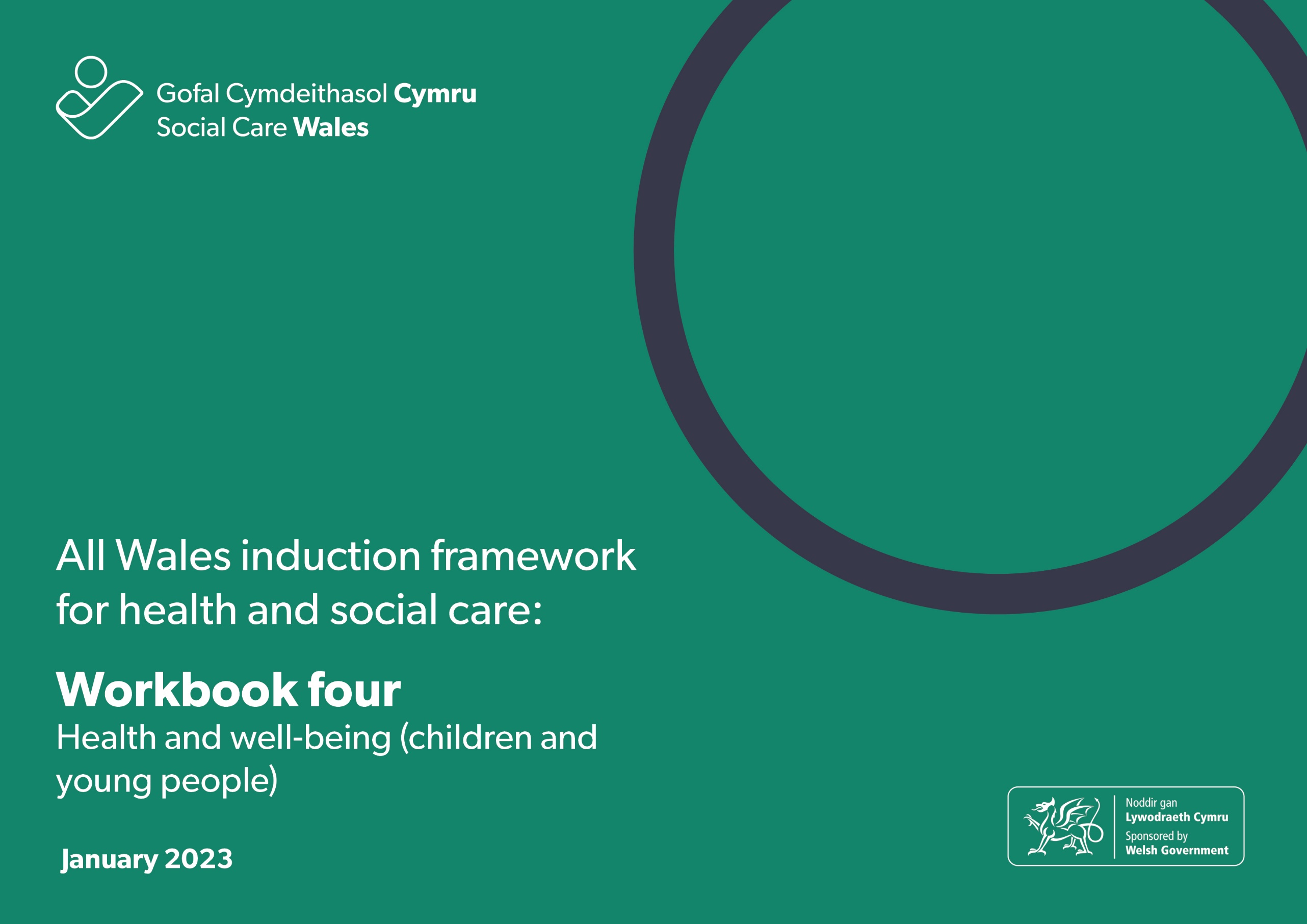
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# All Wales induction framework for health and social care workbook 4: Health and well-being (children and young people)

This workbook will help you think about your role in promoting health and well-being when providing care and support to children and young people. The workbook can be downloaded and completed electronically or printed and completed by hand.

You can also use the completed workbook activities:

* to help you achieve the All Wales induction framework for health and social care (Induction framework)
* to help you get ready to complete the core qualification for health and social care
* as evidence towards your practice qualification.

Some words are highlighted in **bold** in the progress logs. There’s a glossary at the end of this workbook if you want help to know what these mean.

Throughout the workbook, we refer to ‘health and social care workers’. This means the person providing care and support or services to children and young people.

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4.1 Well-being

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4.11 Workbook reflection

## 4.1 Well-being

Well-being is central to the Social Services and Well-being (Wales) Act 2014 (the Act). If you’ve completed ‘workbook 2: principles and values of health and social care’, you’ll have started to think about what this means in your work. This section will help you explore your understanding a bit more.

Everyone has a right to well-being and everyone’s responsible for their own well-being, but some people need more help to achieve this. As a health and social care worker, you can help and empower children, young people and families to play a part in achieving their own well-being. This will involve building on people’s resources, including people’s strengths, abilities, families, networks and communities.

Well-being is about more than just being healthy, it can also include:

* + being safe
  + having somewhere suitable to live
  + being involved in decisions that affect your life
  + having friends
  + being part of good, strong communities
  + having every chance to do well in education
  + feeling good about your life
  + for adults – being able to work
  + for children – being able to grow up happily and successfully, and being well-looked after.

Also, it’s important for children and young people to take part in activities, such as play, because they’re important for physical, mental and emotional well-being.

Welsh Government’s developed a [national outcomes framework](https://gov.wales/sites/default/files/publications/2019-05/the-national-outcomes-framework-for-people-who-need-care-and-support-and-carers-who-need-support.pdf)[[1]](#footnote-1) with individuals and carers. The framework includes a ‘well-being statement’, which builds on the definition of well-being in the Act around 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 to society
* securing rights and entitlements
* social and economic well-being
* suitability of living accommodation.

Each of the eight well-being aspects has a set of national well-being outcomes for individuals (adults, children and young people) and carers. Some outcomes describe the things people are responsible for doing themselves to help achieve their well-being.

The information below is from the framework. It shows what the Act means by well-being 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 am 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 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
* 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 contribute 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 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.

**Learning activity – well-being**

Many things can have a positive or negative affect on our sense of well-being. Using the information above that shows what well-being means, find one thing that has a negative effect on a child or young person you support and one that has a positive effect. Make some notes here:

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Working in ways that put the child or young person at the centre of their care and support, and focusing on helping them achieve ‘what matters’ to them is important in your role supporting their well-being.

**Learning activity – well-being**

Read this case study and answer the questions.

**Case study – Elen**

Elen is 13 years old and lives in a residential child care home in Caernarfon. Elen’s stepfather Jake physically abused Elen and her mother. After a safeguarding investigation, Jake refused to work with the social workers or accept he was violent and abusive towards Elen and her mum. Jake then left the family home. Some months later Jake returned, and mum took him back. It was felt it was unsafe for Elen to keep living at home because Jake was still behaving in an aggressive manner, blaming Elen for the police and social services getting involved and warning her not to say anything else.

Elen’s new home is 10 miles from her school and family home. Elen’s had to change school and has stopped spending time with her friends at the weekend because she’s bumped into Jake a few times. Each time he’s been aggressive and threatening, leaving her frightened.

Elen had been close to her grandmother who lives near the family home. Her grandmother has dementia and her health has been getting worse.

At first, Elen engaged with workers and the other young people she shares a home with, but she’s become more and more withdrawn. She’s finding it difficult living away from her family and friends, and is anxious about her grandmother’s health and her mother’s safety.

Answer these questions:

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| --- |
| 1. What do you think is affecting Elen’s well-being? 2. What might help improve this? 3. How could you work with Elen to support and promote her well-being? 4. Who else could help? |

**Manager’s comments for section 4.1**

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**Progress log – to be completed by the manager**

**4.1 Well-being**

**What well-being means in the context of health and social care**

|  |  |
| --- | --- |
| **By completing the workbook activities in this section, the worker has shown they know:** | **Sign and date** |
| What is meant by the term ‘well-being’ and why this is important |  |
| Factors that affect the well-being of children and young people |  |
| The importance of families and ‘significant others’ in the well-being of children and young people |  |
| Ways of working that support well-being |  |

## 4.2 Factors that affect health and well-being

In this section you’ll show you understand the factors that affect the health, well-being and development of children and young people.

**Child development**

It’s important you know about child development because it will help you understand the needs of children and young people at different stages in their lives. You should be aware of the factors that can have a positive or negative affect on a child or young person’s development and how this links to their health and well-being. This workbook will introduce you to this topic and your employer should give you more training as you develop in your role.

There are many theories about child growth and development and the factors that affect these. You’ll learn more about these theories if you go on to do the core and practice qualifications for health and social care. As you learn about child growth and development, it’s important to remember the process will be different for each child because it will depend on their circumstances and experiences.

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. To understand this, we’re going to look at something called ‘PIES’ 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. After all, we can’t be taught everything and we learn lots of things from experience. It’s only when we experience social situations that we develop our 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.

**Bonding and attachment**

Before we look at the other life stages, we’re going to explore bonding and attachment because this has a significant effect on how we develop throughout our life.

Bonding is the intense attachment that develops between parents and their baby. It makes parents want to shower their baby with love and affection and to protect and care for their little one. 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 time to feel that bond. Postnatal 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, learning behaviours and 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 important to an infant or child’s emotional well-being.

In early infancy, infants form one primary attachment. This is important as secure attachment gives a baby 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. Insecure attachments can cause delays in growth and development across each of the areas.

If an infant has formed a strong attachment, they will be secure in the knowledge that they have a safe place to return to at 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’re more likely to develop a positive self-concept, have good self-esteem and feel confident trying new things as a child and as an adult.

**Self-concept, self-esteem and self-confidence**

What do we mean by self-concept, self-esteem and self-confidence?

**Self-concept** is how we think of ourselves based on our feelings, experiences and what we learn from others about ourselves. It’s our understanding of who we are and includes our beliefs about our personality, character and values.

Self-concept can be positive or negative. It changes the way we behave and has an effect on our self-esteem.

**Self-esteem** is how much we value ourselves. It includes how we feel about ourselves and is our opinion about things such as:

* what kind of person we are
* how successful we think we are
* the status we have, for example, our job or role such as a parent or homeowner
* how we think others see us
* how much we think we deserve to be loved.

Self-concept is the thoughts that make up the mental image or idea we have about who we are and self-esteem is about the thoughts and opinion we have about ourselves, for example:

* **self-concept** **–** “I’m good at my job because I’m a good communicator” or “I’m not good at my job because I’m not good at communicating”
* **self-concept** **–** a child or young person may say “I’m good at sports because I’m a fast runner” or “I’m not good at sports because I’m a slow runner”
* **self-esteem** **–** “I deserve a good job because I’m very experienced” or “I don’t deserve such a good job because I don’t feel I have enough experience”
* **self-esteem** **–** a child or young person may say “I deserve to be in the football team because I’m the best player” or “I don’t deserve to be in the football team because I don’t think I’m as good as anyone else.”

**Self-confidence** is our belief in our ability to succeed at something. So, self-concept tells us who we are, self-esteem is what we think our value is in the world and self-confidence is just the belief we can succeed.

The humanist psychologist Carl Rogers believed the difference between the way we see ourselves and the reality stems from our childhood. This is especially true for children who are brought up with the idea they have to earn their parents’ affection. Children then begin to associate memories that make them feel unloved and not good enough and this problem often carries into adulthood.

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

**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 behavior 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 you have any concerns about the development of any children or young people you work with, you must report these to your manager.

**Learning activity – developmental delay**

Read this case study and answer the questions.

**Case study –** **Aaron**

Aaron is three years old and has just been moved from his parents’ home to a foster family because of neglect. Aaron’s parents received support from social services and the health visitor, but they didn’t follow the advice they were given. They couldn’t meet Aaron’s needs and provide basic care.

The home was always unclean and untidy when it was visited and although there were toys, they were heaped in a corner of the room. Aaron was often wearing just a nappy and vest with nothing on his feet, even when the room was cold. His nappy was usually wet and sometimes soiled.

Aaron’s health visitor has concerns about his development and has noted many areas where he hasn’t reached the developmental milestones. Aaron’s speech is limited and he only uses single words. Aaron is still wearing nappies and doesn’t seem to know how to play. He goes to sleep on the floor when he’s tired, drinks from a bottle and is small for his age. His parents say he’s a “fussy eater” and this is why he’s so small.

Answer these questions:

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| --- |
| 1. What should Aaron’s foster carers do to help meet his developmental needs? 2. What could the consequences have been for Aaron if the interventions didn’t take place? 3. What support will Aaron’s parents and his foster carers need? |

**Let’s review what we’ve learnt so far**

**Quiz**

1. The ‘P’ in ‘PIES’ stands for:
2. personal development
3. psychological development
4. physical development
5. True or false

Self-esteem is about how much we value ourselves

1. Fill in the missing word

The sequence of development is about the xxxxxxxxxxxxx of development

1. True or false

All children hit milestones at the same age

**Factors that may affect the health, well-being and personal, physical, social and emotional development of children and young people**

Many factors can affect the health, well-being and personal, physical, social and emotional development of children and young people, including:

* adverse circumstances or trauma before or during birth, for example, if the mother misuses substances while pregnant
* attachment
* autistic spectrum condition
* disruption, for example, moving home a lot
* family circumstances, for example, a chaotic family
* harm or abuse
* injury
* learning disability
* medical conditions, either chronic or acute
* mental health, for example, the parents’ mental health
* physical impairment, for example, cerebral palsy
* physical ill health
* poverty
* profound or complex needs, for example, children who may have a learning disability, physical impairments and sensory loss
* sensory needs, for example, sight loss, hearing loss or a combination of both
* stability, for example, a stable family environment
* social deprivation, for example, lack of opportunities for positive social interactions
* substance misuse, for example, drugs or alcohol.

**Learning activity – child development**

The children and young people you work with may experience one or more of these factors. Choose two of them and write down how you think they may affect the health, well-being and personal, physical, social and emotional development of children and young people, including if they’ve achieved the expected developmental milestones for their age.

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**Adverse Childhood Experiences (ACEs)**

**What are Adverse Childhood Experiences?**

Public Health Wales [[2]](#footnote-2) tells us that Adverse Childhood Experiences are traumatic events, particularly those in early childhood that significantly affect someone’s health and well-being.

These experiences range from experiencing verbal, mental, sexual and physical abuse, to being raised in a household where there’s domestic violence, parental separation or drug or alcohol misuse.

**What do we know about Adverse Childhood Experiences?**

In 2016, Public Health Wales published the first Welsh Adverse Childhood Experiences study. The study showed that 47 per cent of adults in Wales experienced at least one Adverse Childhood Experience in their childhood, and 14 per cent had four or more.

Children who experience stressful and poor quality childhoods are more likely to experience poor mental health because of poor self-image and self-worth. They’re more likely to adopt behaviours that harm health during adolescence, which can lead to diseases such as cancer, heart disease and diabetes later in life.

Adverse Childhood Experiences aren’t just a concern for health. Experiencing them can mean children and young people are more likely to perform poorly in school and are more likely to be involved in crime, as victims and perpetrators, throughout their lives.

People who experience several Adverse Childhood Experiences as children may often raise their own children in households where Adverse Childhood Experiences are common. This cycle of childhood adversity can lock generations of families into poor health and anti-social behaviour.

We can break the cycle at any stage, it’s never too late. Preventing Adverse Childhood Experiences in a single generation or reducing their impact can benefit not only those children but also future generations in Wales.

Adverse Childhood Experiences aren’t just about children, they affect people of all ages. They aren’t just about people living in poverty, they cross every social boundary. But, research shows that people living in areas of deprivation are at greater risk of experiencing multiple adverse experiences.

Child developmental milestones are like building blocks, with each stage building on the previous one. If children haven’t experienced good enough care in their early years, they may be missing important building blocks. These missing blocks mean they don’t have all the resources they need to meet their educational, psychological, emotional and physical potential.

**Supporting child development and health and well-being**

**Resilience**

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 our circumstances, for example, if we’re tired we’re 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.

**Experiential learning**

What is experiential learning?

Experiential learning is the process of learning through experiences – exploring, creating, discovering, relating and interacting to the world around us, and being able to reflect on and learn from successes and mistakes.

For children and young people, this form of learning is unstructured, without rules or time limits, and doesn’t involve much adult guidance. Children and young people are allowed to learn naturally, on their own terms. Experiential learning can happen through activities, such as playing outdoors, imaginative or pretend play, creative expression through art, music and dance, or by exploring nature and the environment.

Experiencing the world independently helps children and young people think for themselves. By doing so, they gain a sense of achievement and improved confidence that can help deepen the parent-child bond.

**Learning activity – promoting resilience**

Read this case study and answer the questions.

**Case study – Kelly**

Kelly is 13 years old. She’s been living in a residential child care home in Bargoed for 18 months.

Kelly has three younger siblings, Gareth, 10, Amy, five, and Tomi, four, who were all taken into care two years ago because of significant neglect. Mum and dad both misuse substances. Up until then, Kelly had cared for her brothers and sisters, looking after them as best she could.

Initially, the children were split between two sets of foster carers. Gareth and Tomi were together and Kelly and Amy were together. Tomi was adopted within six months and Kelly was moved to the residential child care home because her foster carers said they couldn’t cope with her behaviour. She often self-harmed, had very low self-esteem and had angry outbursts. Kelly was distressed, couldn’t go to school and didn’t want to take part in any activities they suggested. Kelly blamed herself for the breakup of the family and really missed Tomi.

Kelly has some contact with Gareth and Amy but grieves the loss of Tomi. She’s allowed to write to him once a year but hasn’t had a reply.

The workers have been supporting Kelly to develop coping skills and they’ve introduced structure and routine to her ‘home life’ to give her some stability and safe boundaries. They’ve encouraged her to take part in age-appropriate play activities so she can learn to be a child again and build her confidence enough to go back to school. Kelly’s started taking part in local activities and is slowly building a friendship group.

Kelly’s helped to think about how well she looked after her siblings for so long. Workers also encourage her to write letters to Tomi, even though these won’t be sent and help her imagine what his response would be if he could reply. She’s finding comfort in this and it’s helping her learn how to turn negative thoughts into positive ones.

Answer these questions:

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| 1. What’s the potential effect on Kelly of the adverse experiences she’s been exposed to? 2. How may coping strategies help her? |

**What children and young people need to stay healthy – physically, mentally and emotionally**

Lots of things help children and young people stay healthy:

* **daily routines** help them feel in control and give structure. If they can’t provide these for themselves or if they’re lacking, they can lead to feelings of chaos and being out of control
* **enough rest and sleep** are needed to allow the body to recover physically and mentally. It’s difficult to deal with our emotions or challenges if we’re tired. Lack of sleep and rest can make us 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.

**Learning activity**

Think about the children and young people you support and write down some of the activities they take part in and how you think these support their mental and physical well-being.

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**The Senses Framework**

Mike Nolan[[3]](#footnote-3) developed a framework 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, too. Although the framework was developed for older people living in care homes, it’s relevant to children and young people – and to us all!

The Senses Framework has six parts, and each one is equally important:

* **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. Positive, supportive relationships are critical for children and young people’s development. It’s useful to think about the Senses Framework as a tool to help you develop positive relationships with children or young people and their families and carers.

**Learning activity – the Senses Framework**

Think about your role and write some notes about how you feel about the following in your work:

|  |
| --- |
| 1. security      1. belonging 2. continuity 3. purpose 4. achievement 5. significance |

Now think about how you support each of the senses with the children and young people you support and write some notes here:

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**Links between intellectual, physical and emotional growth and how to support their development**

Holistic approaches to development recognise these are all interlinked. If there’s a delay in one area it could affect development in another. For example, delays in communication are likely to have an effect on:

* social development, because being able to communicate with others is important in developing relationships
* emotional development, because being able to communicate is important in expressing feelings.

You will learn more about child development and growth and your role in supporting these as you progress and go on to complete your qualifications.

**The importance of early intervention and partnership working**

One of the principles of the Social Services and Well-Being (Wales) Act is ‘prevention and early intervention’. This is essential for child development, health and well-being to prevent delays or damage, and to provide effective support if they’re present.

**Learning activity – early intervention and partnership working**

Read this case study and answer the questions.

**Case study – Cassy**

Cassy misuses alcohol and her doctor is aware of this. When Cassy becomes pregnant, her doctor talks to her about the risks and makes a referral to the midwifery team and social services as he’s concerned about potential foetal alcohol spectrum disorder to the baby.

Cassy is allocated a midwife and social worker. She agrees to get support from the local drug and alcohol team and with their help is able to manage her addiction. Cassy gives birth to a healthy baby.

Answer these questions:

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| --- |
| 1. How has the intervention helped? 2. What may have happened without these services? |

There are many other types of early intervention, such as:

* support from speech and language therapists
* support from dieticians
* psychology support from child and adolescent mental health services
* short break services for disabled children
* parenting support for families who are struggling.

The main focus on any early intervention service will be to improve outcomes for the child or young person.

**Learning activity – early intervention and partnership working**

Read this case study and answer the questions.

**Case study – Sam**

Sam is 10 years old. He has a twin brother called Joe and a younger sister called Nia.

Sam has cerebral palsy. He has limited mobility and uses a wheelchair. He also has a learning disability and needs lots of support with his day-to-day living. Sam lives at home with his family. Mum has mental health problems and is in constant pain from a back injury she sustained years ago. Dad works full time and is the carer for his wife and Sam.

The family is described as chaotic and often in or on the verge of crisis.

The local authority ‘team around the family’ has been working with the family to find out what matters to them and what needs to happen to achieve this. The most important thing for the family is that they want to stay together. Dad also says he would like to spend some time with Joe and Nia, perhaps going to the cinema or taking part in activities such as swimming. He says he’s really struggling and doesn’t know how much longer he can hold it all together.

The team arranges for a family support worker to call for an hour each morning and afternoon to help with Sam before and after school while dad is at work. They also arrange for Sam to have four nights a month at a short breaks service, which gives Sam the chance to take part in activities he wouldn’t be able to do at home, and it gives dad time to spend with Joe and Nia.

Answer these questions:

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| --- |
| 1. How have the early interventions helped? 2. What may happen without the interventions? |

**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.

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

You’ll know the children and young people you’re working with, and it’s important to look out for any changes that may give cause for concern. The earlier the intervention, the better the outcome for the child or young person if there’s something wrong.

Some of the things you may want to look out for are:

* 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.

You must record and report any changes you observe or concerns you may have.

**Manager’s comments for section 4.2**

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**Progress log – to be completed by the manager**

**4.2 Factors that affect the health and well-being of children and young people**

**Factors that affect the health and well-being of children and young people**

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| **By completing the workbook activities in this section, the worker has shown they know:** | **Sign and date** |
| **Child development**, including the different stages of development, and factors that can affect it |  |
| The range of **factors that may affect the health, well-being and personal, physical, social and emotional development of** **children and young people** and the impact this may have on them |  |
| The importance of early intervention and partnership working for the health, well-being and development of children and young people |  |
| The importance of promoting the parent’s self confidence in the parenting role and developing their ability to relate positively and engage in play activities with their child |  |
| The meaning of the term ‘attachment’ and why this is an important element of development and the ability of children to form relationships |  |
| The meaning of the term ‘resilience’ and why this is important for the health and well-being of children and young people |  |
| The importance of self-identity, self-esteem, sense of security and belonging for the health and well-being of children and young people |  |
| The difference between the medical and social models of disability |  |
| What children need to stay healthy – physically, mentally and emotionally |  |
| The range of agencies and workers that may be involved in supporting the health and well-being of children and young people |  |
| Links between intellectual, physical and emotional growth and how to support the development of these |  |
| The importance of engagement in meaningful and enjoyable activities on health, well-being and the development of intellectual, physical and emotional growth |  |
| The importance of creative development and the ‘Arts’ for the health, well-being and development of children and young people |  |
| How to use every-day routines and activities to support the health and well-being of children and young people |  |
| What is meant by the term ‘experiential learning’ |  |
| How development is supported by experiential learning |  |
| The role of relationships and support networks in supporting the health and well-being of the children and young people |  |
| Ways of working that develop positive relationships with children and young people based on trust, respect and compassion |  |
| The types of changes in a child or young person that would give cause for concern |  |
| The importance of observing, monitoring and recording the development of children or young people |  |

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

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 parents. The emotional environment is an invisible measure of ‘feelings’.

Sometimes it can have a ‘feel-good’ factor where the children or young people, workers and parents feel positive, and at other times, it can have a ‘not-so-good’ feel about it when children or young people, workers or parents 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.

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.

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. They can fill their lungs with clean 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.

It’s important to make sure you adapt the environment to meet the needs of the children and young people using it, whether that’s reducing or increasing sensory stimulation, creating more safe spaces or physical adaptations. The environment should support and promote an inclusive approach.

**Learning activity – balancing physical activity with rest and the importance of consistent routines**

Read this case study and answer the questions.

**Case study – Josh**

Josh is 13 years old. He’s lived with his foster carers, Robert and Anna Jones, for two years.

Josh is ‘football mad’ and plays with his friends every night after school for at least two hours. He’s also in the local youth team and plays most weekends.

Josh needs to get up early in the mornings to make the five-mile journey to school. He’s been struggling to do this lately and has missed the school bus. His teachers have also reported that he isn’t concentrating in school and seems to be more focused on playing football in the breaks than on anything else.

Robert and Anna have disagreed about the amount of time Josh is spending playing football. Robert is a keen football fan and thinks it’s okay. Anna works in the evenings on Tuesdays and Thursdays and Robert has been letting Josh have extra time to play with his friends when she’s at work. This has led to Josh falling behind with his homework and being more tired than usual in the mornings.

Answer these questions:

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| 1. What are the issues? 2. Why’s it important for Josh to balance his physical activity with enough rest? 3. How could Josh be encouraged to balance playing football with having enough rest and finishing his schoolwork? 4. What should Robert and Anna be doing? |

**Manager’s comments for section 4.3**

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**Progress log – to be completed by the manager**

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

**Environments that support the health, well-being and development of children and young people**

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| **By completing the workbook activities in this section, the worker has shown they know:** | **Sign and date** |
| The features of a positive environment |  |
| How the environment can support the **holistic development** of children and young people |  |
| How the environment can support the inclusion of all children and young people |  |
| The importance of ensuring that the environment is welcoming, nurturing, safe, clean, stimulating and takes account of children and young people’s needs, interests and preferences |  |
| 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 |  |
| The importance of consistent routines for children and young people’s health, well-being and development |  |

## 4.4 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.

The Welsh Government’s *Statutory Guidance – Wales a Play Friendly Country* (2014) says: “The Welsh Government places great value on play and its importance in the lives of children in our society. We believe that children have a fundamental right to be able to play, and that play is central to their enjoyment of life and contributes to their well-being. We also believe that play is essential for the growth in children’s cognitive; physical; social and emotional development.”

Wales became the first nation in the world to develop a national Play Policy in 2002. Since then, it’s based policy decisions for children and young people on the right to play.

The national Play Policy describes play as children and young people’s behaviour “which is freely chosen, personally directed and intrinsically motivated. It is performed for no external goal or reward and is a fundamental and integral part of healthy development”.Put simply, it’s what children and young people do when they aren’t being told what to do by adults.

The challenge when adults design or try to control play for learning purposes is that it can:

* dismiss play behaviour adults don’t think is beneficial
* have the opposite effect by limiting the child or young person’s natural process of learning about the world.

The national Play Policy also recognises that “it is the very freedom and child centredness of play that makes it such an effective and comprehensive learning process”.

So, to give children and young people the best opportunities for learning and development, it’s important to make sure they have time for play they choose and direct themselves.

**Children’s right to play**

The United Nations Convention on the Rights of the Child (UNCRC) is at the centre of the national Play Policy and all policy decisions for children and young people in Wales.

Article 31 of the Convention says:

“Every child has the right to rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts.”

**Playful learning**

When health and social care workers support children and young people’s learning and development, there’ll be times when they need to plan and design programmes to support certain aims. This could involve planned games or activities that children and young people can or can’t choose to be involved in.

While these activities may be playful, they aren’t play because they’re being directed and structured by adults. Too often the term ‘learning through play’ becomes ‘LEARNING through play’ and play’s child-centredness becomes lost because the focus is on the learning outcome.

Adult-led activities can increase children’s enjoyment, learning and development. But workers need to consider if they have a balance and if the children’s freely chosen, personally directed play is their main method for learning and development. In this way, workers take a step back and are sensitive to the dangers of taking over and directing children and young people’s play.

**Play types**

Many academics have tried to make sense of play by grouping it into ‘types’. The play types below aren’t all the different types, but they can be useful for planning a range of play opportunities. They shouldn’t be used to grade children’s play behaviour. What children are doing of their own free will when playing is what they need to be doing at that time. Health and social care workers should be looking at how to improve children’s freely chosen play.

* + **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, 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 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 or self-directed play** is a common way of defining play that’s freely chosen and directed by the children.

Children and young people should have a balance between activities and rest time so their bodies and minds can recover and recharge.

**Quality play environments**

Welsh Government has guidance about what forms a quality play environment[[4]](#footnote-4). If health and social care workers focus on providing environments that meet these criteria, children and young people will be more likely to engage in a range of play types.

Quality play environments give all children and young people the chance to freely interact with or experience:

* **other children and young people** of different ages and abilities, with a choice to play alone or with others, to negotiate, co-operate, fall out and resolve conflict
* **the natural world** – weather, trees, plants, insects, animals, mud
* **loose parts** – natural and manufactured materials that can be manipulated, moved and adapted, built and demolished
* **the four elements** – earth, air, fire and water
* **challenge and uncertainty** – graduated opportunities for physical and emotional risk taking
* **changing identity** – role play and dressing up
* **movement** – running, jumping, climbing, balancing, rolling, swinging, sliding and spinning
* **rough and tumble** – play fighting, rough housing, physical games
* **the senses** – sounds, tastes, textures, smells and sights.

**Adolescents and young people and play**

Young people might not talk about playing, but terms such as ‘hanging out’ or ‘having a laugh’ often point to the definitions of freely chosen, personally directed behaviour. While their play may be noisier and seemingly more chaotic or challenging, their brains and bodies are still developing and playing is still really important.

Young people need opportunities to:

* build friendships
* show they’ve learned new skills
* feel part of something.

This is why they often develop subcultures of their own and associate with certain sub-groups such as skaters or gamers.

Sometimes when young people play in public spaces they can be seen as problematic and ‘anti-social’ but often the behaviours are about belonging within their own friendship groups and can be considered play.

**How play helps children and young people learn about themselves, people around them and the wider environment**

Playing is a finely tuned evolutionary tool that supports children and young people to learn about, and understand, the environment they’re living in. Whether it’s in Llangefni, Mumbai or during a humanitarian crisis, play is the way children and young people learn to cope with, and make sense of, their environment.

Playing creates both ‘peer and place attachment’ [[5]](#footnote-5)– there are strong links to the places that children and young people play in and around and the people they play with. Playing is the way children and young people gain control over their surroundings, so environments that can be changed and adapted by children will provide the greatest opportunities for playing.

**How children and young people may use play to express emotions, fears or anxieties or copy behaviour they’ve seen**

Children and young people will play with emotions, such as anger, sadness, disgust, fear and joy. This gives them an opportunity to experience these emotions within the safety of the play frame, without having to experience the raw full force of them.

For example, children and young people’s natural tendency for toilet humour, such as bogies and poo, is a way of experiencing disgust in the safety of the frame of humour. While games, such as chase or scary stories, mean they can raise their adrenaline levels without having to genuinely fear for their lives.

Dealing with these emotions by playing means that when they do experience them, they’ll have practised ways to adapt and deal with their emotions. These are called ‘stress response systems’.

If children and young people have experienced traumatic situations in their lives, play can be a way of coming to terms with what’s happened. They may play to experience a different emotion and to have a break from their situation or they may ‘play it out’ by recreating it. Children and young people may play at hospitals or recreate funerals for dead insects as a way of making sense of their experiences. In this situation, health and social care workers must be sensitive to the importance of letting the play happen in the way that it needs to, to avoid unintentionally damaging the therapeutic process of playing.

**Learning activity – expressing emotions through play**

Read this case study and answer the questions.

**Case study – Alfie and Llinos**

**Dead moth**

Alfie, aged six, and Llinos, aged five, find a dead moth on a windowsill and begin asking questions about it.

“Why isn’t it moving?” asks Llinos.

“It’s dead, like my grandma,” says Alfie. “She went to sleep and never woke up”.

The two children poke it with a pencil crayon and then start daring each other to pick it up. Llinos starts to cry, although there aren’t really any tears, and says, “I miss my mothy.”

Alfie suggests having a funeral like they did for his grandma. “They buried her in the ground,” he says.

He goes to the reading area and gets a cushion, and they move the moth onto the cushion using a pencil and begin carrying it to the sand pit.

Answer these questions:

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| 1. What do you think is going on here? 2. How is the children’s play allowing them to explore emotions and experiences? 3. What are the emotional and physical risks and benefits of this situation? 4. How would you react? 5. What might other adults do or think if they haven’t had the same observation as you? What would you do? |

**Why risk is important in play and how to encourage and support acceptable levels of risk**

When children and young people play, they naturally seek out chances for challenge and uncertainty. This may be seen as physical or emotional risk taking, or both.

While we have a legal duty to minimise the risk of serious injury to children and young people, taking risks in their play promotes physical health, self-confidence, social development and resilience, and is important for supporting health, well-being and development.

By taking risks, children and young people will learn to find their own limits and boundaries and how to keep themselves safe. These are valuable life skills that 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 anxiety about new situations.

As workers observing play, it’s important to remember that the child or young person may be thinking about risk and there will be things that they find emotionally or physically risky that we may think are trivial. For example, trying something new, dressing up, jumping off a step or meeting a friendly new worker may not seem like big risks to us but they can be for children and young people. There will be significant benefits when children overcome them.

It's important workers, families and carers support risk taking, although this must be balanced and child centred. Taking a risk-benefit assessment approach to children and young people’s play gives a balanced and child-centred approach to supporting risk in play situations. When writing risk assessments that cover children and young people’s freely chosen play, you should write down how you balanced the risks and benefits of an activity or play behaviour.

The Health and Safety Executive’s *Play and Leisure – Promoting a Balanced Approach* (2012) emphasises that our written risk-benefit assessments should focus on controlling real risks, such as fatalities and disabling injuries. But, as health and social care workers, you should be aware of the benefits of risk taking at all levels.

If the benefits of play or an activity outweigh the risks, you should allow it to carry on without interrupting. But if the risks outweigh the benefits and there’s a high risk of physical or emotional harm, you mustn’t to allow it to take place or continue.

**Learning activity – reflecting on play**

**Play memories** **–** think about yourself as a child:

* what memories do you have of playing?
* where did you play?
* what did you play with?
* who did you play with?
* what, if anything, did adults do to enhance your play?
* how did your play connect you to your surroundings (place attachment) and to other children (peer attachment)?

Now think about what your own play memories can tell you about how children and young people play in your setting.

What could you do differently to give children and young people more opportunities for playing that aren’t overly structured or controlled by adults?

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**Manager’s comments for section 4.4**

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**Progress log – to be completed by the manager**

**4.4 Play**

**Supporting the use of play for the health, well-being and development of children**

| **By completing the workbook activities in this section, the worker has shown they know:** | **Sign and date** |
| --- | --- |
| The importance of play for children and young people’s health, well-being and learning and development |  |
| **Different types of play** and their benefits |  |
| How the environment and choice of equipment and materials are used to support different types of play |  |
| How to support holistic development through play |  |
| How play assists children and young people’s learning about themselves, those around them and the wider environment |  |
| How children and young people may use play to express emotions, fears or anxieties or copy behaviour they have observed |  |
| Why risk is important in play and how to encourage and support acceptable levels of risk |  |

## 4.5 Speech, language and communication

**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 in our lives. We need speech, language and communication skills 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 they may 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 how we interact 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.

**The importance of early intervention for speech, language and communication development delays and disorders**

Early intervention is very helpful for children and young people with speech, language and communication difficulties. Studies have shown that the earlier a child receives speech and language therapy, the better the outcome for their speech, language and communication abilities. As these have a significant effect on all areas of child development, self-identity, self-esteem and confidence, it’s important to get help as early as possible if you think there may be difficulties.

**How multi-agency teams work together to support speech, language and communication development**

Many professionals may work together if a child has speech, language and communication difficulties. These include:

* doctors, who can identify if there’s a medical problem affecting speech and language, such as hearing problems
* health visitors, who carry out routine assessments and can identify problems with speech, language and communication at an early stage
* speech and language therapists, who can carry out assessments and suggest strategies and interventions to support a child or young person with their speech, language and communication
* teachers will work with other professionals and put the strategies suggested into place. They will also help monitor and review the progress made by the child or young person
* education psychologists may become involved to assess what might be causing the difficulties and help create a support plan
* social care workers, who will work with other professionals to put the support plan and strategies suggested into place.

**How play and activities are used to support speech, language and communication development**

Play has a massive effect on speech, language and communication development.

By the age of two, most children have a wide vocabulary of single words and are beginning to use simple sentences to communicate their needs, thoughts and feelings. Around this time, children will move away from solitary play and start to show social skills through parallel play and then move towards cooperative play. All stages of play support early language development.

Play lets children practise their language skills and build their vocabulary. Interacting with adults and peers helps children refine their speech sounds by listening to others. Interaction is important for supporting language. Children who have limited opportunities for interaction will often have immature speech development. It’s important to make sure each child has play opportunities that give them the chance to socialise with others. Building social development is fundamental for language development.

**Let’s review what we’ve learnt in this section**

**Quiz**

1. True or false?

Language refers to making sense of what others say

1. True or false?

Communication refers to using words, saying sounds accurately and in the right places

1. Write down three signs that may suggest a child or young person has a speech, language and communication need

a)

b)

c)

**Manager’s comments for section 4.5**

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**Progress log – to be completed by the manager**

**4.5 Speech, language and communication**

**Speech, language and communication development**

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| **By completing the workbook activities in this section, the worker has shown they know:** | **Sign and date** |
| The importance of speech, language and communication for children and young people and how this impacts on health, well-being and development |  |
| The importance of early intervention for speech, language and communication development delays and disorders |  |
| How multi agency teams work together to support speech, language and communication development |  |
| How play and activities are used to support the development of speech, language and communication |  |

## 4.6 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
* **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.

Understanding the background, history and ‘what matters’ to the child or young person is essential to offering the right level of support. Each child you work with who has additional support needs will have a personal plan and it’s important to follow this to make sure you’re providing consistent and effective support. Building positive relationships with a genuine interest in the child or young person and focusing on their strengths will support their development and inclusion.

The Additional Learning Needs and Education Tribunal (Wales) Act 2018 sets out the legislative system for children and young people from birth to age 25 who have additional learning needs (ALN) and are receiving education or training. A child or young person has ALN if they have a learning difficulty or disability, which makes it harder for them to learn if they aren’t given extra support that’s not normally given to other learners of the same age.

Each child who has ALN will have an independent development plan (IDP). This will describe their ALN and set out the extra support they’ll have to help them learn.

**The principles of including children who have additional support needs**

All children and young people should be included no matter their background, ability or culture. Children with additional support needs should be able to access and take part in services, such as education and play opportunities, in the same way as other children and young people.

The Welsh Government’s seven core aims for children and young people are based on the United Nations Convention on the Rights of the Child. They aim to make sure all children and young people in Wales:

* have a flying start in life
* have a full range of education and learning opportunities
* enjoy the best possible health and are free from abuse, victimisation and exploitation
* have access to play, leisure, sporting and cultural activities
* are listened to, treated with respect and have their race and culture recognised
* have a safe home and community, which supports physical and emotional well-being
* are not disadvantaged by poverty.

**Adapting the environment and activities to include children and young people with additional support needs**

There are many things you can do to help children or young people with additional support needs take part in activities.

What you do will depend on their individual needs, but things to think about include:

* using clear language and communication that’s appropriate for the child or young person's age and stage of development
* making sure there’s enough light, especially if the child or young person has sight loss
* minimising background noise for children and young people who have hearing loss or concentration difficulties
* increasing or reducing sensory stimulation
* shortening activities to match the child or young person’s attention span
* breaking activities into small steps for children and young people with a learning disability and giving them the chance to master new skills
* limiting materials or equipment to avoid overwhelming the child or young person with choices
* using heavy, stable furniture that can’t be knocked over for children or young people who have mobility difficulties and making sure there’s enough space to move around
* waiting until children and young people are calm and in control to introduce new activities
* choosing activities that match the age and ability of the child or young person
* praising and celebrating successes.

**Learning activity – inclusion principles**

Write down why the Welsh Government’s seven core aims are important for children and young people who have additional support needs:

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**Manager’s comments for section 4.6**

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**Progress log – to be completed by the manager**

**4.6 Additional support needs**

**Supporting the health, well-being and development of children with additional support needs**

| **By completing the workbook activities in this section, the worker has shown they know:** | **Sign and date** |
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| The types of **additional support needs** that children may have |  |
| The principles of inclusion for children with additional support needs |  |
| How to adapt the environment and activities to enable all children and young people to take part |  |

## 4.7 Advice, guidance and support

Health and social care workers should think about how to offer advice, guidance and support to children and young people and their families, which helps them make positive choices about their health and well-being. Some important areas are:

* 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 and healthy eating
* physical exercise
* gambling debts.

**Learning activity**

Research two of the areas listed above. Make some notes about the agencies that can provide advice and support about them and the key messages you would want to give to a child or young person if you were talking to them about those areas.

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**Manager’s comments for section 4.7**

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**Progress log – to be completed by the manager**

**4.7 Advice, guidance and support**

**How to provide advice, guidance and support to children and young people and their families that helps them to make positive choices about their health well-being**

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| **By completing the workbook activities in this section, the worker has shown they know:** | **Sign and date** |
| **Areas pertinent to health well-being** for children and young people and the range of agencies providing information and advice |  |

## 4.8 Administration of medication

Some of the children and young people you support may use medication and need support for this. Others, such as young people leaving care, may be able to manage their own medication safely, and you should encourage them to do this to promote their continuing independence. The child or young person’s personal plan will include information about the support they need with their medication.

**The law or legislative framework**

The Social Services and Well-being (Wales) Act 2014 gives a ‘steer’ that managing medicines, which means getting medicines and taking them as directed, is considered a part of daily living. So, supporting people with their medicines should be a part of personal care.

The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 says care providers must: “ensure that staff receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. Staff must receive training and are competent before managing, administering or supporting individuals to manage their own medication.”

The National Institute for Health and Care Excellence (NICE) has guidelines about how to safely support the use of medication. These are used by local authorities and employers to develop local guidelines, policies and procedures.

There are other laws and legislation around supporting the use of medication, such as the:

* Medicines Act 1968
* Misuse of Drugs Act 1971
* Mental Capacity Act 2005

You’ll learn about these when you have your administration of medication training, if this is part of your role.

**Learning activity**

Ask your manager for a copy of your organisation’s policy for supporting the use of medication. Read this and talk to them about your role and the training you’ll need. Write down your role and responsibilities:

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**The roles and responsibilities of those involved in prescribing, dispensing and supporting the use of medication**

The doctor **prescribes** the correct medication with the correct time and the dose to be taken.

The pharmacist **dispenses** the medication, checking that it matches the prescription from the doctor. The medication should be labelled with details such as:

* the name of the child or young person who’s to take it
* the name of the medication
* the date it’s dispensed
* the dose to be taken
* how and when it should be taken.

You’ll be given full training about how medication should be labelled if you’re responsible for supporting the use of medication.

Pharmacists are also responsible for making sure the supply of medicines is within the law and that the medicines prescribed to children and young people are suitable. Pharmacists also advise the person responsible for children and young people about medicines, including how to take them and what reactions may happen. They’ll also 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 or young person and the medical condition they want it for. The risks of administering non-prescribed medication happen when there isn’t enough knowledge about potential interactions with other medicines the child or young person is taking.

Each social care organisation will set out who’s responsible for **supporting the use of medication**, as you’ll have read in your workplace policy.

If it’s your responsibility, you must not support the use of medication until you’ve been trained and assessed as competent to do so. This relates to both prescribed medication and ‘over the counter’ medication. You must also make sure that you’re following children and young people’s personal plans, which will tell you how they should be supported.

**Links between misadministration of medication and safeguarding**

Mistakes sometimes happen when supporting the use of medication, such as an individual missing a dose or being given:

* the wrong medication
* the wrong dose
* medication at the wrong time
* out of date medication.

Mistakes don’t usually cause significant harm but they can sometimes lead to serious consequences for the child or young person, which could lead to a safeguarding review. Mistakes must always be reported. Your organisational policy and any training you receive will clarify what you must do if they happen.

**Let’s review what we’ve learnt so far**

**Quiz**

1. True or false?

You must not support children or young people with the use of medication until you’ve been trained and assessed as competent

1. It is the role of the doctor to …………… the medication
2. It is the role of the pharmacist to ……………… the medication

**Manager’s comments for section 4.8**

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**Progress log – to be completed by the manager**

**4.8 Administration of medication**

**Roles and responsibilities related to the administration of medication in social care settings**

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| **By completing the workbook activities in this section, the worker has shown they know:** | **Sign and date** |
| Legislation and national guidance related to the administration of medication |  |
| The roles and responsibilities of those involved in: prescribing, dispensing and supporting the use of medication |  |
| Where responsibility lies for the use of ‘over the counter’ remedies and supplements in social care settings |  |
| Links between misadministration of medication and safeguarding |  |

## 4.9 Personal care

Supporting children and young people’s personal care in a way that shows dignity and respect is an important aspect of good quality care and support. Some children and young people will need support or guidance to learn to take more responsibility for their own personal care, while others will need more direct support, depending on their age and support needs.

If a child or young person needs direct support with their personal care, it’s important to think about your approach to helping them.

Personal hygiene and how we look is important to most people. It’s essential to find out what’s important to the children and young people you’re supporting. For example, the routine they usually follow.

Think about your own morning routine and the order you do things such as brushing your teeth and washing or bathing and doing your hair. Imagine what it would be like if you needed some support with this, but the person supporting you didn’t ask about your normal routine and did things differently.

The standards each of us wants for our personal hygiene and appearance, as well as our culture and beliefs, will affect how we want to be supported.

A child or young person’s personal plan will have some of this information, but it’s important to talk to them, and if appropriate, their families and carers, to find out what matters to them.

Just as personal hygiene and our appearance are important to us, so too, is having privacy and dignity when we’re being supported with our personal care. Who would want other people to see us getting bathed, being helped to the toilet or helped to get dressed? Simple things matter, such as making sure:

* the door isn’t open so others can’t see into the room if you’re helping someone get dressed
* you have the child or young person’s consent, for example, asking, “Is it okay if I help you get dressed now, Drew?”
* they’re covered up as much as possible.

If you need to support children or young people with their personal care, it’s important you do this in ways that keep both the child or young person and yourself safe. As well as good infection prevention and control measures, such as using PPE and hand hygiene, you’ll need to think about how you carry out intimate personal care in a safe way. You should always make sure you:

* follow any risk assessments and the personal plans for children and young people
* let a colleague know what you’re doing, if you’re working in a residential care setting
* never have a phone with you when carrying out personal care
* record in the daily log that you’ve 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.

If you’re working in a residential child care setting or leaving care service, you may be supporting adolescents. Personal hygiene for all adolescents can sometimes be a challenge, and as part of your role in helping young adults prepare for the future, you should aim to help them develop good hygiene habits.

Not wanting to take regular showers or baths, not having as many clothes as expected in the wash at the end of the week, such as underwear and school uniform, and seeming to avoid using deodorant can all be signs that a young person is struggling to maintain personal hygiene levels. This could be unpleasant for those around them, depending on how great the problem is. The young person may even spend time in the bathroom but not appear to come out any cleaner or fresher than when they went in!

**Possible factors in poor personal hygiene for adolescents**

Many young people struggle with hygiene at some point in their lives. Sometimes it’s simply the case that they’d prefer to be doing other more interesting things instead of showering, tidying their room or sorting washing. It can be difficult to adjust to their changing bodies and it may take time to recognise that the hormones that come with being an adolescent mean they need to deal with oilier skin or increased body odour.

Commenting on a young person’s unwillingness to follow your advice about personal hygiene can lead to arguments and cause an on-going power issue, where they test boundaries and patience. Although a number of related factors may affect hygiene issues in young people, there are some factors that could relate to children and young people wh’re in the care system.

Children and young people from homes where neglect has been an issue may not have been around adults who followed a regular hygiene routine, and as such, could be unaware of how to look after themselves or carry out some personal hygiene tasks. A history of abuse can also lead to issues with youngsters feeling anxious about undressing, spending time in the bathroom or lead to them wanting to make themselves look less appealing to others. Depression and self-esteem issues can also play a part, with some young people not valuing how they appear to others.

If you have concerns about a child or young person’s hygiene, approach the topic gently at first and ask if there’s a reason they don’t want to bathe regularly or change their clothes. A shopping trip to pick out suitable products and talking about how to use them effectively could work, alongside prompting, until they develop a regular routine. It’s likely to be more of a challenge for children and young people struggling with their self-esteem or depression and some may benefit from counselling, as well as considerate coaching and support from you. Try to avoid turning the issue into an argument or dealing with it in a way that could potentially damage their self-esteem more.

**Learning activity – supporting children and young people with their personal care**

Read this case study and answer the questions:

**Case study – Jade**

Jade is 11 years old and has lived with her foster carers for three years. Jade’s foster mum used to wash her long hair for her in the shower but recently Jade has told her she wants to do it herself.

Jade is becoming more and more reluctant to bathe or shower and her foster mum has noticed that her hair is greasy and has an unpleasant odour even after she has showered. She’s talked to Jade about the importance of getting a good lather and rinsing properly to make sure it’s clean.

Jade was neglected as a child and has been bullied in school before. She doesn’t have much confidence and her foster mum is worried that this will get worse if her hair is always greasy.

Answer these questions:

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| 1. What actions could Jade’s foster mum take? 2. Why may Jade be more at risk of bullying than other children or young people? 3. What does Jade’s foster mum need to be careful about? |

**Manager’s comments for section 4.9**

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**Progress log – to be completed by the manager**

**4.9 Personal care**

**Supporting children and young people with their personal care**

| **By completing the workbook activities in this section, the worker has shown they know:** | **Sign and date** |
| --- | --- |
| The importance of supporting **personal care routines** for children and young people |  |
| How to treat children and young people with dignity and respect when supporting them with their personal care routines, taking into account their background, culture and religion |  |
| How 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 |  |

## 4.10 Nutrition and hydration

**Why are nutrition and hydration important?**

There are concerns that the typical diets of many children and young people in the UK contribute to health problems in

childhood and in later life. The most common concerns in this age group are:

* an increasing number of children and young people who are overweight
* children and young people not eating enough fruits, vegetables and fibre
* high intakes of sugar and soft drinks that can damage teeth and lead to unhealthy weight gain
* higher than recommended intakes of salt and processed foods
* the iron deficiency anaemia, which is caused by not having enough iron in the diet and low intakes of other important nutrients
* young girls, in particular, may not have enough important nutrients in their diet
* children and young people living in the most deprived areas of Wales are more likely to be overweight or obese.

**Growth and development**

* + Childhood and adolescence are a time of rapid growth and development, and you need a healthy diet to support this
  + Poor nutrition and not enough calories can lead to children not growing at the expected rate for their age
  + Poor growth in childhood can affect health later in life
  + A mother’s health and nutritional status during pregnancy can affect the child’s outcomes throughout their life.

**Bone health**

* + A well-balanced diet, which has a range of different food groups is important for bone health
  + You need calcium and vitamin D for strong bones and to prevent the bone diseases rickets and osteomalacia.

**Immune function**

* + Good nutrition is important for the immune system and helping the body fight infections
  + Breastfeeding is thought to help children develop a healthy immune system

**Dental health**

* + Eating and drinking food and drinks that are high in sugar, particularly in between meals, can increase the risk of tooth decay
  + Using baby bottles inappropriately or when they’re no longer needed can cause tooth decay
  + Tooth decay in ‘baby’ teeth can affect the health of adult teeth.

**Bowel health**

* + Constipation is common in young children. Many cases are linked to diets that don’t have enough fluid and fibre. If a child is constipated, it can reduce their appetite.

**Behaviour and learning**

* + A healthy diet with a variety of foods from each food group is important for general mental health and well-being
  + Regular meals and healthy snacks help children and young people have the energy they need to play and learn throughout the day
  + Not enough iron in the diet has been linked with behaviour problems and delays in cognitive and motor development
  + Dehydration may make children more irritable and less able to learn
  + Artificial colourings used in soft drinks and foods may have an adverse effect on attention levels in some children.

**Maintaining a healthy weight**

* + Children and young people who eat well and are active are more likely to be a healthy weight for their height. Most cases of being overweight and obese in children and young people are caused by eating too many calories and not enough play or physical activity
  + Being overweight in childhood increases the risk of obesity and chronic diseases, such as asthma, type 2 diabetes, heart disease and stroke, in later life
  + Children and young people who are overweight are more likely to get bullied
  + Breastfeeding has been shown to reduce the risk of obesity later in life.

**Chronic diseases**

* + Chronic diseases, such as heart disease and stroke, may have their origins in childhood
  + Not eating enough fruit and vegetables as a child is linked to increased cancer risk later in life.

Health and social care workers can play an important role in supporting children and young people to eat well. This can be by providing, encouraging and role-modelling healthier choices and by promoting opportunities to develop food skills that will prepare them for independent living in the future.

**Eating well**

**The Eatwell Guide: government recommendations for a balanced diet**

The Eatwell Guide (the guide) tells you the basic principles of healthy eating. The guide turns the government’s nutrient-based dietary recommendations for healthy eating into food-based guidelines, and uses photos to show the proportion and types of food that are needed to make up a healthy balanced diet.

The guide is suitable for most children and young people over the age of five, including children and young people of all ethnic origins and those who are of a healthy weight or overweight. It’s also suitable for vegetarians. The Eatwell Guide doesn’t fully apply to children under two, as they have specific nutritional needs. Between the ages of two and five, children can gradually move to eating the same foods as adults in the proportions shown in the guide.

The guide may not be appropriate for people who are nutritionally at risk, for example, disabled children and young people, people who are ill, or people following a specific therapeutic diet as they may have more specific dietary needs.

Eating well and active play are essential for young children to enjoy good health and well-being. Health and social care workers are in an ideal position to help shape eating habits for life. Eating a variety of foods from the Eatwell Guide’s five food groups, including a range of fruit and vegetables, is important in the early years. But there are differences in the recommendations for adults and pre-school children. So how is the guidance different for young children?

* the calorie requirements shown on the Eatwell Guide apply to adults. Rather than focusing on calories, it’s more important that young children are offered regular, nutritious meals and snacks (three meals a day and two to three snacks), along with plenty of active play. Young children don’t need the same amount of food as adults, so you should make sure you give them portion sizes that are appropriate to their age
* low fat diets aren’t appropriate for children under five as they’re unlikely to provide the calories needed for growth. Children under two should be given full fat dairy foods, such as yoghurt, cream cheese and milk
* tea and coffee are listed as suitable drinks in the Eatwell Guide but these aren’t appropriate for pre-school children as they contain caffeine. The only drinks they need are water or plain milk. On average, a one- to two-year-old is likely to need no more than 400ml milk a day, and a three- to four-year-old needs no more than 300ml milk a day.

One of the basic principles to make sure children of all ages eat healthily is to eat a wide variety of foods. To help a balanced diet, children should be offered a variety of foods from the five food groups. Offering different textures and colours can help children enjoy their food and keeps mealtimes interesting. Children don’t need foods that are high in salt and sugar so they shouldn’t be eaten often and should only be eaten in small amounts.

The guide shows that children and young people don’t have to give up the foods they enjoy and that all foods can be part of a healthy diet. Having the right balance and variety of foods is what’s important for health. The guide aims to reduce the confusion about what a healthy diet is.

The guide is divided into five food groups:

* fruit and vegetables
* potatoes, bread, rice, pasta and other starchy carbohydrates
* beans, pulses, fish, eggs, meat and other proteins
* dairy and alternatives
* oils and spreads.

Foods from the largest groups should be eaten most often and foods from the smallest group should be eaten less often.

[Circle and text showing the Eatwell Guide, which can help you get a balance of healthier food. There's an image of a glass of water and the text 6 to 8 a day, and an image of a circle.
The circle has sections showing the different types of food you should eat, and how much of them. Your diet should be mainly fruit and vegetables and carbohydrates. You should also eat some protein and dairy or dairy alternatives, and only eat a small amount of fat.](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/528193/Eatwell_guide_colour.pdf)

<https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/528193/Eatwell_guide_colour.pdf>

**Why is balance important?**

No single food contains all the essential nutrients the body needs to be healthy and to work well. The nutritional value of a child or young person’s diet depends on the overall mix or balance of foods eaten over a period of time. That’s why a balanced diet is one that’s likely to include a large variety of foods, so we get enough of all the nutrients.

We need energy to live, but the balance between carbohydrate, fat and protein must be right for us to stay healthy. Too little protein can interfere with growth and other body functions, too much fat can lead to obesity and heart disease. Getting enough vitamins, minerals and fibre is important for health.

**Fruit and vegetables**

Most people know that we should be eating more fruit and vegetables but most of us aren’t eating enough. We should be eating at least five portions of fruit and vegetables a day and can choose from fresh, frozen, tinned, dried or juiced. Potatoes don’t count because they’re a starchy food.

Fruit and vegetables should make up more than a third of the food we eat each day. It’s also important to eat a variety. Fruit and vegetables are good sources of fibre and many vitamins and minerals.

**Potatoes, bread, rice, pasta and other starchy carbohydrates**

These foods should make up just over a third of the food we eat. These foods give us carbohydrates (starch), fibre and some calcium, iron and B vitamins.

Although young children don’t need as much fibre as older children and adults, they still need to be eating more than they currently do. Fibre is important for a healthy heart and digestion, and prevents constipation, along with drinking enough fluids and keeping active.

Good sources of fibre include:

* fruits and vegetables
* oats
* pulses
* brown rice
* wholemeal pasta
* wholemeal and multigrain breads
* the skins on potatoes
* breakfast cereals that are high fibre and low in salt and sugar.

We should encourage children and young people to eat a variety.

**Beans, pulses, fish, eggs, meat and other proteins**

For most children and young people, a healthy diet means eating only moderate amounts of meat, fish and the alternatives, such as pulses, eggs, nuts, beans and soya products, such as tofu, tempeh and textured soya protein. And we should choose lower fat versions where possible.

This group of foods gives us:

* iron (for healthy blood)
* protein
* B vitamins, especially vitamin B12
* zinc
* magnesium.

Processed meat, such as bacon and salami, and meat products, such as sausages, beef burgers and paté, are all relatively high in fat and aren’t recommended for health, so try to keep them to a minimum. Beans, such as canned baked beans, and pulses are a good low fat source of protein and are high in fibre.

We should encourage children and young people to eat at least two portions of fish a week. These can be fresh, frozen or canned and can include fish fingers and fish cakes. Each week, you should make sure that at least one of these portions is made up of oily fish, such as sardines, salmon, mackerel, herring or trout, because they’re rich in omega-3 fatty acids and a good source of vitamins A and D. Fresh or tinned tuna doesn’t count as a portion of oily fish but is still a good source of protein and some vitamins.

**Dairy and alternatives**

This group includes foods and drinks, such as milk, cheese and yoghurts. These are good sources of calcium, which is important for bone development and teeth. This group also contains important sources of protein, zinc and vitamins A, riboflavin and B12. It’s recommended that children have around three portions of milk and dairy foods, or calcium fortified, unsweetened dairy alternatives, each day.

This group doesn’t include butter, eggs and cream.

**Oils and spreads**

A small amount of fat in the diet is essential for health. This group includes unsaturated fats such as olive oil, rapeseed oil and their spreads. Children can be given small amounts of oils and spreads as part of a balanced diet, for example, sunflower spread on bread or olive oil in a salad dressing. A small amount of fat in the diet is needed for energy and to help the body absorb vitamins A, D and E.

Fats have twice as many calories weight for weight as protein and carbohydrates, so you should use them in small amounts.

**Foods high in fat, salt and sugar**

The foods in this group aren’t needed in the diet and so, if you have them, you should only have them occasionally and in small amounts.

Some fats are easy to spot, such as cream, fat on meat, butter and margarine. Other fats are hidden in cakes, chocolate, crisps, pastry, mayonnaise, salad dressings, puddings, ice cream and rich sauces and gravies.

Sugar contains only calories and has no other nutrients. Children and young people can get all the energy they need from other foods, so they don’t need sugar. Too much sugar causes tooth decay and may contribute to obesity.

Sugary foods include:

* soft drinks
* sweets
* jam and sugar
* cakes
* puddings
* biscuits
* pastries
* ice cream.

Read food labels and watch out for:

* sucrose
* dextrose
* fructose
* maltose
* honey
* syrup
* raw sugar
* brown sugar
* cane sugar
* muscovado
* concentrated fruit juice.

They are all forms of sugar.

Although most children enjoy sweet foods sometimes, these should be kept to mealtimes to help protect teeth from decay. Dental health has improved in Wales in recent years but is still an issue for children and young people. Eating and drinking sugary foods and drinks often, particularly between meals, is a key risk factor for dental decay. A common misconception is that baby teeth don’t matter but decayed or missing teeth in infancy or early childhood can affect the growth of adult teeth.

Most of the salt we eat is already in everyday foods, such as bread, breakfast cereal, pasta sauce and soup. Check the label and choose foods that are lower in salt.

**Staying hydrated**

Hydration is the amount of water in our body. Infants and young children’s bodies contain a higher proportion of water than adults and are more susceptible to changes in body temperature. This makes them more at risk of dehydration. It’s important that health and social care workers who work with infants and young children are aware of their role in monitoring and encouraging hydration.

**Factors that may affect hydration**

Hydration in babies and children can be affected by several factors. This includes a high temperature, hot weather, increased activity and a sore mouth or throat. Repeated episodes of diarrhoea and vomiting will also increase the risk of dehydration. Children and young people can become very involved in what they are doing and forget to drink or may see drinking as boring and an inconvenience.

**The signs of dehydration in babies and children**

When a child is dehydrated:

* they may appear thirsty
* they may appear restless
* they may have a dry mouth
* they won’t pass much urine
* their urine may be darker than usual.

Other signs of dehydration include:

* drowsiness
* a sunken fontanelle (the soft spot on the head)
* sunken eyes
* few or no tears when crying
* fast breathing.

Children can also become constipated if they don’t have enough to drink. If a baby or young child becomes dehydrated, you may need medical advice. Severe dehydration needs urgent medical attention.

Older children and young people may also have headaches, lack of concentration and mood swings.

**How much fluid do we need?**

In the UK, it’s recommended that children and young people drink six to eight full glasses of fluid per day.

**What counts as fluid intake?**

Fluids include water and anything that contains water. Soft drinks, such as coke and lemonade, should be avoided as they contain lots of sugar and can lead to tooth decay. The Eatwell Guide says that having 150ml pure fruit juice a day (but no more) can count as one portion of our five a day. Fruit juices can be diluted for older children to reduce their acidity and sugar content.

Milk and water are the only safe drinks for teeth for all age groups, and we should have no more than 150ml of fruit juice or smoothies a day.

You should encourage children and young people to:

* + drink fluids often, before they get thirsty
  + drink more fluids on hot and humid days
  + try drinking small amounts of fluid more often throughout the day
  + drink more fluid when they are more active or exercising
  + drink more if they have fever, diarrhoea, or vomiting.

**Factors that can affect nutrition and hydration**

A healthy, balanced diet is essential for the health and well-being of children and young people. It’s important that health and social care workers are aware of the effect of a poor diet in childhood and know what they can do to encourage good nutrition.

Lots of factors can affect children and young people’s nutritional intake. These can include health, environmental, financial, cultural and social factors:

* **culture and religion** will affect what foods are chosen and how they are cooked and eaten. Some religious groups may avoid certain foods or need food that’s prepared in a specific way, for example, halal meat for Muslims
* **individual preferences and habits:** creating the right environment in which to eat and drink is important. Healthy eating preferences and habits are set in the early years. Encouraging children to eat and drink a wide variety of healthy options when they’re young will help them make healthy choices throughout their lives. Young people should have a calm, fun and relaxed eating environment at mealtimes. Involving children in setting up and preparing food and pouring drinks can encourage them to eat and drink. Making food look colourful and attractive may also encourage children and young people to try it. Distractions at mealtimes, such as television or phones, should be minimised
* **physical factors:** health conditions that cause pain or difficulty when eating, for example, a sore mouth and dysphagia (difficulty swallowing), will affect nutritional intake. If there are any concerns about a child or young person’s ability to swallow, report these to your manager
* **constipation and anaemia** (low iron) have been linked to poor appetite, with constipation specifically linked to poor hydration
* **psychological factors:** being upset, depressed, anxious or over tired can discourage people from eating and drinking. Children with autism may show obsessional or repetitive behaviour linked to food and drink, for example, only eating a very limited range of food
* **poverty or low income:** children and young people living in poverty are more likely to make poor food and drink choices and be at greater risk of dental decay and being overweight by the time they start school. Families on a low income are less likely to eat the recommended amount of fruits and vegetables and are more likely to have diets that are high in fat, sugar and salt. Poor housing, lack of transport and poor cooking facilities may restrict food and drink choices
* **advertising and fads** have a significant effect on the foods and drinks we choose to buy. Many unhealthy foods and drinks that are high in fat, sugar and salt are marketed to children
* **body image** is connected to self-esteem and attitudes towards eating and physical activity. Young women are most likely to develop an eating disorder, particularly those aged 12 to 20, but children as young as seven can be affected
* **family and peer influences:** families or carers and health and social care workers can positively affect nutritional intake by role modelling. Children and young people are more likely to eat and enjoy their food if they see other children and adults eating and enjoying them
* **ethics, morals and political beliefs:** some young people may choose to avoid certain foods or whole food groups due to ethical beliefs or values, for example, vegans and vegetarians. They should replace the nutrients from the foods they avoid to make sure they have a nutritionally balanced diet
* **neglect:** health and social care workers should look out for children who are regularly very hungry and may not be getting enough food and drink elsewhere.

**Let’s review what we’ve learnt so far**

**Quiz**

1. At least how many portions of fruit and vegetables should we be eating each day?
2. five
3. three
4. seven
5. How many glasses of fluid should we be drinking each day?
6. four to six
7. six to eight
8. eight to 10
9. True or false?

The Eatwell plate is suitable for children over the age of five

**Manager’s comments for section 4.10**

|  |
| --- |
|  |

**Progress log – to be completed by the manager**

**4.10 Nutrition and hydration**

**The importance of nutrition and hydration for the health and well-being of children and young people**

| **By completing the workbook activities in this section, the worker has shown they know:** | **Sign and date** |
| --- | --- |
| What is meant by the terms ‘nutrition’ and ‘hydration’ |  |
| The principles of a balanced diet and good hydration and government recommendations for a balanced diet and hydration |  |
| National and local initiatives that support nutrition and hydration |  |
| The importance of a balanced diet for optimum health, development and growth of children and young people |  |
| **Factors that can affect nutrition and hydration** |  |

## 4.11 Workbook reflection

**Learning activity**

Reflection is an essential part of health and social care practice. In the space below, identify three things you’ve learned by completing this workbook and how you will put these into practice.

|  |
| --- |
|  |

|  |
| --- |
| **New worker’s declaration**  I confirm the evidence listed in this workbook is authentic and a true representation of my own work.  Learner’s signature:  Date:  **Manager’s declaration**  I confirm the new worker has achieved all the requirements of the workbook with the evidence submitted  Manager’s signature:  Date: |

## Practice learning outcomes

These are the practice learning outcomes of the All Wales induction framework (AWIF). It may be helpful to ask your manager to complete these here rather than have a separate document to record evidence of how you apply your knowledge in your day to day work.

**4.1 Well-being**

**What well-being means in the context of health and social care**

|  |  |  |
| --- | --- | --- |
| **4.1b AWIF practice learning outcomes: You are able to work in ways that:** | **Evidence used** | **Signature and date** |
| Recognise the importance of the child’s family / significant others and support and develop these relationships in the interest of the child unless there is evidence that this would be damaging |  |  |

**4.2 Factors that affect the health and well-being of children and young people**

**Factors that affect the health and well-being of children and young people**

|  |  |  |
| --- | --- | --- |
| **4.2b AWIF practice learning outcomes: You are able to work in ways that:** | **Evidence used** | **Signature and date** |
| Recognise the impact that experiences and life events have had on children and young people’s lives |  |  |
| Promote the self-identity, self-esteem, sense of security and belonging of children and young people |  |  |
| Support children and young people to recognise and celebrate their abilities, talents and achievements |  |  |
| Embeds a co-productive approach that supports and encourages children and young people to participate in a range of activities and experiences and make developmental progress at a level appropriate to their age, needs and abilities |  |  |
| Embeds a co-productive approach that maximises the **active participation**, independence and responsibility of children and young people |  |  |

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

**Environments that support the health, well-being and development of children and young people**

|  |  |  |
| --- | --- | --- |
| **4.3b AWIF practice learning outcomes: You are able to work in ways that:** | **Evidence used** | **Signature and date** |
| Support a positive, safe, caring, nurturing and responsive environment that meets the health, well-being, development and individual needs of children and young people |  |  |

**4.4 Play**

**Supporting the use of play for the health, well-being and development of children**

|  |  |  |
| --- | --- | --- |
| **4.4b AWIF practice learning outcomes: You are able to work in ways that:** | **Evidence used** | **Signature and date** |
| Provide a range of opportunities for different types of play |  |  |
| Adapts the environment and activities to support participation |  |  |
| Meet the individual needs and preferences of children and young people |  |  |

**4.5 Speech, language and communication**

**Speech, language and communication development**

|  |  |  |
| --- | --- | --- |
| **4.5b AWIF practice learning outcomes: You can work in ways that:** | **Evidence used** | **Signature and date** |
| Take account of the speech and language communication needs of children |  |  |

* 1. **Additional support needs**

There are no general practice learning outcomes. These will be covered by your employer if they’re specific to your role

**4.7 Advice, guidance and support**

There are no general practice learning outcomes. These will be covered by your employer if they’re specific to your role

**4.8 Administration of medication**

|  |  |  |
| --- | --- | --- |
| **4.8b AWIF practice learning outcomes: You can work in ways that:** | **Evidence used** | **Signature and date** |
| You are aware of what you can and cannot do in relation to the administration and use of medication at this stage of your training in the context of your role |  |  |
| Follow your workplace policies and procedures in support of the administration and use of medication |  |  |

**4.9 Personal care**

**Supporting children and young people with their personal care**

|  |  |  |
| --- | --- | --- |
| **4.9b AWIF practice learning outcomes: You can work in ways that:** | **Evidence used** | **Signature and date** |
| Support personal care routines that meet the individual needs of children and young people |  |  |
| Support personal care routines of children and young people in a way that treats them with dignity and respect and protects both the child or young person and yourself from harm or allegations of harm |  |  |
| Follow policies and procedures for infection prevention and control when supporting children and young people with personal care routines |  |  |

**4.10 Nutrition and hydration**

**The importance of nutrition and hydration for the health and well-being of children and young people**

|  |  |  |
| --- | --- | --- |
| **4.10b Additional AWIFHSC learning outcomes:**  **You can work in ways that:** | **Evidence used** | **Signature and date** |
| Take account of any specific nutrition and hydration requirements for the children and young people that you support |  |  |
| Provide support for a balanced diet and good hydration |  |  |

## Checklist for related workplace policies and procedures

Administration of medication

Infection prevention and control

Personal care

## Glossary

**Additional support needs**could be physical, emotional, psychological, social or learning.

**Areas relevant to health and well-being**:

* 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 and healthy eating
* physical exercise
* gambling debts.

**Different types of play** would include:

* creative play
* physical play
* imaginative play
* environmental play
* structured play
* unstructured play
* self-directed play
* adult-led play.

**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.

**Factors that can affect nutrition and hydration** can include:

* culture and religion
* individual preferences and habits
* physical factors, such as positioning or oral hygiene
* psychological factors, such as depression or eating disorders
* income, lifestyle and social convention
* advertising and fads
* family and peer group influences
* ethics, morals and political beliefs
* neglect.

**Holistic development:**

This is a holistic approach to child development that focuses on every part of the child, such as their mental, physical and emotional well-being. It looks at how these factors work together towards the child’s overall well-being, rather than 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, at different stages. It makes sure the approach is child-centred and individual.

1. *Social Services: The national outcomes framework for people who need care and support and carers who need suppor*t. Date published: February 2019 <https://gov.wales/sites/default/files/publications/2019-05/the-national-outcomes-framework-for-people-who-need-care-and-support-and-carers-who-need-support.pdf> [↑](#footnote-ref-1)
2. [phw.nhs.wales/topics/adverse-childhood-experiences/](https://phw.nhs.wales/topics/adverse-childhood-experiences/) [↑](#footnote-ref-2)
3. <https://www.sheffield.ac.uk/polopoly_fs/1.811379!/file/Senses_Framework_Posters.pdf> [↑](#footnote-ref-3)
4. *Wales – A Play Friendly Country* (Welsh Government, 2014), [↑](#footnote-ref-4)
5. Lester, S and Russell, W *Play for a Change* (Play England, 2008) [↑](#footnote-ref-5)