:

7.1 **Legislation and national guidance related to the administration of medication**
7.2 **Roles and responsibilities** of those involved in prescribing, dispensing and supporting the use of medication
7.3 Remits of responsibility for the use of 'over the counter' remedies and supplements in health and social care settings
7.4 Links between misadministration of medication and safeguarding

Learning outcome:

The learner will:

8 Understand the importance of nutrition and hydration for the health and well-being of individuals

Assessment criteria

The learner will be assessed on:

8.1 The terms 'nutrition' and 'hydration'
8.2 Principles of a balanced diet and good hydration and government recommendations for a balanced diet and hydration
8.3 **National and local initiatives that support nutrition and hydration**
8.4 The importance of a balanced diet for the optimum health and well-being of individuals
8.5 **Factors that can affect nutrition and hydration**

Learning outcome:

The learner will:

9 Know how to support falls prevention

Assessment criteria

The learner will be assessed on:

9.1 **Factors that can contribute to falls**
9.2 **Ways in which falls can be prevented**

Learning outcome:

The learner will:

10 Know the factors that affect end of life care

Assessment criteria

The learner will be assessed on:

10.1 Ways in which death and dying, grief and mourning may impact on individuals and key people in their lives
10.2 Ways in which culture, religion and personal beliefs will impact upon approach to death and dying
10.3 The terms '**advance care planning'** and '**advance directives'** and why these are important
10.4 Support available to support individuals with end of life care
10.5 Assistance that is available for **workers** when supporting individuals with end of life care

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Learning outcome:

The learner will:

11 Know how assistive technology can be used to support the health and well-being of individuals

Assessment criteria

The learner will be assessed on:

11.1 The terms '**assistive technology'** and '**electronic assistive technology'**
11.2 Types and range of technological aids that can be used to support an individual's independence and how these can be accessed
11.3 Ways in which technological aids can be used to support **active participation**
11.4 Support available for use of assistive technology

Learning outcome:

The learner will:

12 Know how sensory loss can impact upon the health and well-being of individuals

Assessment criteria

The learner will be assessed on:

12.1 The term '**sensory loss'**
12.2 **Causes** and conditions of sensory loss
12.3 **Potential indicators and** signs of sensory loss
12.4 Factors that impact upon an individual with sensory loss
12.5 **Considerations when communicating** with an individual with: sight loss; hearing loss; deafblindness
12.6 The importance of supporting individuals to use aids such as hearing aids and glasses
12.7 The considerations when supporting an individual with loss of taste; smell or touch
12.8 Support available for individuals with sensory loss

Learning outcome:

The learner will:

13 Know how living with dementia can impact on the health and well-being of individuals

Assessment criteria

The learner will be assessed on:

13.1 The term '**dementia'**
13.2 **Indicators and signs** of dementia
13.3 Ways in which dementia can affect individuals and how they experience the world
13.4 The expression 'living well with dementia'
13.5 How person centred approaches can be used to support individuals living with dementia
13.6 **Considerations needed when communicating** with an individual living with dementia
13.7 The impact that supporting and caring for an individual living with dementia, can have on family / carers
13.8 Ways in which carers can be supported to continue in their role
13.9 What is meant by a 'dementia friendly community' and how this can contribute to the well-being of individuals living with dementia
13.10 Support available for individuals living with dementia

Learning outcome:

The learner will:

14 Know how mental ill-health can impact upon the health and well-being of individuals

Assessment criteria

The learner will be assessed on:

14.1 The term '**mental ill-health'**
14.2 **Factors that can contribute** or lead to mental ill-health
14.3 **Potential indicators and signs** of mental illness
14.4 The potential impact of mental ill-health on health and well-being
14.5 Ways in which individuals can be supported to **live well with mental ill-health**
14.6 Positive outcomes associated with improved mental health and well-being
14.7 Support available to help individuals with mental ill-health

Learning outcome:

The learner will:

15 Know how substance misuse can impact upon the health and well-being of individuals

Assessment criteria

The learner will be assessed on:

15.1 The term '**substance misuse'**
15.2 **Potential indicators and signs** of substance misuse
15.3 The potential impact of substance misuse on the health and well-being of individuals

15.4 Support available to individuals who misuse substances

Unit 003 Delivery guidance

Learning outcome 1: Know what well-being means in the context of health and social care

Well-being: Welsh Government has co-produced a national outcomes framework[3] with individuals and carers. The framework includes a 'well-being statement' which builds on the definition of well-being in the Social Services and Well-Being (Wales) Act (2014) in relation to eight aspects of a person's life:

- physical and mental health and emotional well-being
- protection from abuse and neglect
- education, training and recreation
- domestic, family and personal relationships
- contribution made to society
- securing rights and entitlements
- social and economic well-being
- suitability of living accommodation.

National well-being outcomes for individuals and carers have been developed for each of the eight aspects of well-being. Some outcomes describe the responsibilities that people must carry out themselves to help them achieve their own well-being.

The following information from the framework shows the definition of "what well-being means", from the Act and the national well-being outcomes.

Securing rights and entitlements
Also for adults: control over day-to-day life
- I know and understand what care, support and opportunities are available and use these to help me achieve my well-being
- I can access the right information, when I need it, in the way I want it and use this to manage and improve my well-being
- I'm treated with dignity and respect, and treat others the same
- my voice is heard and listened to
- my individual circumstances are considered
- I speak for myself and contribute to the decisions that affect my life, or I have someone who can do it for me.

Physical and mental health and emotional well-being
Also for children: physical, intellectual, emotional, social and behavioural development
- I'm healthy and active and do things to keep myself healthy
- I'm happy and do the things that make me happy
- I get the right care and support, as early as possible.

Protection from abuse and neglect
- I'm safe and protected from abuse and neglect
- I'm supported to protect the people that matter to me from abuse and neglect
- I'm informed about how to make my concerns known.

Education, training and recreation
- I can learn and develop to my full potential

[3] **national outcomes framework**

•I do the things that matter to me.

Domestic, family and personal relationships
•I belong
•I contribute to and enjoy safe and healthy relationships.

Contribution made to society
•I engage and make a contribution to my community
•I feel valued in society.

Social and economic well-being
Also for adults: participation in work
•I contribute towards my social life and can be with the people that I choose
•I don't live in poverty
•I'm supported to work
•I get the help I need to grow up and be independent
•I get care and support through the Welsh language if I want it.

Suitability of living accommodation
•I live in a home that best supports me to achieve my well-being.

Ways of working that support well-being could include:

- promoting voice and control
- prevention and early intervention
- co-productive approaches
- multi-agency working
- person centred approaches
- rights based approaches
- supporting positive risk taking
- treating individuals and their families/carers with dignity and respect
- supporting active participation
- relationship centred working

Learning outcome 2: Know the factors that impact upon the health and well-being of individuals

Factors that can affect human development

Human growth and development will vary depending on the individual's life stage. The life stages are broadly described as:
•infancy: from birth to two years
•childhood: three to 12 years
•adolescence: 13 to 19 years
•young adulthood: 19 to 40 years
•middle adulthood: 40 to 65 years
•later adulthood: 65 years and over.

Human growth and development relate to a person's skills, abilities and emotions. All areas of development are equally important and have an impact on one another. Human development is holistic, with many things happening at the same time such as physical, intellectual, emotional and social development (P.I.E.S.).
The transition of a child to an adolescent, then to an adult, goes along with a lot of changes in personal, physical, emotional and social areas. Coping with these changes can be a strain as not everything can be taught and many things are learned through experience.

There are theories about the stages of social development in adulthood. Erik Erikson put forward the 'psychosocial theory of development'. According to Erikson, there are stages of social development a person goes through in their transition from an adolescent to a young adult, a middle-aged adult, then an older adult, but this theory is generic and each individual may have different experiences in childhood that will mark their journey into, and experiences of, social development into adulthood. The process of social development is different for everyone and depends on their personal experiences.

Infancy: from birth to two years
•Physical – from birth to age two, physical growth and brain development are rapid. Motor skills are developed, with the infant using muscles to sit up, stand and walk
•Intellectual – infants learn by doing, that is, looking, hearing, touching grasping and sucking, and they will start to interact with their environment on purpose
•Emotional – the infant will start to bond with the people who care for them, such as their mum and dad. They will try to develop a sense of being nurtured and loved. They will need to form a strong attachment to their main care giver as this will help give them a sense of security now and through all their life stages
•Social – at this age the infant will be learning how to play with other children and will start recognising faces and names. They will also try to start sharing things with others.

Childhood: three to 12 years
•Physical – by the age of five children can start to walk up the stairs without help and hold a crayon or pencil to draw and write. By the age of eight, children can throw and catch, and develop a good sense of balance
•Intellectual – children go through a lot of learning between the ages of three and 12. Communication and language skills improve, they develop an understanding of time, learn to read and use reasoning from knowledge to form opinions. They will also watch the behaviour of others around them
•Emotional – from the age of three, children start to learn how to control their emotions, but they will test limits and boundaries. They will start to show and express emotions, such as love or anger, and express their feelings through words
•Social – children become more interested in friendships. They will lead imaginative play and ask lots of questions. They will also play co-operatively and take turns.

Adolescence: 13 to 19 years
•Physical – hormones cause the body to change shape as young people go through puberty. By 18, the human body has reached its full height and physical abilities are at their peak, including muscle strength, fine motor skills, reaction time, sensory abilities, cardiac functioning and sexual response
•Intellectual – adolescents start thinking for themselves and using a logical way to solve problems. They will form new ideas and questions, and consider many points of view
•Emotional – many experience mood swings, frustration, insecurities and confusion. This is a time when sexuality is explored
•Social – the transition from a child to an adolescent is defined by the search for one's own identity, and the perception of ourselves in relation to society. Adolescents often find themselves asking questions, such as "who am I and where am I going?"

This stage creates a certain amount of confusion about the young person's expected role as they grow older. At a stage where they are allowed to make certain decisions on their own, adolescents are likely to start experimenting with their behaviour and may engage in activities that help them discover their roles and identities. This is a stage marked by what Erikson called the "identity crisis".

These changes are intensified by the physical changes that adolescents are going through because of puberty. They tend to see the world as a hostile place to live in, and their sense of self-concept and self-esteem are challenged. As they develop their ideas, adolescents may also face conflict with adults.

This stage is also marked by the need for adolescents to 'fit in' to a particular norm or type because of peer pressure.

Early adulthood: 19 to 40 years
•Physical – from around the age of 30 the body's functions start to decline, but this may not be noticed for some time. The first signs of ageing may be fine lines and wrinkles, and skin taking longer to heal. Hair may also start to turn grey
•Intellectual – during this stage, people begin to understand things from different perspectives, building on practical experiences and information gathered over time
•Emotional – people become less egocentric, develop control systems to reach the best conclusion, and become more caring and respectful toward others. One of the reasons for the development of these traits is self-reflection
•Social – certain aspects of the previous stage continue into this stage as these young adults try to fit into the roles they desire. Career choice, networks and relationships impact on our self-concept and self-esteem during this stage.

Middle adulthood: 40 to 65 years
•Physical – physical capabilities decline, skin loses elasticity and starts to wrinkle. Muscle tone slackens and eyesight and hearing declines. Men's fertility will decrease from around the age of 40 as their testosterone levels drop, leading to the production of less sperm. Women can't conceive after the menopause, but men can still produce children well into later adulthood. The muscle-to-fat ratio for both men and women also changes, with an accumulation of fat in the stomach area. Fine motor skills are more difficult, and coordination and reaction times are slower
•Intellectual – there's a slowing down of our cognitive functions, such as paying attention to a task or multi-tasking. But, the ability to use intelligence from our experiences, skills and strategies developed throughout our lifetime, increases
•Emotional – emotions aren't as strong during this stage, and we tend to focus on more positive and less negative things
•Social – the biggest social contribution of an adult in this stage is to help the growth and development of the next generation. This is done by starting and raising a family, which then leads to a sense of accomplishment. Erikson thought that if this stage lacks this aspect of growth, an adult is likely to feel inactive and inconsequential.

It's during this stage that adults experience their children leaving home, causing a sense of emptiness and leading to what's known as the mid-life crisis. At this time, the adult looks for other changes, such as their career, or a new direction, such as spirituality.

Later adulthood: 65 years and older
•Physical – during later adulthood, the ageing process becomes more apparent. Some people have hair loss, and others have significant greying of the hair. Hearing and sight also decline further and the other senses, such as taste, touch and smell, are also less sensitive than they were in earlier years. Skin continues to dry out and get thinner, age spots and blood vessels become more apparent, joints stiffen, muscles weaken and bones become brittle. The immune system is weakened, and many older people are more at risk of illness, cancer, diabetes and other ailments. Heart and respiratory problems become more common in old age. Older people also experience a decrease in physical mobility and a loss of balance, which can result in falls and injuries

•Intellectual – the slowing down of our cognitive functions, such as paying attention to a task or multi-tasking, continues, but the ability to use intelligence from our experiences, skills and strategies developed throughout our lifetime can still increase
•Emotional – there are some theories of successful ageing. The disengagement theory says that as people age, their withdrawal from society is normal and desirable as it relieves them of responsibilities and roles that have become difficult. The activity theory says that activity is necessary to maintain a "life of quality," that is, that one must "use it or lose it" no matter what one's age and that people who remain active in all respects – physically, mentally and socially – adjust better to the ageing process.
•Social – this stage is marked by a reduction in productivity and is when a person enters the retirement phase.

In this stage, adults tend to look back on their lives to see if they've had a successful life. If so, a feeling of contentment and what Erikson called "integrity" happens. This reflection, if not positive, leads to a state of despair where nothing can be done to turn back time and change. It can also be marked by regrets. A prominent aspect of this stage is the fear of death, which contributes to the hopelessness that can become apparent. An adult's values at this stage are set and firm, and nothing can change the thought process or the way in which he or she now views the world.

Factors that may affect the health, well-being and development of individuals may include adverse circumstances or trauma before or during birth; autistic spectrum conditions; dementia; family circumstances; frailty; harm or abuse; injury; learning disability; medical conditions (chronic acute); mental health; physical disability; physical ill health; poverty; profound or complex needs; sensory needs; social deprivation; substance misuse. Any of these factors will have an impact on the human development of individuals.

Medical and social models of disability
Social model of disability - the social model was created by disabled people and looks at the barriers put in place by society in terms of disabled people being able to fully take part in day-to-day life.

The social model:

- seeks to remove the barriers that stop disabled people taking part in society, accessing work and living independently
- asks what can be done to remove barriers to inclusion
- identifies the problems faced by disabled people because of external factors such as organisations not producing information in accessible formats.

The social model recognises the difference between 'impairment' and 'disability'. Impairment is described as a characteristic that may or may not result from an injury or health condition and can affect a person's appearance or functioning of their mind or body, for example, sight loss or cerebral palsy.

The social model says a person doesn't 'have' a disability – disability is something a person experiences. The disability experienced is usually caused by the approach society or people take, which doesn't take account of people with impairments and their associated needs. This can lead to people with impairments being excluded from mainstream society. For example, an individual isn't prevented from reading a magazine because of sight loss, but because there are no alternative formats.

The social model focuses on people's attitudes towards disability and recognises that these can create barriers for disabled people in the same way as the physical environment can. These

attitudes are many and varied, ranging from prejudice and stereotyping, to unnecessary, inflexible practices and procedures by organisations and seeing disabled people as objects of pity or charity.

Medical model of disability - the medical model looks at a person's impairment first and sees the impairment as the reason why disabled people can't access goods and services or take part fully in society such as thinking a person cannot read a magazine as a result of their sight loss, not because it is not available in an accessible format.

The medical model focuses on the impairment and what can be done to 'fix' the disabled person or provide special services for them. The medical model views the individual as the problem, rather than society.

The impact of prolonged inactivity on physical and mental well-being could include:

- cardiovascular disease
- high blood pressure
- type 2 diabetes
- dementia
- reduced muscle strength, endurance and bone density
- weight gain and obesity
- anxiety, depression and fatigue
- negative self-esteem
- poor sleep quality

How engagement in the 'arts' can support health and well-being
The 'arts' are described as a wide range of human practices of creative expression. they could include activities such as:

- drawing
- painting
- sculpture
- music
- singing
- dance
- theatre
- books
- poetry
- film-making
- photography

The arts bring colour, comfort, imagination and meaning to life, and can be important for a person's sense of well-being. They can be especially helpful in health and social care settings.

Engaging with the arts can:

- improve emotional health by helping relaxation and emotional release
- provide an important way of self-expression
- provide enjoyable social contact
- increase self-esteem, confidence, and personal growth
- develop self-awareness.

Bonding and **attachment -** has a significant impact on how people develop throughout life.

Bonding is the intense attachment that develops between parents and their baby. It's a parent's feeling of unconditional love for their newborn child. For some parents it can happen straight away, while for others it can take some time to feel that bond. Post-natal depression can affect how a mother bonds with her baby.

Experts say that early bonding between a parent and baby affects the baby's response to stress, their learning behaviours and their social skills.

Attachment is the emotional bond that's formed between infants, young children and their main caregiver. A baby's attachment to its main caregiver begins immediately after birth as it responds to the love and attention it receives. Babies need warmth, cuddles, play, rest and food to build an emotionally strong attachment, which will benefit them in later life.

Attachments are key to an infant or child's emotional well-being. In early infancy, infants form one primary attachment. This is important as secure attachment provides a baby with the best foundation for life – an eagerness to learn, a healthy self-awareness, trust and consideration for others. An insecure attachment fails to meet an infant's need for safety and understanding, and can lead to confusion about their own identity and difficulties in learning and relating to others in later life.

If an infant has formed a strong attachment, they will be secure in the knowledge they have a safe haven to return to in times of distress. This helps with the development of trusting relationships later in life.

Studies suggest that children need to feel deeply attached to their parents to grow into successful independent adults. If children feel they can rely on their parents for love and support if things go wrong, they are more likely to develop a positive self-concept, have good self-esteem and feel confident trying new things for themselves as a child and later in life as an adult.

Self-identity, self-worth and sense of security and belonging:

Self-identity or self-concept is how people think of themselves based on their feelings, experiences and what they learn from others about themselves. It's their understanding of who they are and includes their own beliefs about their personality, character and values.

Self-identity can be positive or negative. It changes the way people behave and has an impact on their self-worth.

Self-worth or self-esteem is how much people value themselves. It includes how they feel about themselves and is their opinion about things such as:

- what kind of person they are
- how successful they think they are
- the status they have, for example, their job
- how they think others see them
- how much they think they deserve to be loved.

People with high self-worth tend to have more confidence. People with low self-worth might suffer from low confidence and feel bad about themselves.

People who haven't formed a strong attachment during childhood often go on to have a negative self-identity, low self-worth and lack confidence as adults.

Sense of security and belonging - The Senses Framework

Mike Nolan developed a framework[4] to help people think about creating an 'enriched environment' not only for individuals and their families or carers but for health and social care workers as well.

The Senses Framework has six elements and each is equally important to individuals, their families or carers and workers:
•security – to feel safe physically and emotionally
•belonging – to feel part of a valued group, be able to maintain or develop important relationships
•continuity – to be able to make links between the past, present and future
•purpose – to enjoy meaningful activity, to have valued goals and know that what you do matters
•achievement – to achieve valued goals and 'what matters'
•significance – to feel that you matter and have value and status.

Creating the right environment for everyone to grow and develop is important for health and well-being.

Types of change should include recognition of the signs that indicate acute deterioration in individuals (and this to reflect the range of reasons that lead to acute deterioration, including sepsis, acute kidney injury etc.) these could include:

- weight loss or lack of appetite
- excessive tiredness or drowsiness
- dizziness or blurred vision
- constant headaches
- going to the toilet less or more frequently
- loss of balance
- memory loss

Links between health and well-being and safeguarding
Safeguarding is about protecting individuals from harm, abuse or neglect and educating those around them to recognise the signs and dangers. It also involves promoting individuals' health and well-being, and making sure they receive safe and effective care, such as making sure health checks are carried out, supporting health promotion, and reporting and monitoring any changes. Protection from abuse and neglect is one of the national well-being outcomes.

Links between health and well-being and the Mental Capacity Act
The Mental Capacity Act is designed to protect and empower people who may lack the capacity to make their own decisions about their care and treatment.

Health and social care workers should never assume a person doesn't have capacity to make decisions about their health and well-being. To be deemed not to have mental capacity, they must have been formally assessed as not being able to:
•understand the information relevant to the decision
•remember that information
•use or weigh up that information to make the decision.

Securing rights and entitlements is one of the national well-being outcomes.

[4] **Senses Framework Layout (nsw.gov.au)**

Learning outcome 3: Know how to support individuals with their personal care and continence management

Personal care would include personal hygiene, bathing, dressing, mouth / skin / nail / foot care, continence, maintaining personal appearance

Continence - from an early age, most people can control their bladder and bowel. This is known as continence. Continence is being able to pass urine or faeces voluntarily in a socially acceptable place. A person needs to be able to:
- recognise the need to pass urine or faeces
- identify the right place to pass these
- reach the toilet in time to pass urine or faeces
- pass urine or faeces once there.

Incontinence is the unwanted or involuntary leakage of urine or faeces. Many people will be affected by incontinence at some time in their lives. People may experience urinary incontinence or bowel incontinence. Memory problems caused by dementia or an acquired brain injury, physical problems, such as poor mobility, poor dexterity or eyesight, and conditions, such as diabetes, can lead to urinary or bowel incontinence. Bowel incontinence can also be caused or made worse by constipation.

Worker would be the person providing care and support services to individuals.

Learning outcome 4: Know what is meant by good practice in relation to pressure area care

Legislation and national guidelines in relation to pressure damage including:
- Social Services and Well-being (Wales) Act 2014
- NICE guidelines
- NHS Wales guidelines
- EPUAP guidelines

Pressure area care relates to keeping skin healthy and stopping it from breaking down.

Pressure ulcers develop when pressure or friction is applied to the skin and causes damage to the soft tissue underneath. Pressure against the skin can limit blood flow, which is needed for delivering oxygen and other nutrients to tissues. Without these, skin and soft tissues are damaged and can eventually die. Bony areas of the body, such as the spine, hips, heels, elbows, buttocks and shoulder blades, are most at risk of **pressure damage**. Eventually this can lead to deep tissue damage, infection and severe pain. Pressure ulcers can also be caused by moisture on the skin.

Pressure damage can be caused by a lack of mobility, for example, lying in bed or sitting in a chair for long periods of time.
Most pressure ulcers can be avoided with good **pressure area care**, this includes:
- changing position
- keeping skin dry and clean through continence management
- checking skin for signs of ulcers
- having a healthy balanced diet
- not smoking

There are four main **stages in the development of pressure ulcers**:

· Stage one: Closed wounds. This is where the skin is painful but there aren't breaks or tears. The skin is reddened and doesn't lose colour if a finger is pressed on it. The skin temperature is warmer. A stage one sore may go in two to three days.

· Stage two: The skin breaks away and forms an ulcer. The sore expands into deeper layers of the skin and looks like a crater, abrasion or blister. At this stage some skin may be damaged beyond repair or die. Stage two ulcers can heal in one to six weeks.

· Stage three: The sore gets worse and extends into the tissue beneath the skin and forms a small crater. Fat may be visible in the sore but not muscle, tendon or bone. Stage three ulcers may take several months to heal or may never heal, especially in those with ongoing health problems.

· Stage four: The wound is deep and reaches into muscle and bone, and causes damage. There may be damage to deeper tissues, tendons and joints. Dead tissue may need to be removed to minimise further infection. Stage four ulcers may take several months to heal or may never heal, especially in those with ongoing health problems.

In stages three and four, tissue damage may mean there's little pain. But if the injuries progress, there can be serious complications such as infection of the bone (osteomyelitis) or blood (sepsis).

There are another two descriptors for pressure area damage: suspected deep tissue injury and unstageable.
In 'suspected deep tissue injury' the depth is unknown and there's a purple or maroon area of intact skin or blood-filled blister.
In 'unstageable', the depth isn't known as it's covered by 'slough' This isn't a scab and will slow down healing. Slough can be yellow, white, or grey in colour and it can cover all or part of the wound. It can be thick or thin and may appear sticky.

Learning outcome 5: Know how to support good oral health care and mouth care for individuals

Oral health care includes all aspects of the prevention of tooth decay and gum disease e.g. techniques for brushing teeth, the use of fluoride, healthy eating and the impact of smoking and alcohol. Oral health is sign of a person's health, well-being and quality of life. The World Health Organization (WHO) defines oral health as "being free from chronic mouth and facial pain, oral and throat cancer, oral sores, birth defects such as cleft lip and palate, periodontal (gum) disease, tooth decay and tooth loss, and other diseases and disorders that affect the oral cavity".

Mouth care would include support for activities such as removing and cleaning dentures, tooth brushing and the use of fluoride toothpaste in line with an individual's personal plan. Mouth care can prevent problems, such as infections and pain, and difficulties like bad breath, dry mouth and thrush.

National policy and practice guidance on oral health care including:

- Social Services and Well-being (Wales) Act 2014
- NICE guidelines
- Public Health Wales / Oral Health Wales guidance
- 100 Lives Improvement / Improving Mouth Care

Older people and individuals who need care and support may suffer from a range of **common oral and dental problems.** Some common problems for older people and individuals who need care and support include:

•gum disease caused by bacteria in plaque and tartar. Symptoms include irritated, red and bleeding gums
•cavities and decay, which can cause pain, infection and tooth loss
•receding gums, which is a gradual condition that means gums shrink away from teeth. It's caused by gum disease, poor dental hygiene and smoking, and increases the chances of developing serious gum disease and tooth loss
•dry mouth caused by producing less saliva, which may happen with age or as a side effect of medication, including medication for high blood pressure, high cholesterol and depression. This means sugar and acids may build up in the mouth and increase the chance of cavities and decay. It can also lead to dry and cracked lips and a swollen tongue that makes it difficult to speak and swallow
•bacteria on the tongue
•mouth sores
•tooth sensitivity
•oral cancer. The chance of oral cancer increases with age and there's an increased risk in those who smoke or drink alcohol
•poor fitting dentures can make eating difficult and affect nutrition.

Oral health and mouth care is important for a range of reasons including to:

•support overall health and well-being
•prevent tooth decay and gum disease. Regular brushing and care, such as flossing, helps keep teeth and gums healthy
•prevent infection. Gum disease and infection can lead to infection in other parts of the body
•support a positive image and self-esteem because dental problems can make people self-conscious about their appearance
•support good nutrition because poor dental health can make it difficult to chew and eat
•support communication because missing teeth can cause speech difficulties.

Links between oral health and nutrition. Good oral health is important for general health and nutrition, well-being and quality of life. Diets that are high in sugar can lead to dental decay. Healthy teeth and gums help people chew and digest food properly and maintain a balanced diet throughout their life. Having poor oral health, tooth decay, gum disease or ill-fitting dentures can impact food intake and enjoyment of food. If a person doesn't have healthy teeth, it can be difficult for them to enjoy foods that need to be chewed, such as meat, fruit and vegetables.

Vitamin D is important for oral health as it allows calcium to be absorbed. Without it, there can be underdeveloped teeth, gum disease and tooth decay. Not enough vitamin C will lead to bleeding gums and loose teeth.

Where nutrition is poor, the first signs are often seen in dental health.

Learning outcome 6: Know the importance of foot care and the health and well-being of individuals

Common conditions that can cause foot problems can include:

- fungal nail infections, which usually affect toenails. Fungal nail infections usually start at the edge of the nail and the infection often spreads to the middle of the nail, making

the nail discoloured and sometimes thicker in parts. The nail becomes brittle, and pieces can break off. Sometimes the whole nail lifts off. This can cause pain and swelling in the skin around the nail
- Athlete's foot is a common fungal infection that affects the feet. One of the main symptoms of Athlete's foot is itchy white patches between the toes and it can cause sore and flaky patches on the feet. Sometimes the skin on the feet may become cracked or bleed. If it's not treated, the infection can spread to the toenails and cause a fungal nail infection
- bunions are bony lumps that form on the side of the feet. They can cause pain along the side or bottom of the feet. This is usually worse when wearing shoes and walking
- diabetic neuropathy. Raised blood glucose levels, also known as blood sugar, can damage sensation in the feet. There's a greater risk of cuts and minor injuries not being noticed because of a lack of feeling. Raised glucose levels can also affect circulation, which can lead to less blood supply getting to the feet. Lack of a good blood supply can cause problems with cuts and sores healing. If these foot problems aren't treated, they could lead to foot ulcers, infections and, at worst, amputations.
- an ingrown toenail is a common problem where the nail grows into the toe. People usually get an ingrown toenail on their big toe, but can get them on any toe. The toe may be red, painful and swollen, and the toenail may curve into the toe
- corns and calluses are hard or thick areas of skin that can be tender and painful. Corns are small lumps of hard skin and calluses are larger patches of rough, thick skin
- blisters are a small pocket of fluid that form on an area of the body. These bubbles can vary in size and can occur for different reasons. Blisters commonly develop on the feet and can become infected. Warmth and redness around the blister are signs of infection. Instead of clear fluid, an infected foot blister may become filled with yellow or greenish pus, and/or have a foul smell. In severe cases of Athlete's foot, people can develop blisters on the foot or between the toes
- Plantar fasciitis is pain on the bottom of the foot, around the heel and arch. Plantar fasciitis is caused by straining the part of the foot that connects the heel bone to the toes (plantar fascia).

Some of the **signs of foot problems** are:

- tingling sensation or pins and needles like numbness
- pain and burning
- a dull ache
- shiny, smooth skin on the feet
- hair loss on legs and feet
- loss of feeling in feet or legs
- swollen feet
- feet that don't sweat
- wounds or sores that don't heal
- cramp in the calves when resting or walking
- changes in the colour and shape of the feet
- cold or hot feet
- blisters and cuts people can't feel
- foul smell coming from an open wound
- pain in the heel or arch.

Learning outcome 7: Understand the roles and responsibilities related to the administration of medication in health and social care settings

Legislation and national guidance related to the administration of medication including:

- Social Services and Well-being (Wales) Act 2014
- Misuse of Drugs Act 1971 (regulations 1972 and 2001)
- Health Act 2006 (Controlled Medication)
- Control of Substances Hazardous to Health (COSHH) 1999
- Hazardous Waste Regulations 2005
- Mental Health Act 2007
- Mental Capacity Act 2005 and associated Code of Practice
- All Wales Guidance for Health Boards/trusts in respect of medicines and Health Care Support Workers November 2015

The roles and responsibilities of those who prescribe, dispense and support the use of medication

It is the doctor's role to prescribe the correct medication with the correct time and the dose to be taken.

It is the pharmacist's role to dispense the medication, checking the medication given matches the prescription from the doctor.

The medication should be labelled with information, such as the name of the person who's to take the medication, the name of the medication, the date it's dispensed, the dose to be taken and how and when it's to be taken.

Pharmacists are also responsible for making sure the supply of medicines is within the law and that the medicines prescribed are suitable. They advise individuals about medicines, including how to take them and what reactions may happen, and they can answer any questions.

In the case of 'over the counter' medicines, the pharmacist is responsible for making sure the medicine is suitable for the individual and the medical condition they want it for. The risks associated with administering non-prescribed medication happen when there is not enough knowledge about potential interactions with other medicines the individual is taking.

Each health and social care organisation will set out who is responsible for supporting the use of medication. If it's the responsibility of health and social care workers, they must not support the use of medication until they have been trained and assessed as competent to do so. This relates to prescribed medication and over the counter medication. Workers must also make sure they are following individuals' personal plans, which will provide information about how each person should be supported.

Learning outcome 8: Understand the importance of nutrition and hydration for the health and well-being of individuals

National and local initiatives that support nutrition and hydration including:

- Change for life Wales - Eatwell guidance

Factors that can affect nutrition and hydration can include:

- Culture and religion
- Individuals preferences and habits
- Physical factors – positioning, oral hygiene etc.
- Physiological factors – depression, eating disorders etc.
- Income, lifestyle and social convention

- Advertising and fads
- Family and peer group influences
- Ethics, morals and political beliefs
- Neglect

Learning outcome 9: Know how to support falls prevention

Factors that can contribute to falls and how to help prevent these - everyone is at risk of falls as they get older. They're a big cause of hospital admissions and can cause serious injuries. Falling can also lead to a loss of confidence and independence.

There are several factors that can lead to falls:

•people rely on their balance to stay upright. As people age their balance, reaction times and reflexes slow down. This makes it harder to regain balance if they over-reach or trip up. Some individuals with physical impairment, learning disabilities or dementia may also have additional challenges with their balance

•between the ages of 50 and 70, people lose about 30 per cent of their muscle strength. Regular physical activity helps to strengthen muscles whatever a person's age

•bones become more brittle as people age, which means they are more likely to get a fracture if they fall. Weight bearing activities are important for keeping bones strong, a healthy balanced diet will help make sure individuals get enough calcium and individuals should take vitamin D supplements over the winter months

•dizziness and drowsiness are common side effects of many medications. If individuals experience either, they should be referred to their doctor

•as people age, their vision changes, including depth perception and the ability to see edges such as steps and kerbs. Having regular eye tests is important for checking changes in eyesight and eye health. Individuals with a learning disability are more likely to have sight loss

•as people get older, drinking the same amount of alcohol results in a higher blood alcohol concentration. This is because as people age fat replaces muscle and alcohol isn't drawn into body fat as well as it is into muscle. Older people are more likely to experience unsteadiness after drinking alcohol and are more at risk of falls. Medication may also affect how the body deals with alcohol

•poor lighting and clutter are particularly dangerous for falls. Good lighting and removing clutter, especially around the stairs, is important as is making sure that loose rugs, frayed carpets or trailing wires aren't causing a tripping hazard

•foot care and wearing shoes or slippers that fit properly also reduce the risk of tripping and falling. Wet and slippery floors should be avoided, as well as walking around the house in socks

•how the environment is organised can cut the risk of falling. For example, having things within easy reach to avoid climbing or stretching too much to get them and having grab bars in bathrooms and rails by steps.

In summary **factors that can contribute to falls** would include:
- Balance problems
- Muscle weakness
- Poor vision

- Long term health condition such as heart disease or low blood pressure that can lead to dizziness and brief loss of consciousness
- Environmental factors such as wet floors; dim lighting; rugs or unsecure carpets; clutter; reaching for storage areas; going up or down stairs; rushing to get to the toilet or answer door
- Poorly fitting footwear

Learning outcome 10: Know the factors that affect end of life care

Advance care planning - this is where individuals set out their preferences for the care they receive, who or what is important to them and decisions about their personal affairs before they enter the end of their life.

Advance directive (sometimes referred to as an 'Advance Decision to Refuse Treatment') is a formal directive which is legally binding about an individual's desire to refuse medical treatment in the future.

Learning outcome 11: Know how assistive technology can be used to support the health and well-being of individuals

Assistive technology - There are a range of technologies to support people's independence. These are often referred to as 'assistive technology'. Assistive technology covers assistive products and services that can be used to help people live healthy, productive, independent and dignified lives, and to take part in daily life activities. They can maintain and improve an individual's independence, promoting their well-being. Hearing aids, wheelchairs, spectacles, pill organisers and memory aids are all examples of assistive products.

Technology can be used in two main ways:

1. support and assistance – helping individuals get on with their lives by making things easier
2. safety and well-being – helping keep individuals safe and which will contact responders automatically if there's a problem.

Sometimes the technology individuals use will be specifically designed to support their independence and keep them safe. Or it may be more everyday technology that everyone uses, such as smartphones.

Electronic assistive technology - Sometimes the assistive technology will be 'low tech', such as grab rails or walking aids, other times it will be 'high-tech' electronic assistive technology, which uses phone lines or computer systems. Examples include alternative keyboards, touch screens, voice and speech recognition and eye-gaze systems that allow individuals who are physically impaired to access a computer. These high-tech systems have an inbuilt camera which tracks where the person's eyes are looking, allowing them to move the mouse pointer around. The individual can 'click' by blinking, staring at the screen for a certain length of time or using a switch.

The most commonly used high-tech electronic assistive technology health and social care workers need to be aware of are telecare and telehealth.

Telecare - this provides support and assistance from a distance using information and communication technology. It uses sensors to monitor individuals continuously, automatically and remotely so they can continue living in their own home, It can help minimise risks, such as falls, and detect gas leaks, fires or floods.

Telehealth - this exchanges data remotely between an individual at home and their health professionals using phone lines or wireless technology. It can be used to help with diagnosis and monitoring, and can include devices to measure and monitor temperatures, blood pressure and other vital signs for review.

Learning outcome 12: Know how sensory loss can impact upon the health and well-being of individuals

Sensory loss is when one of the senses; sight, hearing, smell, touch, taste and spatial awareness, doesn't work as it should. For example, if someone wears glasses they have sight loss, or if you someone finds it hard to hear or have a hearing aid, then they have a hearing loss.

An individual doesn't have to have full loss of a sense for the impairment to be described as 'blind', 'deaf' or 'deafblind', as it can be partial.

Dual sensory loss or deafblind is the combination of hearing and sight impairment. It isn't necessarily a total loss of both senses, most dual sensory impaired individuals have some sight and/or hearing.

Sensory neuropathy is a loss of touch
Symptoms of sensory neuropathy can include:

- pins and needles in the affected body part
- numbness and less ability to feel pain or - changes in temperature, particularly in the feet
- a burning or sharp pain, usually in the feet
- feeling pain from something that should not be painful at all, such as a very light touch
- loss of balance or co-ordination caused by less ability to tell the position of the feet or hands

Causes of sensory loss - there are many causes of deafness, blindness and deafblindness. The two broad types are:
•congenital – this is the term used if an individual is born with a sight and/or hearing impairment. This may be due to infections during pregnancy, premature birth, birth trauma and rare genetic conditions
•acquired – this is the term used if a person experiences sight and/or hearing loss later in life.

Loss of taste and smell - as people age, their sensory systems gradually lose their sharpness. This includes ability to taste and smell.

The loss of taste experienced by individuals is made worse by smoking, chewing tobacco and poor oral care. This can make food taste unpleasant and can lead to the individual losing their appetite and not eating enough, increasing the risk of dehydration and malnutrition. Loss of taste and smell is experienced by many individuals who have diabetes, are living with dementia or those who've had a stroke.

Loss of sense of taste and smell can also result in not being able to sense danger, such as gas leaks or smoke.

Loss of sense of touch can be the result of a range of factors, including diabetes, arthritis and carpal tunnel syndrome.

Anyone can experience sensory loss at any time through illness, accident or because of ageing. Causes can include:
•medical complications during pregnancy and birth, including cerebral palsy
•a range of syndromes, such as Usher syndrome, CHARGE syndrome, congenital rubella syndrome and Down's syndrome
•premature birth
•illness and accidents

•ageing
•glaucoma – damage to the optic nerve by pressure of fluid in the eye
•cataracts – clouding of the lens in the eye leading to a loss of vision
•macular degeneration – this is usually age related. It affects the middle part of vision and can be linked to smoking, high blood pressure, being overweight and family history
•diabetic retinopathy – a complication of diabetes caused by high blood sugars damaging the retina. It can cause blindness if left undiagnosed and untreated
•viral infections, such as meningitis
•hereditary conditions
•industrial and noise-induced deafness
•Meniere's disease – a disorder of the inner ear, which causes vertigo and hearing loss.

Indicators of sensory loss
There are many indicators or signs of sight loss, they include:

- holding reading materials further away or nearer than usual
- not reacting to visual clues or signs
- sitting too close to the television
- bumping into or tripping over objects
- moving around slowly and using walls as a guide
- not seeing nearby objects
- difficulty in seeing floor level changes
- discomfort with changes between light and dark
- difficulty in seeing objects off to the side
- white areas on the pupil
- irises changing colour
- complaining of seeing bright flashes of light.

Indicators and signs of hearing loss include:

- failing to react to voices coming from behind
- difficulty following and joining a group conversation
- inattention
- using a loud voice
- asking people to repeat what they've said
- turning the television volume up
- not responding to the doorbell or the telephone
- giving inappropriate responses to questions and conversation
- complaining of not being able to hear when there's a lot of background noise
- feeling tired or stressed from having to concentrate while listening.

Considerations when communicating with an individual with; sight loss; hearing loss; deafblindness - people who are hard of hearing, deaf or deafblind communicate in many different ways. The way someone communicates is likely to depend on their preference and if they've acquired their sensory loss or were born with it.

Everybody with a combined sight and hearing impairment connects, communicates and experiences the world differently. The approach to support will vary, but with the right support, individuals can lead a connected and fulfilled life.

Common ways of communicating with individuals who have sensory loss include:
•sign language
•Makaton, a simpler version of sign language that uses signs and symbols
•braille, using raised dots to touch
•deafblind manual, spelling words on your hand

•lip reading.

Communication is also about creating a positive environment that helps interaction. For example, this may mean:
•changing the lighting in the room
•reducing the amount of background noise
•moving position so that you can see or hear better
- standing facing the light rather than having it behind you

•reducing clutter or removing things that are distracting.

Learning outcome 13: Know how living with dementia can impact on the health and well-being of individuals

Dementia is an umbrella term for several conditions, such as Alzheimer's disease.

There are more than 100 different types of dementia and depending on the type of dementia, health and social care workers can expect to see changes in a person's ability to remember, think, reason and solve problems. There may also be changes to a person's communication skills and their ability to carry out everyday activities. These symptoms may become worse over time and will affect different people in different ways.

The three main types of dementia are:

Alzheimer's disease - this is the most common type of dementia, affecting six out of 10 people with dementia in the UK.

Proteins build up in the brain to form 'plaques' and 'tangles', which cause structural changes to the brain. The brain becomes physically smaller and lighter, and chemical changes mean messages aren't transmitted effectively.

Symptoms develop slowly over several years, gradually becoming worse and having a greater impact on a person's ability to carry out everyday tasks.

Vascular dementia - this is the second most common type of dementia and is caused by reduced blood supply to the brain. This may be because of a stroke or a series of mini strokes or changes to the small vessels in the brain.

Mixed dementia - this occurs when Alzheimer's disease comes with another type of dementia, usually vascular dementia

Some **indicators and signs of dementia** could include:

- concentration problems
- poor short-term memory
- difficulty with everyday skills
- slowed thought processes
- struggle to find the right words
- repetitive speech
- hallucinations
- disturbed sleep
- confusion
- difficulty swallowing

There may also be changes in:

- behaviour
- personality
- ability to solve problems
- ability to make decisions and plans
- organisational skills
- mood, particularly rapidly changing mood
- mobility and balance
- continence

Considerations when communicating with an individual living with dementia

Communication skills will change over time. Changes may be subtle to begin with such as:

•the individual taking a little longer to find the right word or describing items instead
•the individual losing their train of thought mid-sentence
•difficulties understanding what's being said or following complex sentences.

As dementia progresses, people will rely more and more on the other person's non-verbal communication, how things are said and the tone of voice.

It is important to recognise these changes and adapt communication to make it as effective as possible. this could include:

•minimising distraction: turning the television off or moving to a quieter area or get the person's attention. Use the persons name at the beginning of the sentence
•consideration of body position: can they see the worker? it helps to get down to the person's level and make eye contact. The visual field will shrink as the dementia progresses, so always approach from the person's dominant side. Workers may need to get quite close before a connection is made
•speaking clearly and calmly
•simplifying sentences without speaking in childlike terms
•use words the person uses.
•avoiding joining two sentences together by using "and", "or", "but".
•thinking about tone of voice. Not speaking to the person as a child.
•avoiding asking too many questions and considering yes or no questions instead
•while it's important to give people choices, sometimes too many choices will cause confusion. Reduce or show the options.
•communicating without words and using exaggerated gestures. For example, showing a person how to brush their teeth by doing the actions instead of explaining how to do it. Using pictures to help with decision making and consideration of writing it down. Some people will be able to read but others may not. Using touch to reinforce spoken word.

Being language sensitive - this is very important in dementia care and equally affects people who speak a language other than English or Welsh. It also affects people who use British Sign Language.

One of the features of dementia is a progressive reduction in the ability to express ideas as words, and to recognise the meaning of spoken and written words. Where English was learned as a second language, the person may initially mix up English and their first language and then lose the ability to speak English completely, making it difficult to communicate with support workers and younger family members who don't speak their language.

Learning outcome 14: Know how mental ill-health can impact upon the health and well-being of individuals

Mental ill health - mental health problems affect around one in four people. They range from common problems, such as depression and anxiety, to rarer problems, such as schizophrenia and bipolar disorder.

There are many different mental health problems. Some have similar symptoms, but everyone's experience is different and can change at different times.

Depression - is a feeling of low mood that lasts for a long time and affects everyday life. It can make people feel hopeless, despairing, guilty, worthless, unmotivated and exhausted. It can affect self-esteem, sleep, appetite, sex drive and physical health.

In its mildest form, depression doesn't stop people leading a normal life, but it makes everything harder to do and seem less worthwhile. At its most severe, depression can make people feel suicidal and be life-threatening.

Some types occur during or after pregnancy, known as antenatal and postnatal depression. Or, it may come back around the same time every year (seasonal affective disorder).

Anxiety problems - anxiety is what we feel when we're worried, tense or afraid, particularly about things that are about to happen or that we think could happen in the future.

Occasional anxiety is a normal human experience. But if a person's feelings of anxiety are very strong, or last for a long time, they can be overwhelming. They may also experience physical symptoms, such as sleep problems and panic attacks.

Phobias - a phobia is an extreme form of fear or anxiety triggered by a particular situation, such as going outside, or by an object, such as a spider, even if it's unlikely to be dangerous.

A fear becomes a phobia if the fear is out of proportion to the danger, it lasts for more than six months, and has a significant impact on how a person lives their day-to-day life.

Eating problems - these problems aren't just about food. They can be about difficult things and painful feelings that a person may be finding hard to face or resolve. Anyone, regardless of age, gender or weight, can be affected by eating problems.

The most common eating disorder diagnoses are anorexia, bulimia and binge eating disorder. But it's also possible to have a very difficult relationship with food and not fit the criteria for any specific diagnosis.

Schizophrenia - views on schizophrenia have changed over the years. Some question whether it's a distinct condition or a few different conditions that overlap. But an individual may still be given this diagnosis if they experience symptoms such as:

- psychosis, for example, hallucinations or delusions
- disorganised thinking and speech
- feeling disconnected from their own feelings
- difficulty concentrating
- wanting to avoid people
- a lack of interest in things
- not wanting to look after oneself.

Obsessive-compulsive disorder (OCD) - this is a type of anxiety disorder. The term is often misused in daily conversation – for example, you may hear people talk about being “a bit OCD”, if they like things to be neat and tidy. But this disorder is a lot more complex and serious.

OCD has two main parts:
•obsessions – unwelcome thoughts, images, urges, worries or doubts that repeatedly appear in an individual’s mind
•compulsions – repetitive activities the individual feels they have to do to reduce the anxiety caused by the obsession.

Personality disorders – this is a type of mental health problem where a person’s attitudes, beliefs and behaviours cause them longstanding problems in their life. If a person has this diagnosis, it doesn't mean they’re fundamentally different from other people – but they may regularly experience difficulties with how they think about themselves and others and find it difficult to change these unwanted patterns.

There are several different categories and types of personality disorder, but most people who are diagnosed with a particular personality disorder don't fit any single category clearly or consistently. Also, the term 'personality disorder' can sound very judgemental.

Bipolar disorder - this was once called manic depression, it mainly affects a person’s mood. With this diagnosis an individual is likely to have times when they experience manic or hypomanic episodes, which means they feel high, depressive episodes when they feel low and potentially some psychotic symptoms.

Everyone has variations in their mood, but in bipolar disorder these swings can feel extreme and have a big impact on someone’s life. In between, the individual may have stable times where they experience fewer symptoms.

Factors that can contribute or lead to mental ill-health

There are three main categories – biological, psychological and environmental or social which can lead to a period of mental ill-health. They can include:
•childhood abuse, trauma or neglect
•domestic violence, bullying or other abuse experienced as an adult
•social isolation or loneliness
•discrimination and stigma
•social disadvantage, poverty or debt
•bereavement
•severe or long-term stress
•having a long-term physical health condition
•unemployment or losing a job
•homelessness or poor housing
•being a long-term carer for someone
•drug and alcohol misuse
•significant trauma as an adult, such as military combat, being involved in a serious incident, or being the victim of a violent crime
•physical causes – for example, a head injury or a neurological condition such as epilepsy can have an impact on behaviour and mood
•pregnancy
•postnatal period
•gender identity.

Although lifestyle factors including work, diet, drugs and lack of sleep can all affect mental health, if individuals experience a mental health problem there are usually other factors as well.

Living well with mental ill health
Self-care techniques and general lifestyle changes can help manage the symptoms of many mental health problems. They may also help prevent some problems from developing or getting worse. These can include:

Being aware of mental health
- knowing what helps, telling people and being aware of triggers
- spotting the early warning signs. Being aware of feelings and watching out for any signs of becoming unwell
- keeping a mood diary, as tracking moods can help someone work out what makes them feel better or worse. The person can then take steps to avoid, change or prepare for difficult situations
- building self-esteem. Taking steps to increase self-esteem can help the person feel more confident and able to cope.

Having a good social life
- feeling connected to other people is important. It can help someone feel valued and confident about themselves and can give a different perspective on things.

Using peer support - when a person experiences a mental health problem it can feel like no one understands. Peer support brings together people who've had similar experiences to support each other. This can offer many benefits, such as:
- feeling accepted
- increased self-confidence
- meeting new people and using own experiences to help others
- finding out new information and places for support
- challenging stigma and discrimination.

Therapeutic activities - there are techniques and therapies people can safely practice on their own. For example:
- relaxation, such as having a bath, listening to music or taking the dog for a walk
- mindfulness, which is a therapeutic technique that involves being more aware of the present moment. This can mean both outside, in the world around us, and inside, in our feelings and thoughts. Practising mindfulness can help the individual become more aware of their own moods and reactions
- getting into nature. Getting out into a green environment, such as a park or the countryside, is especially good for us.

Looking after physical health
- Avoiding drugs and alcohol – these may offer immediate relief but long term, will do more harm
- Making time for personal care - when an individual is experiencing a mental health problem, it's easy for personal care to not feel like a priority. But small everyday things, such as taking a shower and getting fully dressed, can make a big difference to how we feel.

Eat healthily
- What we eat and when we eat can make a big difference to how well we feel.

Learning outcome 15: Know how substance misuse can impact upon the health and well-being of individuals

Substance misuse refers to the harmful use of substances, such as drugs and alcohol. It includes substances such as glue, petrol, caffeine and prescribed medication. People who misuse substances do it no matter what the consequences because they might enjoy the feelings they get. Or they use substances as a way of escaping painful and distressing thoughts. Some substances, such as alcohol and heroin, can be physically addictive, so for people who misuse them regularly it can be hard to stop. They need to do this safely to minimise harmful effects on their bodies.

Many people use substances from time to time. This is known as recreational use and for most there are no harmful effects. Longer term, regular misuse is known to cause a range of problems and can lead to the person:

- being isolated from family and friends
- being physically unwell
- experiencing mental health problems
- being unable to maintain education or employment
- becoming involved with the police if crimes are committed.

Substance misuse is something that can affect people from all backgrounds. Substance misuse and addiction don't discriminate and anyone can be affected, regardless of gender, age, race, education, wealth or religion.

Potential indicators and signs of substance misuse

Drugs - some people can experiment out of curiosity and then never touch drugs again, but others like the feelings they get and become hooked after their first try.

Because drug misuse tends to lead to addiction, which is classed as an illness of the brain, there are usually behavioural symptoms that lead others to believe something isn't quite right with the affected individual. After a while, certain physical symptoms may become more noticeable.

Although the signs of drug misuse vary depending on the drug being used, there are common symptoms that show there's a problem. These can include:

- changes in personality, such as severe mood swings where the person is depressed one minute and then suddenly becomes happy and carefree
- becoming increasingly isolated and withdrawn, and spending more and more time alone
- neglecting personal hygiene and grooming
- losing interest in activities and hobbies that he or she previously enjoyed
- trouble sleeping or sleeping more than usual
- glassy or watery eyes
- dilated pupils
- runny nose.

Alcohol - since alcohol is so widely accepted in modern culture, it can be difficult to know when a person's drinking has crossed the line from casual to problematic. Identifying alcohol misuse is challenging. This is why we say it's important for anyone who thinks someone has a drinking problem to understand and be able to identify the signs.

The NHS defines alcohol misuse as drinking more than what's considered lower-risk by government standards . For alcohol use to be seen as abuse, a drinker needs to be routinely at the upper end of misuse. That would mean consuming between 15 and 35 units of alcohol every week. A 750ml bottle of wine is around 10 units .

Units of alcohol are based on what the average adult body can process in one hour of drinking, but people are different. The amount of alcohol a person's body can process in one hour might be different to others.

People may have a drinking problem if they:
•tend to drink to make themselves feel better
•think they need to drink to relax
•lie to other people about their drinking habits
•experience guilty feelings after a drinking episode
•routinely experience blackouts after drinking
•regularly find themselves drinking more than you had planned
•notice friends and family members showing concern about their drinking habits.

These are all warning signs that suggest something is going on. They don't necessarily mean that a doctor would clinically diagnose people as an alcohol abuser or alcoholic, but they are cause for concern to the degree that people should seek professional help.

Other signs are:
•poor work performance
•neglecting home responsibilities
•reckless behaviour
•damaged relationships
•financial problems.

Unit 004 Health and well-being (children and young people)

Level:	2
GLH:	80
Aim:	To give learners an understanding of the factors that impact upon the health well-being of children and young people.
Unit overview:	This unit will ensure that learners gain knowledge of factors that may affect the health and well-being of children and young people. This will include understanding of stages of child development, the impact of environments and the role of play. Knowledge will be gained of the importance and ways of ensuring appropriate personal care for children and young people. Learners will understand the importance of nutrition and hydration including government guidelines. Learners will understand responsibilities, legislation and guidelines and their importance in the administration of medication.
Assessment type:	Multiple-choice test

Learning outcome:

The learner will:

1 Know what well-being means in context of health and social care

Assessment criteria

The learner will be assessed on:

1.1 The term '**well-being'** and its importance
1.2 Factors that affect the well-being of children and young people
1.3 The importance of families and 'significant others' in the well-being of children and young people
1.4 **Ways of working** that support well-being

Learning outcome:

The learner will:

2 Know the factors that impact on the health and well-being of children and young people

Assessment criteria

The learner will be assessed on:

2.1 Stages of **child development** and factors that can affect it

2.2 **Factors that may affect the health, well-being and personal, physical, social and emotional development of children and young people** and the impact that this might have on them
2.3 The importance of early interventions and partnership working for the health, well-being and development of children and young people
2.4 The importance of **promoting parent's self confidence** in the parenting role and developing their ability to relate positively and engage in play activities with their child
2.5 The term '**attachment'** and why this is an important element of development and the ability of children to from relationships
2.6 The term '**resilience'** and its importance for the health and well-being of children and young people
2.7 The importance of **self-identity, self-esteem, sense of security and belonging** for the health and well-being of children and young people
2.8 Differences between the **medical and social models of disability**
2.9 **What children need to stay healthy** - physically, mentally and emotionally
2.10 **Agencies** and **workers** that may be involved in supporting the health and well-being of children and young people
2.11 Links between intellectual, physical and emotional growth and how to support the development from these
2.12 The importance of engagement in meaningful and enjoyable activities on the health, well-being and development of intellectual, physical and emotional growth
2.13 The importance of **creative development and the 'Arts'** for the health, well-being of children and young people
2.14 How to use every day routines and activities to support the health and well-being of children and young people
2.15 The term 'experiential learning'
2.16 How development is supported by experiential learning
2.17 The role of relationships and support networks in supporting the health and well-being of children and young people
2.18 Ways of working that develop positive relationships with children and young people based on trust, respect and compassion
2.19 **Types of changes** in a child or young person that would give cause for concern
2.20 The importance of observing, monitoring and recording the development of children or young people

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Learning outcome:

The learner will:

3 Know the environments that support health, well-being and development of children and young people

Assessment criteria

The learner will be assessed on:

3.1 **Features of a positive environment**
3.2 How the environment can support the holistic development of children and young people
3.3 How the environment can support the inclusion of all children and young people
3.4 The importance of ensuring that the environment is welcoming, nurturing, safe, clean, stimulating and takes account of children and young people's needs, interest and preferences

3.5 The importance of balancing periods of physical activity with rest and quiet time for the health, well-being and development of children and young people
3.6 The importance of consistent routines for children and young people's health, well-being and development

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Learning outcome:

The learner will:

4 Understand the role of play in supporting the health, well-being and development of children

Assessment criteria

The learner will be assessed on:

4.1 The **importance of play** for children and young people's health, well-being and learning and development
4.2 **Different types of play** and their benefits
4.3 How the environment and choice of equipment and materials are used to support **different types of play**
4.4 How to support holistic development through play
4.5 How play assists children and young people's to learn about themselves, those around them and their wider environment
4.6 How children and young people may use play to express emotions, fears or anxieties or copy behaviour they have observed
4.7 The importance of risk in play and how to encourage and support acceptable levels of risk

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Learning outcome:

The learner will:

5 Understand speech, language and communication development

Assessment criteria

The learner will be assessed on:

5.1 The **importance of speech, language and communication** for children and young people and how this impacts on health, well-being and development
5.2 The importance of early intervention for speech, language and communication development delays and disorders
5.3 How multi agency teams work together to support speech, language and communication development
5.4 How play and activities are used to support the development of speech, language and communication

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Learning outcome:

The learner will:

6 Know how to support the health, well-being and development of children with additional support needs

Assessment criteria

The learner will be assessed on:

6.1 Types of additional support needs that children may have
6.2 Principles of inclusion for children with additional support needs
6.3 How to adapt the environment and activities to enable all children and young people to take part

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Learning outcome:

The learner will:

7 Know how to provide advice, guidance and support to children and young people and their families that helps to make positive choices about their health and well-being

Assessment criteria

The learner will be assessed on:

7.1 **Areas relating to health well-being** for children and young people and the **agencies** that provide information and advice

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Learning outcome:

The learner will:

8 Understand the roles and responsibilities related to the administration of medication in social care settings

Assessment criteria

The learner will be assessed on:

8.1 **Legislation and national guidence related to the administration of medication**
8.2 **Roles and responsibilities** of those involved in prescribing, dispensing and supporting the use of medication
8.3 Remits of responsibility for the use of 'over the counter' remedies and supplements in social care settings
8.4 Links between misadministration of medication and safeguarding

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Learning outcome:

The learner will:

9 Know how to support children and young people with their personal care

Assessment criteria

The learner will be assessed on:

9.1 The importance of supporting **personal care routines** for children and young people
9.2 Ways to treat children and young people with dignity and respect when supporting them with their **personal care routines** taking in to account their background, culture and religion

9.3 Ways to support children and young people with their **personal care routines** in a way that protects both the child or young person and the adult supporting them

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Learning outcome:

The learner will:

10 Understand the importance of nutrition and hydration for the health and well-being of children and young people

Assessment criteria

The learner will be assessed on:

10.1 The terms 'nutrition' and 'hydration'

10.2 Principles of a balanced diet and good hydration and government recommendations for a balanced diet and good hydration

10.3 **National and local initiatives that support nutrition and hydration**

10.4 The importance of a balanced diet for optimum health, development and growth of children and young people

10.5 **Factors that can affect nutrition and hydration**

Unit 004 Delivery guidance

Learning outcome 1: Know what well-being means in the context of health and social care

Well-being: Welsh Government has co-produced a national outcomes framework[5] with individuals and carers. The framework includes a 'well-being statement' which builds on the definition of well-being in the Social Services and Well-Being (Wales) Act (2014) in relation to eight aspects of a person's life:

- physical and mental health and emotional well-being
- protection from abuse and neglect
- education, training and recreation
- domestic, family and personal relationships
- contribution made to society
- securing rights and entitlements
- social and economic well-being
- suitability of living accommodation.

National well-being outcomes for individuals and carers have been developed for each of the eight aspects of well-being. Some outcomes describe the responsibilities that people must carry out themselves to help them achieve their own well-being.

The following information from the framework shows the definition of "what well-being means", from the Act and the national well-being outcomes.

Securing rights and entitlements
Also for adults: control over day-to-day life
- I know and understand what care, support and opportunities are available and use these to help me achieve my well-being
- I can access the right information, when I need it, in the way I want it and use this to manage and improve my well-being
- I'm treated with dignity and respect, and treat others the same
- my voice is heard and listened to
- my individual circumstances are considered
- I speak for myself and contribute to the decisions that affect my life, or I have someone who can do it for me.

Physical and mental health and emotional well-being
Also for children: physical, intellectual, emotional, social and behavioural development
- I'm healthy and active and do things to keep myself healthy
- I'm happy and do the things that make me happy
- I get the right care and support, as early as possible.

Protection from abuse and neglect
- I'm safe and protected from abuse and neglect
- I'm supported to protect the people that matter to me from abuse and neglect
- I'm informed about how to make my concerns known.

Education, training and recreation
- I can learn and develop to my full potential

[5] **national outcomes framework**

•I do the things that matter to me.

Domestic, family and personal relationships
•I belong
•I contribute to and enjoy safe and healthy relationships.

Contribution made to society
•I engage and make a contribution to my community
•I feel valued in society.

Social and economic well-being
Also for adults: participation in work
•I contribute towards my social life and can be with the people that I choose
•I don't live in poverty
•I'm supported to work
•I get the help I need to grow up and be independent
•I get care and support through the Welsh language if I want it.

Suitability of living accommodation
•I live in a home that best supports me to achieve my well-being.

Ways of working 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 young people and their families/carers with dignity and respect
- supporting active participation
- relationship centred working

Learning outcome 2: Know the factors that impact upon the health and well-being of children and young people

Child development includes children from 0-19 years of age.

Stages of child development and factors that can affect it

Child development will vary depending on the life stage a child or young person is at. The life stages are roughly:

•infancy: from birth to two years
•childhood: from three to 12 years
•adolescence: from 13 to 19 years.

Child development relates to skills, abilities and emotions. All areas of development are equally important and affect one another. Child development is holistic, with lots of things happening at the same time - physical, intellectual, emotional and social development (P.I.E.S.) - across the life stages.

•P – physical development

•I – intellectual development
•E – emotional development
•S – social development

A child's transition to adolescence and then to adulthood goes alongside lots of personal, physical, emotional and social changes. Coping with these changes can be a strain. Children and young people can't be taught everything and learn lots of things from experience. It's only when they experience social situations that they develop their own way of responding to them.

Infancy: from birth to two years

•physical – from birth to age two, physical growth and brain development is rapid. The infant develops motor skills and uses muscles to sit up, stand and walk
•intellectual – infants learn by doing, that is, by looking, hearing, touching, grasping and sucking, and they'll start to interact with their environment on purpose
•emotional – the infant will start to bond with the people who care for them, such as mum and dad. They'll be trying to develop a sense of being nurtured and loved. They'll need to form a strong attachment to their main care giver because this will help give them a sense of security now and during all their life stages
•social – at this age, the infant will be learning how to play with other children and start recognising faces and names. They'll also try to start sharing things with others.

Childhood: three to 12 years

•physical – by the age of five, children can walk up the stairs without help and hold a crayon or pencil to draw and write. By the age of eight, children can throw and catch, and develop a good sense of balance
•intellectual – children go through a lot of learning between the ages of three and 12. Communication and language skills improve, they develop an understanding of time, learn to read and use reasoning from knowledge to form opinions. They will also watch the behaviour of others around them
•emotional – from the age of three, children start to learn how to control their emotions, but they will test limits and boundaries. They'll start to show and express emotions, such as love or anger, and express their feelings through words
•social – children become more interested in friendships. They'll lead imaginative play and ask lots of questions. They'll also play co-operatively and take turns.

Adolescence: 13 to 19 years

•physical – hormones cause the body to change shape as young people go through puberty. By 18, the human body has reached its full height and physical abilities are at their peak, including muscle strength, fine motor skills, reaction time, sensory abilities, cardiac functioning and sexual response
•intellectual – adolescents start thinking for themselves and using a logical way to solve problems. They'll form new ideas and questions and consider many points of view
•emotional – many experience mood swings, frustration, insecurities and confusion. This is a time when sexuality is explored
•social – the transition from child to adolescent is defined by the search for one's own identity, and how we perceive ourselves in relation to society. Adolescents often ask themselves questions such as "who am I?" and "where am I going?"

This stage creates a certain amount of confusion about the young person's expected role as they grow older. At a stage where they're allowed to make certain decisions on their own,

adolescents are likely to start experimenting with their behaviour and may take part in activities that help them discover their roles and identities.

These changes are intensified by the physical changes that adolescents are going through due to puberty. They tend to see the world as a hostile place to live in, and their sense of self-concept and self-esteem are challenged. Adolescents may also face conflict with adults as they develop their ideas.

This stage is also marked by the need for adolescents to 'fit in' to a particular norm or type due to peer pressure, in the process of discovering themselves.

Rate of development and sequence of development

The rate of development and the sequence of development are different. The sequence of development tends to focus on the pattern or order of development. For example, a child will usually crawl or walk before they can run. The rate of development is the speed this order is achieved. The sequence follows the same pattern in most children, but the rate will vary, so most children go through the same pattern but at different speeds.

A holistic approach to child development focuses on every aspect of the child. It looks at their mental, physical and emotional well-being, and how they work together towards the child or young person's well-being, instead of just focusing on academic achievements or the individual parts of development. Taking a holistic approach is important because children learn different things, such as walking, talking, fine motor skills and so on, at different stages. It makes sure there's a child-centred approach that treats each child as an individual.

A child will be expected to reach certain milestones during the different stages of their life, but the rate at which they reach them will vary. A 'developmental delay' is more than being 'a little behind' in one area of development and it can happen in one area or in a few. A 'global developmental delay' is when children have delays in at least two areas. If workers have any concerns about the development of any children or young people they work with, they must report these to their manager.

A range of factors will influence how a child/young person develops (both positively and negatively) and could include

- physical factors (such as health needs, nutrition and hydration, access to play, exercise),
- social and emotional factors (such as role of parents and families, family structure, relationships and friendships)
- environmental factors (such as housing)
- economic factors (such as access to money).

Other **factors that may affect the health, well-being and personal, physical, social and emotional development of children and young people** include adverse circumstances or trauma before or during birth; attachment, autistic spectrum condition; family circumstances; harm or abuse; injury; learning disability; medical conditions (chronic or acute); mental health; 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 and young people.

Bonding and **attachment -** has a significant impact on how people develop throughout life.

Bonding is the intense attachment that develops between parents and their baby. It's a parent's feeling of unconditional love for their newborn child. For some parents it can happen

straight away, while for others it can take some time to feel that bond. Post-natal depression can affect how a mother bonds with her baby.

Experts say that early bonding between a parent and baby affects the baby's response to stress, their learning behaviours and their social skills.

Attachment is the emotional bond that's formed between infants, young children and their main caregiver. A baby's attachment to its main caregiver begins immediately after birth as it responds to the love and attention it receives. Babies need warmth, cuddles, play, rest and food to build an emotionally strong attachment, which will benefit them in later life.

Attachments are key to an infant or child's emotional well-being. In early infancy, infants form one primary attachment. This is important as secure attachment provides a baby with the best foundation for life – an eagerness to learn, a healthy self-awareness, trust and consideration for others. An insecure attachment fails to meet an infant's need for safety and understanding, and can lead to confusion about their own identity and difficulties in learning and relating to others in later life.

If an infant has formed a strong attachment, they will be secure in the knowledge they have a safe haven to return to in times of distress. This helps with the development of trusting relationships later in life.

Studies suggest that children need to feel deeply attached to their parents to grow into successful independent adults. If children feel they can rely on their parents for love and support if things go wrong, they are more likely to develop a positive self-concept, have good self-esteem and feel confident trying new things for themselves as a child and later in life as an adult.

Supporting parents' self-confidence - there are parenting programmes to help families and parents who may be struggling. These will help parents understand child growth and development and how they can support this. They also help parents look at the effect of their own behaviour and how to recognise and minimise the likelihood of crisis situations.

It's important for parents to:

- feel confident in their parenting roles
- be able to develop positive, secure and stable relationships with their child
- play with their child, which not only supports growth and development but helps them form strong bonds

Resilience - is the ability to deal with stress, trauma, conflict, adversity, failure and challenges. It's developed over time and through life experiences. Resilience can fluctuate according to a child/young person's circumstances, for example, if they are tired they are less able to cope with these. Children with a sense of security and belonging and high levels of self-esteem and self-confidence are more resilient and are better able to cope with life as they get older.

Resilient children are more likely to take healthy risks because they aren't afraid of failure. They're inquisitive and trust in their own ability to solve problems independently. Resilience helps children deal with stressful situations, for example, moving to a new school, taking tests, dealing with bullying, grief or when their parents or carers separate. A resilient child or young person will be able to:

- take positive risks
- know their own limits but push to exceed these

•explore and be curious
•solve problems
•build on failure and learn from mistakes
•be optimistic and have a positive outlook.

Children and young people who aren't resilient may:

•have difficulty expressing their emotions and how they're feeling
•have a fear of failure and not take part in activities
•give up if they fail
•not take risks, explore or want to try new things
•find it difficult to cope with change or challenges.

Promoting resilience can be good for children and young people, helping them learn how to cope with new and challenging situations. It's important that health and social care workers support the development of resilience.

Children and young people need to develop their emotional, social, mental and physical well-being in a safe, caring and supportive environment that treats them as individuals. To support emotional and mental well-being, health and social care workers need to try to form secure relationships with children and young people and give them the chance to talk about their feelings.

Children and young people need to:

•learn how to work through feelings of discomfort
•develop problem solving skills
•reframe negative thoughts into positive thoughts
•talk about their feelings and emotions
•develop the ability to make decisions.

Workers can show children and young people how to do this by talking about their feelings and how they've overcome challenges. Another option is to talk about how characters in a book feel in different situations. It's important to encourage and praise children and young people for their efforts and their achievements and to support them when things aren't going well.

Self-identity, self-esteem and sense of security and belonging
Self-identity or self-concept is how children and young people think of themselves based on their feelings, experiences and what they learn from others about themselves. It's their understanding of who they are and includes their own beliefs about their personality, character and values.

Self-identity can be positive or negative. It changes the way children and young people behave and has an impact on their self-worth.

Self-esteem or self-worth is how much children and young people value themselves. It includes how they feel about themselves and is their opinion about things such as:
•what kind of person they are
•how successful they think they are
•the status they have, for example, their role
•how they think others see them
•how much they think they deserve to be loved.

Children and young people with high self-worth tend to have more confidence. Children and young people with low self-worth might suffer from low confidence and feel bad about themselves.

Children and young people who haven't formed a strong attachment during childhood often go on to have a negative self-identity, low self-worth and lack confidence as adults.

Sense of security and belonging - The Senses Framework
Mike Nolan developed a framework[6] to help people think about creating an 'enriched environment' not only for children and young people and their families or carers but for health and social care workers as well.

The Senses Framework has six elements and each is equally important to children and young people, their families or carers and workers:
•security – to feel safe physically and emotionally
•belonging – to feel part of a valued group, be able to maintain or develop important relationships
•continuity – to be able to make links between the past, present and future
•purpose – to enjoy meaningful activity, to have valued goals and know that what you do matters
•achievement – to achieve valued goals and 'what matters'
•significance – to feel that you matter and have value and status.

Creating the right environment for everyone to grow and develop is important for health and well-being.

Medical and social models of disability
Social model of disability - this was created by disabled people and looks at the barriers put in place by society in terms of disabled people being able to fully take part in day-to-day life.

The social model:
-seeks to remove the barriers that stop disabled people taking part in society, accessing work and living independently.
- asks what can be done to remove barriers to inclusion.
- identifies the problems faced by disabled people because of external factors such as organisations not producing information in accessible formats.

The social model recognises the difference between 'impairment' and 'disability'. Impairment is described as a characteristic that may or may not result from an injury or health condition and can affect a person's appearance or functioning of their mind or body, for example, sight loss or cerebral palsy.

The social model says a person doesn't 'have' a disability – disability is something a person experiences. The disability experienced is usually caused by the approach society or people take, which doesn't take account of people with impairments and their associated needs. This can lead to people with impairments being excluded from mainstream society. For example, an individual isn't prevented from reading a magazine because of sight loss, but because there are no alternative formats.

The social model focuses on people's attitudes towards disability and recognises that these can create barriers for disabled people in the same way as the physical environment can. These

[6] **Senses Framework Layout (nsw.gov.au)**

attitudes are many and varied, ranging from prejudice and stereotyping, to unnecessary, inflexible practices and procedures by organisations and seeing disabled people as objects of pity or charity.

Medical model of disability -this looks at a person's impairment first and sees the impairment as the reason why disabled people can't access goods and services or take part fully in society such as thinking a person cannot read a magazine as a result of their sight loss, not because it is not available in an accessible format.

The medical model focuses on the impairment and what can be done to 'fix' the disabled person or provide special services for them. The medical model views the individual as the problem, rather than society.

What children and young people need to stay healthy – physically, mentally and emotionally could include:

•daily routines to help them feel in control and give structure. If children and young people cannot provide these for themselves or if they are lacking, they can lead to feelings of chaos and being out of control
•enough rest and sleep to allow the body to recover physically and mentally. It's difficult to deal with emotions or challenges when tired. Lack of sleep and rest can make children/young people feel stressed and anxious
•fresh air and exercise have several health benefits. Physical activity can also boost self-esteem, mood, sleep quality and energy. Children and young people aged five to 18 need to do aerobic exercise and exercises to strengthen their muscles and bones. Examples of activities are walking, sports such as football or tennis, swimming, skipping, dancing, skateboarding and cycling
•play offers enjoyment and helps children and young people develop social skills, contributes to physical health, the development of motor skills and co-ordination, self-confidence and mental health
•creativity and the arts can promote the ability to express feelings, develop self-esteem, self-confidence and emotional development
•good nutrition and hydration is important for physical growth and cognitive development. It increases energy levels and leads to good physical and mental health
•positive relationships with family, friends and support networks help emotional well-being by giving children and young people a sense of security and belonging

Agencies would include those from statutory sector, voluntary sector and schools and education provision in providing advice and support. **Workers** may include behavioural specialists, educational psychologists, family support workers, independent advocates, dieticians, school nurses and teachers.

How engagement in the 'arts' can support health and well-being
The 'arts' are described as a wide range of human practices of creative expression. they could include activities such as:

- drawing
- painting
- sculpture
- music
- singing
- dance
- theatre
- books

- poetry
- film-making
- photography

The arts bring colour, comfort, imagination and meaning to life, and can be important for a person's sense of well-being. They can be especially helpful in health and social care settings.

Engaging with the arts can:
• improve emotional health by helping relaxation and emotional release
• provide an important way of self-expression
• provide enjoyable social contact
• increase self-esteem, confidence, and personal growth
• develop self-awareness.

The types of changes in a child or young person that would give cause for concern could include:

•growth and development that aren't consistent with development milestones
•regression in development
•changes in behaviour, such as withdrawal, mood changes, signs of mental ill-health or aggression
•development of fears or phobias
•a lack of energy, or lethargy
•changes in sleep patterns
•significant weight changes
•sexualised behaviour inconsistent with age
•sensory difficulties
•speech difficulties
•unexplained or repeated bruising or injuries.

Changes observed must be recorded and reported by workers.

Learning outcome 3: Know the environments that support health, well-being and development of children and young people

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

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

Outdoor environment - children and young people 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 and young people. Physical activity is improved, as well as calculated risk taking.

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.

Learning outcome 4: Understand the role of play in supporting the health, well-being and development of children

The importance of play - play is important for children and young people'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.

Different types of play 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)

Learning outcome 5: Understand speech, language and communication development

The importance of speech, language and communication for children and young people, and how this affects health, well-being and development - speech, language and communication plays an important role for socialising, learning and all aspects of well-being.

Sometimes, children and young people may have difficulty communicating with others. They may have trouble expressing themselves or find it hard to understand what's said to them. Children with speech, language and communication difficulties may struggle with one or more aspects of communication.

Speech refers to:

•using words, saying sounds accurately and in the right places
•speaking with expression with a clear voice, using pitch, volume and intonation to support meaning.

Language refers to:

•joining words together into sentences to build up conversations
•knowing and choosing the right words to explain something
•making sense of what others say.

Communication refers to interaction with others:

•using language or gestures in different ways, for example, to have a conversation or give someone directions
•understanding body language and facial expressions
•being able to listen to and look at people when having a conversation
•knowing how to take turns and listen, as well as talk
•being able to consider other people's point of view.

Signs that may suggest a child or young person has a speech, language and communication need include:

•struggling to speak clearly or with clarity
•struggling to listen and hear during a conversation
•finding turn-taking difficult
•finding schoolwork challenging
•using the wrong words in speech
•relying on stock, standard phrases
•struggling to hold a conversation

•vocabulary that's advanced or delayed from the expected milestones
•behaviour that's disruptive or shows frustration
•being withdrawn or anxious
•struggling to understand what's being said.

Speech, language and communication are important for children and young people's development. Through speech, language and communication, children learn to:

•build positive relationships
•form and maintain friendships
•express themselves
•learn by listening, talking and questioning.

These can all have a positive effect on confidence and self-esteem. When children and young people can't express themselves or aren't understood, they can become frustrated or feel isolated and lonely.

Learning outcome 6: Know how to support the health, well-being and development of children with additional support needs

Many children and young people will need 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

A child or young person is considered to have additional support needs if they need more support than is normally expected for their age and stage of development.

Learning outcome 7: Know how to provide advice, guidance and support to children and young people and their families that helps to make positive choices about their health and well-being

Areas relating to health and well-being to include:

- Substance misuse
- Alcohol misuse
- Smoking
- Sexual health
- Sex education and positive relationships
- Protection from prejudice, bullying and abuse
- Mental health
- Self-harm
- Eyesight
- Dental care

- Diet/ healthy eating
- Physical exercise
- Gambling debts

Learning outcome 8: Understand the roles and responsibilities related to the administration of medication in health and social care settings

Legislation and national guidance related to the administration of medication including:

- Social Services and Well-being (Wales) Act 2014
- Misuse of Drugs Act 1971 (regulations 1972 and 2001)
- Health Act 2006 (Controlled Medication)
- Control of Substances Hazardous to Health (COSHH) 1999
- Hazardous Waste Regulations 2005
- Mental Health Act 2007
- Mental Capacity Act 2005 and associated Code of Practice
- All Wales Guidance for Health Boards/trusts in respect of medicines and Health Care Support Workers November 2015

The roles and responsibilities of those who prescribe, dispense and support the use of medication

It is the doctor's role to prescribe the correct medication with the correct time and the dose to be taken.

It is the pharmacist's role to dispense the medication, checking the medication given matches the prescription from the doctor.

The medication should be labelled with information, such as the name of the person who's to take the medication, the name of the medication, the date it's dispensed, the dose to be taken and how and when it's to be taken.

Pharmacists are also responsible for making sure the supply of medicines is within the law and that the medicines prescribed are suitable. They advise individuals about medicines, including how to take them and what reactions may happen, and they can answer any questions.

In the case of 'over the counter' medicines, the pharmacist is responsible for making sure the medicine is suitable for the child/young person and the medical condition they want it for. The risks associated with administering non-prescribed medication happen when there is not enough knowledge about potential interactions with other medicines the child/young person is taking.

Each health and social care organisation will set out who is responsible for supporting the use of medication. If it's the responsibility of health and social care workers, they must not support the use of medication until they have been trained and assessed as competent to do so. This relates to prescribed medication and over the counter medication. Workers must also make sure they are following children and young people's personal plans, which will provide information about how each person should be supported.

Learning outcome 9: Know how to support children and young people with their personal care

Personal care routines would include personal hygiene, bathing, cleaning teeth, menstruation.

It is important for health and social care workers to **support children and young people with their personal care routines in a way that protects both the child or young person and themselves.**

As well as good infection prevention and control measures, such as using PPE and hand hygiene, workers need to think about how they carry out intimate personal care in a safe way. Workers should always make sure they:
•follow any risk assessments and the personal plans for children and young people
•let a colleague know what they are doing, if they are working in a residential care setting
•never have a phone with them when carrying out personal care
•record in the daily log that they have supported the child or young person with their personal care
•record and report any concerns, for example, marks or bruising on the body, inappropriate comments or sexualised behaviour from the child or young person, or incidents of challenging behaviour.

Learning outcome 10: Understand the importance of nutrition and hydration for the health and well-being of children and young people

Factors that can affect nutrition and hydration can include:

- Culture and religion
- Individual preferences and habits
- Physical factors - positioning, oral hygiene etc.
- Psychological factors – depression, eating disorder etc.
- Income, lifestyle and social convention
- Advertising and fads
- Family and peer group influences
- Ethics, morals and political beliefs
- Neglect

National and local initiatives that support nutrition and hydration including:

- Change for life Wales - Eatwell guidance

Unit 005 Professional practice as a health and social care worker

Level:	2
GLH:	50
Aim:	To give learners an understanding of the role, responsibilities and accountabilities of those who work in health and social care.
Unit overview:	This unit will ensure that learners understand their job role, responsibilities including duty of care, accountabilities and standards of professional behaviour. Learners will understand codes of conduct, professionalism, policies and procedures including confidentiality, the limitations of their role and responsibilities and when to seek additional support to deal with situations beyond their job role or conflicts and dilemmas. Learners will gain knowledge of partnership working, the importance and ways of effective team and multi-agency working. Learners will cover how to handle, store and record information following legislation and codes of conduct. Learners will understand the importance of continual professional development and reflection to improve practice.
Assessment type:	Multiple-choice test

Learning outcome:

The learner will:

1 Understand the role, responsibilities and accountabilities of health and social care workers

Assessment criteria

The learner will be assessed on:

1.1 Professional responsibilities and accountabilities within the context of relevant **legislative frameworks**, standards and **codes of conduct and professional practice**

1.2 The purpose of **job descriptions** and person specifications for defining the expectations and limits of roles and responsibilities

1.3 The importance of recognising and adhering to the limits of role and responsibilities

1.4 How and when to seek additional support in situations beyond role, responsibilities, level of experience and expertise or unsure as to how to proceed in a work matter

1.5 The purposes of **policies and procedures** for health and social care practice and how to find out about and follow these

1.6 The importance of reporting practices that are unsafe or conflict with **codes of conduct and professional practice**, standards or **policies and procedures** and how this should be done

1.7 The term '**duty of care**'

1.8 **Conflicts and dilemmas** that may arise between duty of care and the rights of individuals
1.9 The term '**duty of candour**' and why it is important to be open and honest if things go wrong
1.10 Accountability for quality of own practice
1.11 The importance of reflection and how to use this to improve practice
1.12 The term 'confidentiality' and how this can be maintained by health and social care workers
1.13 **Circumstances when 'confidential' information must be passed** on and who this should be passed on to
1.14 Potential conflicts and dilemmas that can occur between retaining confidentiality and safe practice
1.15 Why it is important to discuss with individuals and/ or carers any 'confidential' information that must be passed on

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Learning outcome:

The learner will:

2 Know how to develop and maintain effective partnership working with others in health and social care

Assessment criteria

The learner will be assessed on:

2.1 The **principles of working in partnership**
2.2 The term '**co-production' in relation to partnership** working with **others**
2.3 Roles of other workers and professionals in health and social care
2.4 The importance of **multi-agency** working
2.5 The importance of developing good relationships whilst maintaining clear professional boundaries when working with other workers and professionals, carers and families, as well as individuals
2.6 Ways of working that build trust
2.7 The importance of respecting diversity and recognising cultural, religious, ethnic and linguistic differences when working in partnership

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Learning outcome:

The learner will:

3 Know how effective team working supports good practice in health and social care

Assessment criteria

The learner will be assessed on:

3.1 Types of team working and how teams may differ in structure, purpose and constitution
3.2 **Core principles that underpin effective team working**
3.3 Ways effective team working contributes to the well-being of individuals

Learning outcome:

The learner will:

4 Know how to handle information

Assessment criteria

The learner will be assessed on:

4.1 The term 'handling information'
4.2 **Legislation** and **codes of conduct and professional practice** that relate to the handling of information including storing, recording, confidentiality and sharing
4.3 The meaning of '**secure systems** for recording and storing information'
4.4 The importance of secure systems for recording and storing information in health and social care
4.5 Features of manual and electronic information storage systems that help ensure security of information
4.6 Information that needs to be recorded, reported and stored
4.7 Ways to record written information with accuracy, clarity, relevance and an appropriate level of detail in a timely manner
4.8 Differences between **fact, opinion and judgement** and why understanding this is important when recording and reporting information about individuals and their families or carers
4.9 The importance of sharing recorded information with individuals and knowing when and why this cannot occur

Learning outcome:

The learner will:

5 Understand the importance of upholding the profession of health and social care workers

Assessment criteria

The learner will be assessed on:

5.1 The term '**positive role modelling'** in health and social care
5.2 Reasons for not behaving in a way, in work or outside work, which would call into question, suitability to work in the health and social care profession
5.3 The relationship between the use of social media and personal and professional conduct
5.4 Reasons for not forming inappropriate relationships with individuals, their families, carers, colleagues or others
5.5 The importance of recognising and sensitively using the power that comes from working with individuals and carers and not act in any way that abuses this power

Learning outcome:

The learner will:

6 Know how continuing professional development contributes to professional practice

Assessment criteria

The learner will be assessed on:

6.1 The term '**continuing professional development**'
6.2 Legislative requirements, standards and **codes of conduct and professional practice** that relate to continuing professional development
6.3 Ways used to evaluate own knowledge, understanding and practice against relevant standards and information
6.4 Responsibilities of employers and workers for continuing professional development
6.5 Learning opportunities available to health and social care workers and how these can be used to improve knowledge and practice
6.6 Ways to access and use information and support on knowledge and best practice relevant to role
6.7 Ways to apply learning to practice and transfer knowledge and skills to new situations
6.8 The importance of seeking and learning from feedback on practice from individuals, families and carers, colleagues and other professionals
6.9 Principles of **reflective practice** and why they are important
6.10 The **purpose of supervision and appraisal**
6.11 The role and responsibilities of employers and workers for undertaking supervision and appraisal
6.12 The use of **reflective practice** in supervision and appraisal
6.13 The importance of effective supervision, **reflective practice** and relevant learning opportunities on the well-being of individuals
6.14 Areas of work where own literacy, numeracy and **digital competency** skills are needed to support professional practice and ways to develop them

Unit 005 Delivery guidance

Learning outcome 1: Understand the role, responsibilities and accountabilities of health and social care workers

Legislative frameworks – these are made up of a combination of elements. The following is one example for social care but there are many examples for both health and social care.

- Acts, for example: The Regulation and Inspection of Social Care (Wales) Act 2016[7]
- Regulations or statutory instruments, for example: The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017[8]. These set out how the Act must be put into practice.
- Statutory guidance, for example: Statutory guidance for service providers and responsible individuals on meeting service standard regulations[9]. These set out how regulated services such as care homes may comply with the regulations.
- Codes of practice, for example: The code of professional practice for social care workers[10]. These align with the requirements of the Act, the regulations and statutory guidance but are directed at the role and responsibility of the workforce rather than the service providers.
- Practice guidance, for example:
  - **The residential child care worker – practice guidance**[11]
  - **The domiciliary care worker – practice guidance**[12]
  - **The adult care home worker – practice guidance**[13]

  These set out how workers may comply with the requirements of the Codes.

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, and the Code of Practice for NHS Wales Employers and any additional practice guidance issued by either NHS Wales or the regulators of health or social care in Wales e.g. The Practice Guidance for Residential Child Care Domiciliary Care / Adult Care Homes for Workers Registered with Social Care Wales.

Health and social care workers should be familiar with both the Code of Professional Practice for Social Care and The NHS Wales Code of Conduct for Healthcare Support Workers in Wales along with any specific practice guidance for their role.

Job description - Personal Assistants or approved adult placement / shared lives carers and foster carers may not have a job description; they will however have a contract, placement agreement or agreement that sets out how they are expected to undertake their role. Job descriptions set out the roles and responsibilities of workers.

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[7] Regulation and Inspection of Social Care (Wales) Act 2016 (legislation.gov.uk) Regulation and Inspection of Social Care (Wales) Act 2016 (legislation.gov.uk)

[8] The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 (legislation.gov.uk) **https://www.legislation.gov.uk/wsi/2017/1264/contents/made**

[9] Statutory Guidance for service providers (gov.wales) https://gov.wales/sites/default/files/publications/2019-04/guidance-for-providers-and-responsible-individuals.pdf

[10] The code of professional practice for social care workers

[11] The residential child care worker – practice guidance

[12] The domiciliary care worker – practice guidance

[13] The adult care home worker – practice guidance

Policies and procedures are 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. Policies and procedures will reflect legislative frameworks.

Duty of care all health and social care workers have a duty of care towards individuals receiving care and support and to other workers. This means promoting well-being and making sure people are kept safe from harm, abuse and injury. As part of duty of care, workers should pass on any concerns about well-being or safety. It is a legal requirement; duty of care is embedded in the codes of conduct and professional practice.

Conflicts and dilemmas - A conflict could be described as a difference of opinion or an argument. A dilemma could be described as a situation where a difficult choice has to be made.

Duty of candour is openness and honesty when things go wrong: the professional duty of candour explanatory guidance for social care professionals registered with Social Care Wales.

Confidentiality is an important right of individuals who receive care and support. It's a vital part of a person's right to privacy. Health and social care workers need to respect, protect and keep this, but there are **circumstances when confidential information must be passed on** such as where there are safeguarding concerns.

Learning outcome 2: Know how to develop and maintain effective partnership working with others in health and social care

The principles of working in partnership - partnership working in health and social care means professionals, organisations and agencies working together to support individuals who need to access health and social care services. The main principles of partnership working are:

- shared values
- agreed goals or outcomes for the individuals they support
- trust
- regular communication amongst all parties.

Co-production in relation to partnership working with others. Co-production is about developing more equal partnerships between people who use care and support, workers and professionals. Co-produced services are more effective because individuals who use the service are central to providing the service.
Co-production can help make the best use of resources, offer better outcomes for people who use care and support and carers, build stronger communities and develop citizenship.

Others would include colleagues, other workers or professionals and families or carers that you may come into contact with when caring for and supporting an individual**.**
Multi-agency working - multi-agency working means working across agencies or organisations to provide care and support to individuals with health and social care needs. Working in this way is essential for individuals to be offered the support they need, when they need it. It's about providing a seamless response to individuals with multiple and sometimes complex needs.
Multi-agency working is vital because it makes sure resources are shared. It also brings together separate agencies or organisations so they can share expertise.

Learning outcome 3: Know how effective team working supports good practice in health and social care

Core principles of effective team working would include**:**

- effective communication
- collaboration
- co-production
- accountability
- transparency
- reliability
- inclusion
- recognition of each others skills and abilities
- shared understanding of goals and objectives

Learning outcome 4: Know how to handle information

Legislation and codes of conduct and professional practice that relate to the handling of information. Personal information is protected by law or legislation. The Data Protection Act (2018) and the General Data Protection Regulation (2018) protect people from having their personal information shared.

The Data Protection Act sets out the framework for data protection law or legislation in the UK. It sits alongside the General Data Protection Regulation (GDPR), which is a European wide law or legislation that sets out how organisations handle personal data or personal information. The Information Commissioner's Office (ICO) is an independent official organisation, which is responsible for overseeing all the laws or legislation about data protection. All public and private organisations must protect any personal information they hold.

Data protection law or legislation protects the rights of individuals using health and social care services by making sure information about individuals is:

- held only with consent
- held securely
- shared only on a 'need to know' basis
- accessible to them.

Information about individuals, their families/carers must never be shared with others not directly involved in their care and support without their permission unless there are concerns about their safety and well-being. All organisations will have clear policies and procedures which will set out when and how information can be shared.

It is also essential to protect private information from accidental viewing or hearing. For example, being overheard talking to another worker, not storing any written information held in a secure place or inadvertently sharing personal information on social media.

Secure systems for recording and storing information in health and social care settings are essential for protecting individuals' rights to privacy. Each organisation and setting will have different ways of doing this, most will be electronic using computer systems or apps for recording and storing information whereas some may be manual for example handover notes in a domiciliary care setting.

Whether the storage systems are manual or electronic, there are key features which will help ensure security of information, these could include:

- password protection
- closing electronic recording devices when not in use
- following information security policies and procedures
- agreeing with individuals how their personal information will be stored and shared for example if these are manual notes kept in their own home.

Facts, opinions and judgements it is important for health and social care workers to know the difference between fact, opinion and judgement, particularly in relation to reporting and recording important information.

- Facts are facts and they can't be changed or influenced in any way. They should be accurate to avoid the information being presented is false.
- Opinion is the impression or view the worker is reporting or recording about the situation.
- A judgement is based on an evaluation or review of evidence, taking into account both opinion and the facts.

Learning outcome 5: Understand the importance of upholding the profession of health and social care workers.

Positive role modelling means behaving in ways which uphold the principles and values of health and social care and the Codes of Conduct and Professional Practice. Key to this is behaving in ways which demonstrate best practice and a professional approach to individuals and others. Characteristics of positive role modelling would include:

- Having self awareness (the ability to honestly reflect on own behaviour and the impact of this on others) and self regulation (the ability to regulate emotions and responses and think before acting)
- Behaving with integrity, honesty, openness, positivity and humility

Learning outcome 6: Know how continuing professional development contributes to professional practice.

Continuing professional development (CPD) is the planned, ongoing development of professional knowledge and skills throughout a person's working life. It is an approach that views everyday experiences as learning opportunities as well as more formal routes such as training. CPD is a personal commitment to continuously updating knowledge and skills. Health and social care workers are responsible for their own CPD not just their employers.

Reflective practice is being able to reflect on actions and learn from them to improve practice.

The purpose of supervision and appraisal - supervision and appraisal are a chance for health and social care workers to have feedback on their work, set goals and objectives for their development, and discuss progress and concerns. Appraisals usually take place once a year, but supervision happens more regularly.

Supervision allows workers to get feedback, guidance, and support, and helps to:

- reflect on practice
- focus on strengths
- identify and review areas for personal development
- feel safe in practice, especially when faced with difficult and challenging situations.

Supervision should be helpful and enjoyable, and give workers the support they need to carry out their role to the best of their abilities.

Appraisal is a more formal review of a worker's performance and improvement over time. Appraisals are usually carried out once a year and are an opportunity to:

- evaluate work objectives
- recognise and celebrate successes and achievements
- motivate and build on strengths
- identify areas for improvement and how training needs will be met

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

Unit 006 Safeguarding individuals

Level:	2
GLH:	40
Aim:	To give learners an understanding of the purpose of legislation, national policies, procedures and codes of conduct and practice in relation to the safeguarding of individuals.
Unit overview:	Learners will understand the terms safeguarding and categories and signs and symptoms of abuse and neglect. Knowledge will be gained of legislation and national policies and codes of conduct in relation to safeguarding, the roles of different agencies and recording and reporting procedures where abuse is indicated. The learner will know and understand their responsibilities in relation to safeguarding including the role of advocacy, appropriate relationships and person/child centered practices. The learner will cover ways of responding, recording and reporting procedures to follow including an understanding of 'whistleblowing' and boundaries of confidentiality.
Assessment type:	Multiple-choice test

Learning outcome:

The learner will:

1 Understand the purpose of legislation, national policies and codes of conduct and professional practice in relation to the safeguarding of individuals

Assessment criteria

The learner will be assessed on:

1.1 The term '**safeguarding**'
1.2 The **main categories** of abuse and neglect
1.3 **Common signs and symptoms** associated with harm, abuse and neglect
1.4 **Legislation, national policies and codes of conduct and professional practice** that relate to the safeguarding of individuals – both adults and children and young people and what these mean in practice
1.5 How legislative frameworks support the rights of individuals to be protected from harm, abuse and neglect
1.6 How concerns or incidences should be recorded and reported

Learning outcome:

The learner will:

2 Understand how to work in ways that safeguard individuals from harm, abuse and neglect

Assessment criteria

The learner will be assessed on:

2.1 The **role and responsibilities** of health and social care workers in relation to safeguarding
2.2 The role of **advocacy** in relation to safeguarding
2.3 The importance of establishing relationships that support trust and rapport with individuals
2.4 The importance of person/child centred practice in safeguarding
2.5 The importance of working in ways that uphold the rights of individuals
2.6 Ways to promote an environment where individuals can express fears, anxieties, feelings and concerns without worry of ridicule, rejection, retribution or not being believed
2.7 Ways to make individuals aware of how to keep themselves safe
2.8 Ways to make individuals aware of the risks associated with the use of social media, internet use and phones
2.9 **Ways of working** that keep both the **worker** and the individual safe

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Learning outcome:

The learner will:

3 Understand the factors, situations and actions that could lead or contribute to harm, abuse or neglect

Assessment criteria

The learner will be assessed on:

3.1 **Why some individuals could be more at risk** from harm, abuse or neglect
3.2 **Why abuse may not be disclosed** by adults, children and young people, family, friends, **workers** and volunteers
3.3 **Actions, behaviours or situations that increase the risk of harm or abuse**
3.4 Features of **perpetrator behaviour** and **grooming**
3.5 The value of learning from reviews and reports into serious failures to protect individuals from harm, abuse or neglect

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Learning outcome:

The learner will:

4 Understand how to respond, record and report concerns, disclosures or allegations related to safeguarding

Assessment criteria

The learner will be assessed on:

4.1 Approaches used to respond to suspected, disclosed or alleged harm, abuse or neglect
4.2 Actions to take if harm, abuse or neglect is suspected, disclosed or alleged
4.3 Actions to avoid if harm, abuse or neglect is suspected, disclosed or alleged, taking account of any future investigations that may take place
4.4 Boundaries of confidentiality in relation to safeguarding and information that must be shared

4.5 The term '**whistleblowing'**
4.6 The importance of reporting any concerns about possible harm, abuse or neglect and the duty that everyone has to do this
4.7 Potential barriers to reporting or raising concerns
4.8 Actions to be taken where there are ongoing concerns about harm, abuse or neglect or where concerns have not been addressed after reporting
4.9 Key information that must be reported and recorded, when this should happen and how this information is stored
4.10 The process used to record written information with accuracy, clarity, relevance and an appropriate level of detail
4.11 The differences between fact, opinion and judgement and why understanding this is important when recording and reporting information

Unit 006 Delivery guidance

Learning outcome 1: Understand the purpose of legislation, national policies and codes of conduct and professional practice in relation to the safeguarding of individuals

What the term 'safeguarding' means
For children and adults, safeguarding is about:

- protecting an individual's health, well-being and human rights
- making sure everyone's free from harm, abuse or neglect.

There are two important terms used in safeguarding – 'adult at risk' and 'child at risk'.
An adult at risk is anyone aged 18 years or over who:

- is experiencing, or is at risk of experiencing, abuse or neglect and;
- has care and support needs (whether or not the local authority is meeting any of those needs) and;
- because of those needs, can't protect themselves against abuse or neglect or the risk of it.

A child at risk is a person under the age of 18 who:

- is experiencing, or is at risk of experiencing abuse, neglect or other kinds of harm and;
- has care and support needs (whether or not the local authority is meeting those needs).

There is an important difference between safeguarding adults and safeguarding children and young people, which is about an adult's right to self-determination. This means they may choose not to do anything to protect themselves.
In the All Wales Safeguarding Procedures (2019)[14]:
Safeguarding for adults is defined as:

- preventing and protecting adults at risk from abuse or neglect
- educating people around them to recognise the signs and dangers of abuse and neglect
- promoting their well-being.

Safeguarding for children and young people is defined as:

- taking action to promote the welfare of children and protect them from harm
- protecting children from abuse and harm
- preventing harm to children's health or development
- making sure children grow up with safe and effective care
- taking action to support children and young people to have the best outcomes.

There are two main values in safeguarding:

- safeguarding is everybody's responsibility

[14] **https://safeguarding.wales/en/**

- a child-centred or person-centred approach.

For both adults or children and young people, safeguarding is everybody's responsibility.

The main categories of abuse and neglect
Abuse and neglect may be a specific or repeated incident. The harm caused by abuse or neglect may be because of a single issue or a build-up of events.
In Wales, the Social Services and Well-being (Wales) Act 2014 identifies five categories of abuse:

- Physical abuse (physical abuse means deliberately hurting a child or adult. It can be a one-off incident or a series of incidents and includes hitting, slapping, pushing, pinching, burning)
- Sexual abuse (sexual abuse happens when the victim's involved in sexual activities or relationships where they haven't given consent or they don't fully understand, or if they're a child. It includes: rape or sexual assault, indecent exposure, penetration, or attempted penetration, of intimate areas, sexual harassment, forcing someone to watch sexual acts or pornography).
- Psychological or emotional abuse (emotional or psychological abuse happens when an individual's self-confidence is undermined by threats, humiliation or degrading comments. It includes: bullying, threats of harm or being abandoned, ignoring, shouting or swearing, controlling behaviour, threats and intimidation).
- Neglect (neglect is a failure to meet an individual's basic physical, emotional, social or psychological needs, which is likely to have a negative impact on a person's health and well-being. It can be because of intentional or non-intentional acts, or not stopping behaviour that's harmful. It can be a one-off incident or a series of incidents).
- Financial abuse (Financial abuse happens when someone uses another person's money or property inappropriately. It includes: theft of items or money, pressure to give money or items, unexplained withdrawal of money, unusual interest from a third party in financial matters, purchases that aren't related to the individual's needs, such as a car or holiday).

Harm can be damage to physical or mental health, or to physical, intellectual, emotional, social or behavioural development. This includes damage from seeing or hearing another person suffer ill treatment.
Institutional abuse isn't one of the five categories of abuse set out in the Social Services and Well-being (Wales) Act, but is a term which is sometimes used. Institutional abuse could be described as putting the needs of the service or staff before the needs of individuals, in a way that could cause them harm.

Common signs and symptoms associated with harm, abuse and neglect.
Common signs and symptoms of physical abuse are:

- bruising that's inconsistent with the explanation
- scratches or scrapes, especially around the neck, wrist or ankles
- unexplained fractures, skin tears, bruises or burns
- cowering or flinching
- trying to hide injuries.

Common signs and symptoms of sexual abuse are:

- change in usual behaviour, such as withdrawal, bedwetting, aggressiveness and self-injury

- inappropriate sexual behaviour or language
- feelings of guilt or shame
- refusing personal care
- disturbed sleep or nightmares.

Common signs and symptoms of emotional or psychological abuse are:

- confusion and anxiety
- signs of depression
- sleep disturbances
- changes in appetite
- loss of interest in socialising.

Common signs and symptoms of neglect are:

- poor personal hygiene
- failure to give medication
- dehydration or weight loss
- untidy appearance or unsuitable clothing for the weather or situation
- repeated or unexplained accidents.

Common signs and symptoms of financial abuse are:

- not being able to pay bills, with no explanation why
- sudden withdrawal of money from accounts
- things of value going missing
- the person who manages finances being hard to get hold of or uncooperative
- poor financial recording or monitoring in a care setting.

Legislation, national policies and codes of conduct and professional practice that relate to the safeguarding of individuals:

The Social Services and Well-being (Wales) Act 2014
The most important law or legislation for safeguarding in Wales is the Social Services and Well-being (Wales) Act. The five key principles of the Act are relevant to all the parts of the Act, include safeguarding, which is part seven. The principles of the Act are:

- voice and control
- prevention and early intervention
- well-being
- co-production
- multi agency.

Under the Act, local authorities must set up safeguarding boards made up of representatives from:

- local authorities
- the local police body
- the local health board
- NHS Trust
- probation board
- youth offending team
- others.

There are six regional safeguarding boards and each board is made up of representatives from the local authority, the police chief officer, the local health board and NHS Trust, a probationary services provider and an offender management provider. Each regional safeguarding board has input from individuals who use services.
The National Independent Safeguarding Board works alongside the regional safeguarding boards to improve safeguarding policy and practice throughout Wales.
The purpose of the safeguarding boards is to protect children and adults from abuse, neglect or other kinds of harm, and to prevent children and adults from becoming at risk. The boards support the implementation of the All Wales Safeguarding Procedures and carry out safeguarding reviews.
The Act also sets out duties to report and duties to investigate abuse or neglect.
The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 and statutory guidance for service providers and responsible individuals on meeting service standard regulations, set out what regulated service providers are expected to do to safeguard individuals. Regulated service providers include organisations that provide residential care, domiciliary care, adult placement services, foster care or residential family support.
Care Inspectorate Wales inspects care settings and makes sure they comply with the regulations. Health Inspectorate Wales inspects health settings.
The All Wales Safeguarding Procedures are procedures that everyone must follow across health and social care.
There are also other laws that deal with safeguarding such as:

- the Children Act 1989
- the Mental Capacity Act 2005 and associated Code of Practice
- Deprivation of Liberty Safeguards
- the Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015
- the Regulation and Inspection of Social Care (Wales) Act 2016.

Along with other rights-based laws or legislation and conventions such as:

- the UN Principles for Older Persons 1991
- the Human Rights Act 1998
- the United Nations Convention on the Rights of the Child 1989
- the United Nations Convention on the Rights of Persons with Disabilities 2006
- Welsh Language Act 1993.

The policies and procedures developed by your employer for your workplace will reflect all areas of the legislative framework.

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, and the Code of Practice for NHS Wales Employers and any additional practice guidance issued by either NHS Wales or the regulators of health or social care in Wales e.g. The Practice Guidance for Residential Child Care / Domiciliary Care / Adult Care Homes for Workers Registered with the Social Care Wales.

Learning outcome 2: Understand how to work in ways that safeguard individuals from harm, abuse and neglect

The role and responsibilities of health and social care workers in relation to safeguarding.
Roles and responsibilities are set out in the All Wales Safeguarding Procedures, these state that the main tasks around safeguarding for health and social care workers are:

- to prevent situations where an individual may experience harm, abuse or neglect, and if this isn't effective
- to identify and report concerns about harm, abuse or neglect to the child or adult at risk.

Advocacy – The Social Services and Well-Being (Wales) Act 2014 defines "Advocacy services" as: services which provide assistance (by way of representation or otherwise) to persons for purposes relating to their care and support.

Advocacy supports and enables people who have difficulty representing their interests, to exercise their rights, express their views, explore and make informed choices and could include:

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

Ways of working that keep both the worker and the individual safe could include**:**

- Using person / child centred approaches
- Upholding the Codes of conduct and professional practice
- Following personal plans and risk assessments
- Clear and accurate recording in daily log / handover notes etc.
- Recording and reporting any safeguarding concerns
- Self awareness (the ability to honestly reflect on own behaviour and the impact of this on others)

Worker would be the person providing care and support or services to individuals.

Learning outcome 3: Understand the factors, situations and actions that could lead or contribute to harm, abuse or neglect

Individuals can be more at risk of abuse, neglect and harm because they:

- need care and support
- have limited or no verbal communication
- don't have capacity and understanding
- don't know their rights
- have low self-esteem or self-worth
- live away from the family home, such as in care
- are homeless
- live in poverty
- are seeking asylum
- are experiencing domestic abuse, drug or alcohol misuse in close relationships
- have experienced previous abuse, neglect or harm, or Adverse Childhood Experiences
- suffer institutional practice
- have a learning disability
- have poor mental health

- live with dementia or any other neurological condition
- have a physical impairment.

People are often at increased risk of harm, abuse or neglect because of a combination of reasons, rather than a single reason.

Why abuse may not be disclosed by adults, children and young people, family, friends, workers and volunteers could include**:**
For individuals / children and young people / families / friends:

- fear of the abuser and/or what may happen after telling someone
- feeling ashamed or embarrassed about what's happening
- not recognising or understanding that abuse is happening
- love or care for the abuser
- not noticing or not wanting to acknowledge what's happening
- low self-esteem and self-worth
- worry about being ignored and not being taken seriously
- afraid of betraying trust
- language or communication difficulties
- not knowing about their rights.

For workers and volunteers, there are no excuses for failing to carry out the duty to report an adult or child at risk of harm, abuse or neglect. But, personal factors can influence decision-making at this stage. These could include:

- fear of losing a job
- fear of retribution or threats from the family and community
- loyalty to other workers or families and carers
- over familiarity with families and carers
- concerns the report won't be taken seriously
- worries that reporting will cause distress, but nothing would actually change
- the behaviour is accepted as the norm
- believing it's a one-off or accident
- not recognising that abusers come from all parts of society regardless of their status or position
- believing the abuser will change their behaviour.

Actions, behaviours or situations that increase the risk of harm or abuse could include:

- Asylum seeking
- Criminalisation
- Different types of bullying
- Domestic abuse
- Female Genital Mutilation
- Forced marriages
- Hate crime
- Homelessness
- Human trafficking / modern slavery
- Learning disability
- Mental ill-health
- Radicalisation
- Self-neglect
- Sexual exploitation
- Substance misuse

Features of perpetrator behaviour and grooming

People who carry out abuse are sometimes called perpetrators. These are people who carry out harmful, illegal or immoral acts upon others. Perpetrators will often use 'grooming' as a way of making their victims do what they want them to do.

Grooming happens when someone builds a relationship, trust and emotional connection with someone so they can manipulate, exploit and abuse them. This is sometimes referred to as coercion.

Grooming can take place online or in person, over a short or long period of time and by strangers or someone the individual knows.

A groomer can form different types of relationships, such as:

- a romantic relationship
- as a friend or mentor
- as a dominant and persistent figure
- as an authority figure.

They can use the same social media sites, games and apps as an individual to learn about their interests and use this to help build a relationship.

Groomers will also use tactics, such as:

- being very friendly
- pretending to be younger than they are, or someone they're not
- buying gifts
- taking someone on trips, outings or holidays
- giving advice or showing understanding
- giving attention, using charm and flattery
- echoing back the individual's own story or experiences to claim a special connection with them
- building a relationship with the individual's family or friends to try and make them seem trustworthy.
- desensitising the individual by gradually exposing them to behaviours they wouldn't normally accept
- isolating the individual from friends and family
- creating dependency
- creating a secret, private world
- using emotional blackmail to make the individual feel guilt and shame

Learning outcome 4: Understand how to respond, record and report concerns, disclosures or allegations related to safeguarding.

The term 'Whistleblowing'. Whistleblowing is the action someone takes to report wrongdoing at work that affects others known as a qualifying disclosure. For example, it could affect the general public. Legally this is known as 'making a disclosure in the public interest'.

Qualifying disclosures include:

- a criminal offence
- the breach of a legal obligation by an organisation
- a miscarriage of justice
- someone's health and safety being in danger
- damage to the environment

Workers can also whistleblow about someone trying to cover up information about any of these issues. Health and social care workers are protected if they make a qualifying disclosure.

Unit 007 Health and safety in health and social care

Level:	2
GLH:	30
Aim:	To give learners an understanding of how to meet legislative requirements for health and safety in the work setting
Unit overview:	Learners will understand how health and safety legislation impacts on daily practice, their role and responsibilities and those of employers. Learners will cover the types of accidents, emergencies and hazards that may occur in a workplace/setting and how risk assessment is used to support health and safety. Learners will understand responsibilities in relation to carrying out, recording and following risk assessments and the importance of reporting and recording health and safety concerns and incidents. Knowledge will be gained of legislation relating to fire safety, moving and handling, infection control, food safety, waste disposal and security with understanding of relevant safe good practices and procedures. Learners will know signs of stress, circumstances that may cause stress and actions that can be taken to reduce and manage stress including support available.
Assessment type:	Multiple choice test

Learning outcome:

The learner will:

1 Know how to meet legislative requirements for health and safety in the workplace

Assessment criteria

The learner will be assessed on:

1.1 **Key relevant legislation that relates to health and safety** in the **workplace** and what this means in practice

1.2 **Responsibilities of employers, the worker and others** for health and safety at work

1.3 The importance of working within the limits of own role and responsibilities

1.4 The importance of raising concerns about practices or working conditions that are unsafe or risky

Learning outcome:

The learner will:

2 Know how risk assessments are used to support health and safety in the **workplace**

Assessment criteria

The learner will be assessed on:

2.1 What is meant by 'risk assessment' in relation to health and safety
2.2 Types of **accidents, incidents, emergencies** and health and safety **hazards** that may occur in the **workplace**
2.3 The importance of risk assessment in the identification of hazards related to the work setting or activities
2.4 Responsibilities for carrying out, recording and following risk assessments for work activities
2.5 **The difference between formal recorded risk assessments and those that are carried out routinely as part of working practice**
2.6 The importance of reporting concerns or incidences that have or may be likely to occur

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Learning outcome:

The learner will:

3 Know how to promote fire safety in work settings

Assessment criteria

The learner will be assessed on:

3.1 **Key legislation that relates to fire safety**
3.2 The responsibilities of the **employer**, **worker** and others for fire safety in the work setting
3.3 Practices that prevent fires from starting and spreading
3.4 The importance of knowing about and following fire evacuation procedures
3.5 The importance of maintaining clear exit routes at all times

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Learning outcome:

The learner will:

4 Know the key principles of moving and handling and moving and positioning

Assessment criteria

The learner will be assessed on:

4.1 The terms '**moving and handling'** and '**moving and positioning'**
4.2 **Key legislation** that relates to moving and handling and what this means in practice
4.3 **Principles and techniques** related to safe moving and handling
4.4 Potential implications of poor practice in relation to moving and handling

Learning outcome:

The learner will:

5 Know the main routes to infection and how to prevent the spread of infections in the workplace

Assessment criteria

The learner will be assessed on:

5.1 The differences between **bacteria, viruses, fungi and parasites**
5.2 **Common illnesses and infections** caused by bacteria, viruses, fungi and parasites and the potential impact of these
5.3 The terms '**infection'** and '**colonisation'**
5.4 The terms '**systemic infection'** and '**localised infection'**
5.5 Ways in which infections are **transmitted** and poor practices that may lead to this
5.6 Key factors that make it more likely that infections will occur
5.7 **Key legislation and standards related to infection prevention and control**
5.8 The roles and responsibilities of **employers**, **workers** and others for infection prevention and control
5.9 Ways of maintaining a **clean environment** to prevent the spread of infection
5.10 The importance of good personal hygiene to prevent the spread of infection
5.11 **Hand washing techniques** used to prevent the spread of infection
5.12 The use of **personal protective equipment** used to prevent the spread of infection

Learning outcome:

The learner will:

6 Know how to implement food safety measures

Assessment criteria

The learner will be assessed on:

6.1 **Key legislation** for food safety
6.2 The role and responsibilities of **employers** and **workers** for food safety
6.3 The **importance of implementing food safety measures**
6.4 **Food safety hazards** that can occur through the preparation, serving, clearing away and storing of food and drink
6.5 **Reasons for keeping surfaces, utensils and equipment clean** for food preparation
6.6 When **personal protective equipment** should be used
6.7 **Safe storage of food and drink**
6.8 **Safe disposal of food waste**

Learning outcome:

The learner will:

7 Know how to store, use and dispose of hazardous substances safely

Assessment criteria

The learner will be assessed on:

7.1 The term '**hazardous substances'**
7.2 The term '**Control of Hazardous Substances'**
7.3 Types of hazardous substances that may be found in the **workplace**
7.4 **Safe practices** for storing, using, dealing with spillages and disposing of hazardous substances

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Learning outcome:

The learner will:

8 Know how to maintain security in the work setting

Assessment criteria

The learner will be assessed on:

8.1 Potential risks to security in the work setting
8.2 **Safe practices used to maintain security in the work setting**

Learning outcome:

The learner will:

9 Know how to manage stress

Assessment criteria

The learner will be assessed on:

9.1 **Common signs and indicators** of stress
9.2 Potential circumstances that can trigger stress
9.3 **Ways to manage stress**
9.4 The importance of recognising stress and taking action to reduce it
9.5 Where to access additional support if experiencing stress

Unit 007 Delivery guidance

Learning outcome 1: Know how to meet legislative requirements for health and safety in the workplace

Key relevant legislation that relates to health and safety:

- The Health and Safety at Work Act 1974
- The Management of Health and Safety at Work Regulations 1999
- Workplace (Health, Safety and Welfare) Regulations 1992
- Manual Handling Operations Regulations 1992
- Provision and Use of Work Equipment Regulations 1998
- Lifting Operations and Lifting Equipment Regulations 1998
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- Personal Protective Equipment (PPE) at Work Regulations 1992
- Control of Substances Hazardous to Health (COSHH) Regulations 2002
- The Regulatory Reform (Fire Safety) Order (2005)
- The Regulation and Inspection of Social Care (Wales) Act[15] 2016 (regulation 57) and associated statutory guidance

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

Responsibilities of employers, the worker and others for health and safety at work

Employer in the case of foster carers or adult placement / shared lives carers would be the agency. In the case of personal assistants, this would the person employing them to provide care and support.

Worker would be the person providing care and support or services to individuals.

Health and safety is everyone's responsibility, health and social care workers are responsible for taking reasonable care of themselves and others in the workplace. The employer has legal responsibilities to make sure workers and the individuals they work with and support are protected from harm.

The Health and Safety at Work Act (1974) sets out a range of expectations for employers, workers and others who may enter a work setting.

The Health and Safety Executive (HSE) is the national independent watchdog for work-related health, safety and illness. It acts in the public interest to reduce work-related death and serious injury across workplaces in the UK.

Under health and safety legislation:

[15] Statutory Guidance for service providers and responsible individuals on meeting service standard regulations for:
• Care home services
• Domiciliary support services
• Secure accommodation services; and
• Residential family centre services

Employers must:

- have a written policy for health and safety if they employ more than five people
- ensure the health and safety of employees at work and other people on the premises (work setting)
- display the poster 'Health and Safety Law – what you should know'
- carry out risk assessments and make sure employees have the right information, instruction and training to carry out their work safely
- provide free of charge, any equipment and protection you need to do your job safely, such as personal protective equipment (PPE) like face masks, aprons and gloves.

Employees or workers must:

- follow legislation and make sure their actions don't have a negative effect on others
- take reasonable care for their own and others' safety
- co-operate with the employer on health and safety matters. For example follow risk assessments, use PPE, and report accidents, incidents and near misses
- not intentionally damage any health and safety equipment or materials provided by the employer.

Others accessing the work setting must:

- take reasonable care of themselves
- avoid taking unnecessary risks
- follow health and safety signs
- follow procedures, for example sign in and out of reception
- follow guidance from workers.

Workers should always report concerns about unsafe practice or working conditions.

Learning outcome 2: Know how risk assessments are used to support health and safety in the workplace

Accidents, incidents, emergencies and health and safety hazards that may occur in the workplace

Hazards and risks

A **hazard** is something that could cause harm, for example, a wet floor or uneven steps and a risk is the chance, which could be high or low, that someone could be harmed by these hazards.

There are different types of hazards, including:

- health hazards, which are incidents that could lead to someone getting ill
- safety hazards, which are incidents that could lead to someone getting injured.

Some of the safety hazards in health and social care settings are:

- Environmental hazards which are things within the environment that could cause harm, such as the temperature of rooms, pollution, clutter, noise, poor lighting.
- Equipment which needs to be maintained and used correctly and safely to prevent risk of harm. Poorly maintained equipment is a hazard.

- Spread of infection, working closely with individuals can lead to the spread of infections such as colds, flu, covid and norovirus. This can be from an individual to a worker or a worker to an individual.
- Substances and chemicals can be hazardous to health. Cleaning products like bleach can cause serious harm if they aren't used safely. Exposure to some chemicals may lead to short-term problems such as rashes or allergic reactions, while others can cause long-term illnesses like asthma or dermatitis.
- Working conditions are about the way people work, such as workload, the hours worked and working with individuals with complex needs. These are also called 'psychosocial' hazards and they can cause stress and affect mental health.

Accidents, Incidents and emergencies – an incident in the workplace is an unplanned event that doesn't result in, but could cause, harm or injury. Incidents are sometimes described as a near miss – an event that doesn't cause harm but has the potential to cause injury or ill health. The main difference between accident and incident is that accidents result in harm, injury or damage to property, whereas incidents may not. Accidents should always be recorded and reported, incidents should be recorded as well, to make sure they don't become accidents in the future.

An emergency could be described as an unexpected event or accident that puts people in immediate danger, such as a heart attack, fire or car accident.

The difference between formal recorded risk assessments and those that are carried out routinely as part of working practice – risk assessments are important for identifying hazards in the workplace and putting steps in place to reduce the risk of harm or injury from them. Risk assessments can be formal or informal.

Formal risk assessments – employers are responsible for carrying out, or appointing people to carry out, a wide range of risk assessments. Some may relate to the whole workforce, for example lone working for domiciliary care workers. Others will relate to specific work settings or circumstances. It is the responsibility of health and social care workers to make sure they are familiar with and follow any formal risk assessments. They must also report any concerns or changes which may have an impact on the level of risk.

Informal risk assessments – Health and social care workers carry out informal risk assessments routinely, every day as a matter of course and part of working practice. Some examples would be scanning a room as it is entered looking for potential hazards, such as clutter which could cause trips or electrical equipment left on by mistake.

Learning outcome 3: Know how to promote fire safety in work settings.

Key legislation that relates to fire safety including:

- The Health and Safety at Work Act 1974
- The Regulatory Reform (Fire Safety) Order 2005 (covers general fire safety in Wales and England and is an important piece of legislation.

  The Fire Safety Order applies to all non-domestic settings, for example residential care homes or offices. Each setting must have a named responsible individual who must carry out a fire risk assessment and take actions to minimise the risk of a fire happening, have a clear evacuation procedure and make sure that workers are trained to know what to do if a fire starts.
- Control of Substances Hazardous to Health (COSHH) 1999

Hazardous Waste

- The Provision and Use of Work Equipment Regulations 1998
- The Electrical Equipment (Safety) Regulations 1994
- The Management of Health and Safety at Work Regulations 1999

- Workplace (Health, Safety and Welfare) Regulations 1992

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Worker would be the person providing care and support or services to individuals.

Learning outcome 4: Know the key principles of moving and handling and moving and positioning.

Moving and handling and **moving and positioning** are sometimes called manual handling – the term moving and handling relates to the manual handling of inanimate objects such as boxes and the term moving and positioning relates to the manual handling of people who may need support to move from one place or position to another, for example from a chair to a bed.

The term manual handling covers a wide variety of activities including lifting, lowering, pushing, pulling and carrying. There's a risk of injury if any of these tasks are not carried out appropriately. The Health and Safety Executive says that manual handling causes over a third of all workplace injuries. These include work-related musculoskeletal disorders (MSDs) such as pain and injuries to arms, legs and joints, and repetitive strain injuries.

Manual handling tasks should be avoided where possible to help prevent injuries. But, when it's not possible to avoid handling a load, employers must look at the risks and put sensible health and safety measures in place to prevent and avoid injury.

If health and social care workers need to support individuals with moving and positioning, they will receive specific training to help them know how to do this, minimising risks both to themselves and the individual. Workers must not attempt any moving and positioning tasks until they have been trained. If individuals need support with moving and positioning, there will be a risk assessment in their personal plan workers must make sure they read and follow this.

Key legislation would include:
The Manual Handling Operations Regulations 1992 (as amended) – these apply to work that involves lifting, lowering, pushing, pulling or carrying. The Regulations apply to manual handling activities involving transporting or supporting loads, including lifting, lowering, pushing, pulling, carrying or moving loads.

The use of lifting equipment in a health and social care setting is regulated by the Lifting Operations and Lifting Equipment Regulations 1998. (LOLER). This would apply to equipment such as hoists.

Principles and techniques for moving and handling – for any lifting activity workers should always consider:

- their own individual capability
- the nature of the load and task, such as its size and shape
- environmental conditions and if there's space to move the object, without clutter or obstructions
- training received.

If workers need to lift something they should:

- assess the weight to be carried and whether they can move the load safely or need help. Maybe the load can be broken down to smaller, lighter parts
- reduce the amount of twisting, stooping and reaching
- avoid lifting from floor level or above shoulder height, especially with heavy loads
- adjust storage areas to minimise the need to carry out such movements
- reduce carrying distances where possible.

Learning outcome 5: know the main routes to infection and how to prevent the spread of infections in the workplace.

The difference between bacteria, viruses, fungi and parasites

Viruses – these are the smallest microbes. There are millions of different types of viruses, most of which live alongside, or within us harmlessly. Many have a role in protecting us from bacterial infections, but some can be harmful to humans, for example norovirus, coronavirus, or the flu.

Viruses need a living host cell to survive and reproduce. Once inside the host cell, they reproduce quickly and can destroy the cell.

Bacteria – these are larger than viruses but smaller than fungi and can be useful and harmful to humans. During their growth, some bacteria produce toxins which cause infections, but more than 70 per cent of bacteria aren't harmful. They are essential for human life for example, digestion.

Bacteria are used in food production and can be found in our gut, helping our digestion for example yoghurt-based drinks which are full of good bacteria to help digestion.

Harmful bacteria, such as salmonella, can cause a wide range of infections including food poisoning.

Fungi – these are the largest microbes and can be useful or harmful to humans. They include moulds, yeasts and mushrooms. Penicillium is an example of a useful mould which is used to produce the antibiotic penicillin.

Some fungi can cause infections, such as athlete's foot and ringworm, which can lead to serious infections in people with poor immune systems.

Some fungi can be eaten safely, such as the button mushroom whereas others can cause poisoning, such as the death cap mushroom.

Parasites – these live in or on a host and get food at the host's expense. A harmful type of parasite is a mite called the sarcoptes 126cabies. The female mite burrows beneath the skin, lays eggs and causes scabies.

Infections and causes

These are some of the more common types of infection and illnesses caused by viruses, bacteria, fungi and parasites.

Virus

- Covid
- HIV
- Common cold
- Rubella
- Chicken Pox
- Shingles
- Measles
- Mumps
- Influenza
- Herpes simplex.

Bacteria

- Salmonella
- Syphilis
- Impetigo
- Clostridium difficile (C diff)
- Whooping cough.

Fungi

- Ringworm
- Vaginal yeast infection
- Athlete's foot
- Oral thrush.

Parasite

- Malaria
- Tapeworm
- Roundworm
- Scabies
- Headlice.

The terms 'infection', 'colonisation', systemic infection' and 'localised infection'

Infections are caused by microbes invading the body. These are also known as 'germs' or 'bugs'. Microbes or germs are found almost everywhere, and they can be useful or harmful. They're all around us and they live on and in us. Microbes or germs that cause harm are known as pathogens.

Viruses, bacteria and fungi are all microbes. Infections can also be caused by parasites. Infection occurs when microbes or germs invade the body, multiply and cause illness or disease. When a microbe or germ enters our body, our immune system tries to fight it off. Infection can overpower our immune system when it's weak.

Infectious disease, also known as transmissible disease or communicable disease is an illness caused by an infection.

Colonisation, systemic and localised infections

Colonisation - refers to the presence of microbes or germs which can cause infection, but not the infection itself. Colonisation happens when microbes or germs live harmlessly on the skin or in the body, there aren't signs of infection and they don't invade tissues. For example, many of us have MRSA colonised or living harmlessly on our skin without it causing us illness. But it can be passed on to others who are more vulnerable and cause a serious infection.

Localised infections - stay in one part of the body, for example, if a cut on the hand which gets infected with bacteria is treated effectively, the infection won't spread anywhere else. Conjunctivitis is an example of a localised infection which doesn't affect other parts of the body.

Systemic infections - happen when the microbes or germs spread through the body rather than staying in one place. The infection is usually spread through the blood stream and can cause symptoms in different parts of the body. For example, influenza can cause a high temperature, joint and muscle aches and respiratory symptoms. In severe cases, an infection may lead to sepsis, which is a life-threatening reaction by the body.

Ways in which infections are transmitted - infections can be spread by people, water, food or animals through 'the chain of infection'.

The chain of infection has:

- An infectious agent - viruses, fungi or bacteria are harmful viruses (germs)
- A reservoir where germs can be found such as people, animals, food, water and soil.
- A way out – where germs leave the reservoir. this can happen through contaminated food or water, faeces, saliva, bodily fluids, cough or sneezes
- A spread – where germs are passed on through direct contact with hands, surfaces, clothing, or by breathing in or swallowing.
- A way in – where germs enter a new host through the mouth, eyes, nose, broken skin or cuts
- A host – who is the person who becomes infected with the germs.

For microbes or germs to survive and repeat the infection in other hosts, they must leave an existing reservoir and cause infection elsewhere.

Infectious diseases can be spread or transmitted in several ways including:

- Direct contact – infections are often passed from person to person by direct contact. For instance, through shaking hands, sneezing, or kissing. Some examples of infections spread through direct contact are flu, the common cold and chicken pox.
- Indirect contact – some microbes or germs can survive for a while outside of the host. They may be on touch points or objects such as door handles and phones. Many of the infections that are spread through direct contact can also be spread through indirect contact.
- Contamination through food and water –some infectious microbes or germs can be passed on by eating or drinking contaminated food or water. This could be through undercooked food or when sewage gets into the water supply. Examples of diseases spread in this way are E.coli, cholera, and salmonella.
- Droplet transmission – some infectious microbes or germs can be passed on when droplets produced through coughing, sneezing or talking are propelled through the air. They land on another person, entering through the nose or mouth. They can usually

only travel short distances of up to two metres. But the infected droplets may stay on surfaces for a long time, waiting to be picked up by the next person who touches them.
- Airborne transmission – this happens when small droplets or dust particles containing infections microbes or germs remain suspended in the air for a long time and can be dispersed by currents of air. Because of this, there's a risk that all the air in a room could be contaminated.
- Vector borne transmission – this is infection spread through insect bites. Insects such as head lice, mosquitos and ticks can carry microbes or germs that get passed on when they make contact with humans. Some examples of diseases spread by insects include malaria by the mosquito and Lyme disease by ticks.

Infection is most likely to spread when:
- handling food
- eating with fingers
- when using the toilet
- coughing, sneezing and nose blowing
- touching surfaces frequently touched by other people
- handling and laundering 'dirty' clothes and household linens
- caring for domestic animals
- handling and disposing rubbish
- caring for an infected family member
- not cleaning care equipment properly.

Key legislation and standards related to infection prevention and control
- NICE Quality Standard 61 Infection Prevention & Control April 2014
- WHO Clean Care is Safer Care: Five Moments for Hand Hygiene
- Control of Substances Hazardous to Health Regulations (COSHH) (2002)
- Standard Infection Control Precautions (SICPS) Public Health Wales (2013)
- Welsh Healthcare Associated Infection programme (WHAIP) Procedure No 6 – management of blood and body fluid spillages (WAG 2009)
- All Wales NHS Dress Code, Free to Lead Free to Care
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (2013) (RIDDOR)

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To stop the spread of infection, we need to break the chain of infection, for example not passing on germs through contact with contaminated hands or surfaces, or sneezing without a tissue, and making sure we prepare and store food properly.
We can do this by something called 'standard infection prevention and control precautions', such as:
- hand hygiene - washing and drying or sanitising hands properly and regularly
- respiratory hygiene – coughing or sneezing into a tissue
- personal protective equipment (PPE) - using PPE such as face masks, gloves, or aprons correctly to create a barrier against microbes or germs which can cause infection. This is called 'donning' and 'doffing'

- a clean environment - keeping the surfaces we touch, equipment we use, and the cloths we use to wipe them, clean
- safe handling of used linen and clothes
- safely disposing of contaminated waste including 'sharps'
- taking the correct action if we're injured or exposed to blood or other body fluids
- not passing it on - not having any contact with others if we're infected or showing symptoms of infection.

These precautions are important for everyone in all health and social care settings whether infection is present or not.

Health and social care workers should take care not to wear jewellery, watches or nail varnish when working as these can harbour germs. Nails should be kept short and clean and workers should try to wear short sleeves or roll their sleeves up.

All links in the chain of infection need to be in place for an infection to spread. If we break one of the links, an infection cannot spread.

The importance of a clean environment - good hygiene in the home or workplace is important to prevent the spread of infection, a dirty environment contributes to the spread of infection. It is important to:

- Use detergent and hot water to rinse microbes or germs away, or a disinfectant to reduce them
- Focus on areas where microbes or germs are more likely to spread, such as the kitchen or toilet, and things people touch frequently, such as door handles and light switches
- Clean in an 'S' shape in the direction of top to bottom and cleanest to dirtiest area
- Change the cleaning cloth regularly between different rooms and surfaces to avoid spreading the microbes or germs from one area to another
- If disinfectant is used, make sure it is left in 'contact' with the surface long enough to do its job before wiping.

Effective cleaning is important to remove dirt and microbes or germs from an environment. If it's not done effectively, microbes or germs can spread from an environment to a person and cause infection.

Disinfecting is the process used to reduce the number of microbes or germs. It doesn't kill or remove all microbes. Disinfecting is carried out in two ways:

- heat, for example washing dishes and linen in hot water
- chemical, for example through a disinfectant cleaning product.

Disinfectant is used after cleaning with a detergent.

Cleaning up spillages - spillages of blood, faeces or other body fluids are hazardous and must be cleaned up straight away. Workers should:

- put on PPE to protect themselves
- clean up the excess spillage with disposable cloths then put these in a clinical waste bin
- clean up the spillage using detergent and warm water with disposable cloths then put these in a clinical waste bin
- if there isn't a clinical waste bin in the work setting, workers should double bag and place them in a normal waste bin, empty the waste bin into a bin bag and seal this when they have finished

- if there aren't any disposable cloths and workers need to use non-disposable cloths, these should be laundered at 65 degrees Celsius or higher
- once the area is visibly clean, disinfectant is applied
- clean any equipment used
- remove PPE and dispose of this safely
- wash and dry hands.

Hand washing techniques and hand hygiene

Regular, thorough hand hygiene is one of the most important defences we have. Many germs are invisible to our eyes and germs on our hands can be passed on by touching people, surfaces, or food. We can also infect ourselves by touching our mouths, noses, or eyes with contaminated hands.

Health and social care workers should wash their hands with soap and water:

- after using the toilet or changing a nappy or a pad
- before and after handling or eating food
- after blowing their nose, sneezing or coughing
- before and after touching a cut or wound
- after contact with any body fluids such as blood, faeces, vomit or mucous
- after touching animals, pet waste, equipment or bedding
- after contact with contaminated surfaces, for example food-contaminated surfaces, rubbish bins or cleaning cloths
- before and after engaging in tasks or activities such as administering medication, health care, personal care or playing with children
- if they're visibly dirty
- before and after using PPE
- before they start and when they finish work.

Washing hands properly with soap and water removes dirt and microbes or germs and is the most effective way of preventing the spread of infections because:

- hands secrete oil which helps keep skin moist
- The oil helps microbes or germs stick to skin
- Soap is needed to break up oil on the surface of hands and release the microbes or germs
- Washing hands with just water may get rid of visible dirt, but without soap, the microbes or germs will remain
- Soap only has limited killing power on microbes or germs, so rinsing hands well under running water is important to remove the microbes or germs which have been released by the soap.

If a worker's hands aren't visibly dirty and they can't wash their hands with soap and water, they should use an alcohol-based hand sanitiser. Workers should always dry their hands properly after washing them as damp hands spread more germs.

Hand washing techniques should follow current national and international guidelines.

Personal protective equipment (PPE)

This is used to help prevent the spread of infection. It includes:

Face masks: these are worn to prevent germs transferring from one person to the other through droplets carried in the breath.

Disposable gloves and aprons: these should be used when providing intimate care or any tasks where there's a risk of contact with the blood or body fluids through:

- direct contact with the person
- indirect contact through cleaning equipment or surfaces.

workers should change gloves and aprons immediately after supporting an individual or child or young person and between different tasks.

Workers should remember to wash and dry their hands before and after wearing gloves and aprons and dispose of these safely following your workplace procedures.

Learning outcome 6: know how to implement food safety measures

Key legislation for food safety includes:

The Food Safety Act (1990) which is the framework for food hygiene and safety legislation in England, Wales and Scotland.

The Food Hygiene Regulations (Wales) 2006 make it an offence for food businesses to supply food which shouldn't be eaten and could be harmful. These regulations apply to any health or social care service that provides food to individuals. All workers involved in handling, preparing or providing food must have received appropriate training in how to do this safely.

The Food Standards Agency is an independent government department that protects public health in relation to food.

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Worker would be the person providing care and support or services to individuals

The importance of implementing food safety measures - people with weakened immune systems, pregnant women and their unborn babies, young babies and elderly people are all more at risk of serious illness from food poisoning. Food poisoning can be caused by bacteria such as listeria or salmonella or viruses such as Hepatitis E.

Food safety hazards and reasons for keeping surfaces, utensils and equipment clean.

Cross contamination – cross contamination is what happens when bacteria or other microbes are transferred from one object or surface to another. The most common example is the transfer of bacteria between raw and cooked food.

This is thought to be the cause of most foodborne infections, for example when preparing raw chicken, bacteria can spread to the chopping board, knife and hands and could cause food poisoning.

Bacterial cross contamination is most likely to happen when raw food touches or drips onto ready to eat food, utensils or surfaces.

This can be prevented by:

- preparing food hygienically:

    - using different utensils, plates and chopping boards for raw and cooked meat
    - washing utensils, plates and chopping boards for raw and cooked food thoroughly between tasks
    - not washing raw meat
    - washing hands after touching raw foods and before handling ready to eat food
- storing food effectively
    - covering raw food, including meat and keeping it separate from ready to eat foods
    - using a dish which has a lip to prevent spillages
    - storing covered raw meat, poultry, fish and shellfish on the bottom shelf of the fridge.

Some foods are more likely to cause food poisoning than others. These include raw milk, raw shellfish, soft cheeses, pâté, foods containing raw egg and cooked sliced meat.

Good hygiene is the best defense against food poisoning this is set out in the' 4Cs' of food safety:

- Cleaning
- Cooking
- Chilling
- (avoiding) Cross contamination.

Cleaning – harmful germs or microbes are removed by cleaning with warm soapy water. Health and social care workers should regularly clean their:

- hands
- work surfaces
- chopping boards
- knives.

Washing with warm soapy water means the lather and physical motion of washing will detach bacteria from the surface but won't kill it. To kill bacteria surfaces would need to be washed at over 70 degrees Celsius, which is too hot for hands.

Dish cloths and tea towels should be changed or washed and dried regularly – dirty, damp clothes allow bacteria to breed.

All utensils and dishes must be clean before they're used to prepare or serve food, to avoid cross contamination. Workers should use different utensils, plates and chopping boards when preparing ready to eat foods and raw foods that need to be cooked, such as meat. They should be washed thoroughly with warm soapy water between tasks to avoid the spread of harmful bacteria.

Cleaning products – instructions on cleaning products should always be read carefully to make sure they're suitable for food surfaces and they are being used correctly.

Cooking – cooking food at the right temperature and for the right length of time will make sure that any harmful bacteria are killed. Workers should always check the advice on food packaging and follow the cooking instructions provided.

How time and temperature kill bacteria – during cooking, heat energy transfers into and breaks down proteins in the food. Meat changes colour from pink to brown. Cooking also

causes the proteins in bacteria to break up so they can't function and the bacteria die. Cooking properly removes the risk from harmful bacteria that are in some food.

Bacteria usually grow in the 'danger zone' between eight degrees and 60 degrees Celsius. Below eight degrees, growth is stopped or significantly slowed down. Above 60 degrees, the bacteria start to die. Time and temperature are both important because proteins need to be heated up for enough time for them to break down. Standard advice is to cook food until it has reached 70 degrees Celsius and remained at that temperature for two minutes.

The other time and temperature combinations to make sure bacteria are killed are:

- 60 degrees Celsius for 45 minutes
- 65 degrees Celsius for 10 minutes
- 70 degrees Celsius for two minutes
- 75 degrees Celsius for 30 seconds
- 80 degrees Celsius for six seconds

Personal Protective Equipment – hand washing is one of the most important actions which can be taken to prevent cross contamination of food. The Food Standards Code doesn't say that food handlers have to use gloves, but should cover any bandages and dressings on exposed parts of the body with a waterproof covering, and make sure clothes are clean and long hair tied back.

Safe storage for food and drink to include chilling and freezing food.

Chilling food – some foods need to be kept in the fridge to slow down the growth of bacteria. To keep food safe workers should:

- follow the storage instructions on the packaging, including the best before and use by dates
- keep chilled food out of the fridge for the shortest time possible during preparation
- cool cooked food quickly at room temperature, then place in the fridge within one to two hours
- the fridge should be five degrees Celsius or lower as some bacteria can grow at temperatures below eight degrees Celsius
- not over fill the fridge, leaving space allows air to circulate and maintains the set temperature.

Freezing food – a freezer acts as a pause button. Food in a freezer won't deteriorate and most bacteria can't grow in it. The cold temperature of a freezer (-18 degrees Celsius) delays chemical reactions within foods and puts any bacteria that may be present on pause. The bacteria are still alive, but they stop growing or producing toxins.

As bacteria haven't been killed, they may be revived as the food defrosts. Defrosting food must never enter the danger zone because the bacteria may grow and make anyone who eats it ill.

Once defrosted, food should be eaten within 24 hours. It shouldn't be re-frozen.

Safe disposal of food waste – food waste should be put in a lined food waste bin and the lid should be locked to keep out pests.

Learning outcome 7: know how to store, use and dispose of hazardous substances safely.

The term 'hazardous substances' – Hazardous substances can include things such as chemicals, fumes and gases. Many of the household cleaning agents used every day include chemicals that would be classed as a hazardous substance.

The term 'Control of Hazardous Substances' - employers are required to put measures in place to support the safe use, storage and disposal of hazardous substances. The Control of Substances Hazardous to Health (COSHH) Regulations 2002, requires employers to:

- assess the risks of the use of hazardous substances. The risk assessment must also include health and safety risk from storing, handling and disposing substances
- prevent, or if this isn't possible, control exposure to the hazardous substances
- provide workers with information, instructions and training about the risks, steps and precautions they have to take to control the risks, such as wearing PPE

Safe practices for storing, using dealing with spillages and disposing of hazardous substances - would include workers knowing how to use any hazardous substances they come across in the workplace safely, by:

- reading the label and following the instructions for use, storing and disposal
- keeping the room well ventilated
- using PPE as needed
- practicing good hand hygiene after use
- knowing what to do if the chemical is split on themselves or others
- reporting any dangers, spills or damaged containers and clearing up spills straight away
- storing them in a safe place in the original container and not pouring into other bottles or containers.

Safety data sheets provide information about chemical products that help users make a risk assessment. They describe the hazards the chemical presents, and give information on handling, storage and emergency measures in case of an accident.

Learning outcome 8: know how to maintain security in the workplace.

Safe practices used to maintain security in the work setting to include:

- **Lone working**
- Advising of whereabouts
- Access to work settings
- Dealing with incidents of **aggressive behaviour**

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

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

Lone workers face the same hazards at work as anyone else, but there's a greater risk of these hazards causing harm as they may not have anyone to help or support if things go wrong. Employers must carry out a risk assessment for lone working and should consider:

- assessing areas of risk including violence, manual handling, the medical suitability of people to work alone and whether the workplace itself presents a risk to them

- requirements for training, levels of experience and how best to monitor and supervise lone workers to keep them safe
- having systems in place to keep in touch with workers and respond to incidents or accidents.

The Health and Safety Executive (HSE) says that employers must manage the risks to lone workers, including the risk of violence.

Lone working doesn't always mean a higher risk of violence, but it does make workers more vulnerable. The HSE defines violence as "an incident in which a person is abused, threatened or assaulted in circumstances relating to their work." This includes verbal threats. Verbal abuse and threats are the most common types of incident. Physical attacks are comparatively rare.

Aggressive behaviour can cause physical or emotional harm to others. It may range from verbal abuse to physical abuse. It can also involve harming personal property, in the context of security in the work setting this relates to aggressive behaviour from members of the public rather than individuals.

Learning outcome 9: know how to manage stress.

Common sign and indicators of stress include:

Physical
- Headaches or dizziness
- Muscle tension or pain
- Stomach problems
- Chest pain or a faster heartbeat
- Sexual problems.

Mental
- Difficulty concentrating
- Struggling to make decisions
- Feeling overwhelmed
- Constantly worrying
- Being forgetful
- Lack of motivation
- Lack of confidence.

Changes in behaviour
- Mood swings
- Being irritable and snappy
- Feeling tearful or sensitive
- Sleeping too much or too little
- Avoiding places or people and being withdrawn
- Drinking or smoking more.

Ways to manage stress – For workers, these could include:

- regular exercise
- eating well
- talking about their feelings
- keeping in contact with family and friends
- taking a break
- focusing on some positive things every day

  and most important
- asking for help. Employers have a legal duty to assess risks to health from stress at work. Workers should talk to their manager to let them know how they are feeling. They can also seek help from friends, family, colleagues, their doctor or independent organisations who may provide support and advice.

4. Centre requirements

Centre and qualification approval

To offer this qualification centres will need to gain both centre and qualification approval. Centres already registered with City & Guilds will only need to gain qualification approval.

Centre approval is based upon an organisation's ability to meet the centre approval criteria, as detailed in the Administration Handbook (Introduction to working with City & Guilds and WJEC) and related Centre and Qualification Approval Forms and guidance.

Centre staffing

Delivery staff

Staff delivering this qualification must be able to demonstrate that they:

- are occupationally competent or technically knowledgeable in the area for which they are delivering training. This knowledge must be at least to the same level as the training being delivered,
- have credible experience of providing training, and
- maintain their continuing professional development in the occupational area.

Welsh context

For individuals who have not previously conducted assessment activities in Wales, it is suggested that having an awareness and understanding of Welsh language, 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 remains current of the occupational area and of best practice in delivery, mentoring, training, assessment and quality assurance and that it takes account of any national or legislative developments.

5. Delivering, assessing and quality assuring the qualification

Registration and certification

Learners are registered and certificated through our web-based registration and certification system Walled Garden. The City & Guilds Walled Garden allows centres to submit registrations on a 'roll-on/roll-off' basis i.e. registrations can be submitted at any time and in any number throughout the calendar year.

For more information on the registration and certification process please refer to the Administration Handbook (Introduction to working with City & Guilds and WJEC) available from the consortium website at www.healthandcarelearning.wales.

Learner entry requirements

There are no entry requirements for this qualification. However, centres must ensure that learners have the potential and opportunity to gain the `qualification successfully.

Age restrictions

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

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 qualifications
- any units they have already completed, or credit they have accumulated which is relevant to the qualifications
- the appropriate type and level of qualification.

We recommend that centres provide an induction programme so that the learners fully understand the requirements of the qualification, their responsibilities as a learner, and the responsibilities of the centre.

Support materials

A range of resources are available for these qualifications and can be accessed from the Consortium website at www.healthandcarelearning.wales. These include:

- Sample Assessment Materials
- Exemplar case studies and short-answer questions
- Guidance for Teaching
- Learner Guide
- Administration Handbook (Introduction to working with City & Guilds and WJEC)

The exemplar case studies and short-answer questions may be used to support delivery of this qualification and as formative assessment. Note, however that the only summative assessment requirement for this qualification are the multiple-choice tests stated in Section 2.