

# Higher National Unit specification: general information

**Unit title:** Safeguarding and Protecting Children and Young People

Unit code: FW53 35

Superclass: PN

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### Unit purpose

This Unit is designed to enable candidates develop their understanding of safeguarding and protecting children and young people, they will consider a range of theoretical approaches to communicating with children and young people in an age appropriate manner. They will explore and evaluate policies and procedures for managing risk in relation to keeping children and young people safe. They will critically evaluate, through research, the effects of poverty and deprivation on the life chances of children and young people in relation to their own work setting.

On completion of this Unit the candidate should be able to:

- 1 Critically analyse theoretical approaches to communicating with children and young people.
- 2 Analyse the complexities of managing risk to protect children and young people.
- 3 Critically evaluate the principles and practice of safeguarding and protecting children and young people.
- 4 Critically analyse the effects of poverty on the holistic needs of children and young people and their families.

### Recommended prior knowledge and skills

It is recommended that candidates have previous experience of learning in the field of children's health and wellbeing, that they are currently working with children and young people and that they have achieved the PDA in Children and Young People's Health and Wellbeing at SCQF level 7 or another appropriate qualification at this level.

# **General information (cont)**

# Credit points and level

2 Higher National Unit credits at SCQF level 8: (16 SCQF credit points at SCQF level 8\*)

\*SCQF credit points are used to allocate credit to qualifications in the Scottish Credit and Qualifications Framework (SCQF). Each qualification in the Framework is allocated a number of SCQF credit points at an SCQF level. There are 12 SCQF levels, ranging from Access 1 to Doctorates.

### **Core Skills**

There are opportunities to develop the Core Skill(s) of *Communication, Information Communication Technology, Working with Others and Problem Solving* to SCQF level 6 in this Unit, although there is no automatic certification of Core Skills or Core Skills components.

### **Context for delivery**

If this Unit is delivered as part of a Group Award, it is recommended that it should be taught and assessed within the subject area of the Group Award to which it contributes.

This Unit is contained within the framework for the PDA in Children and Young People's Health and Wellbeing SCQF level 8 as a mandatory Unit. It could also be undertaken as continuous professional development for practitioners wishing to update or develop their skills.

### Assessment

In order to achieve this Unit, candidates are required to present sufficient evidence that they have met all the *Evidence Requirements* for each Outcome.

An understanding of both theory and its relation to practice are required for all Outcomes. Hence assessment must include both the requirement to discuss various issues and the opportunity to relate these to practice. Where candidates are already working it is asked that they write about real work situations. Only in exceptional circumstances should a centredevised hypothetical assessment be used. Candidates are expected to produce evidence relating to undertaking responsibilities as a practitioner wherever possible.

Through ongoing assessment candidates undertaking the PDA in Children and Young People's Health and Wellbeing at SCQF level 8 could develop a portfolio of evidence using the assessments for each of the Outcomes in each Unit. This portfolio approach will enable valid evidence from practice to be generated alongside responses to specific Unit knowledge.

Candidates undertaking this Unit on a standalone basis are recommended to undertake the same assessment as detailed under each Outcome, however they are not required to build a portfolio of evidence.

## Higher National Unit specification: statement of standards

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The sections of the Unit stating the Outcomes, Knowledge and/or Skills, and Evidence Requirements are mandatory.

### Outcome 1

Critically analyse theoretical approaches to communicating with children and young people.

#### Knowledge and/or Skills

Communicating with children, families and carers Positive relationship strategies Role of play in developing communication skills Transition stage Partial dependency stage Independence stage Termination stage Applied ethical and legal issues Values, rights and legislation Advocacy

#### **Evidence Requirements**

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by showing that they can:

- Critically reflect on a professional relationship with a child and their family/carers and critically evaluate the practitioner and parental barriers that impacted on the styles of communication required.
- Critically reflect on a situation from your practice where values, rights, legislation and ethics were central to the issues involved and critically analyse how these were addressed and the role of advocacy in the process.

Knowledge which cannot be inferred from the evidence produced for the above should also be sampled and the evidence may be in written and/or oral form.

#### **Assessment Guidelines**

It is recommended that the Evidence Requirements be addressed through the preparation of two critical reflections based on real practice situations. Each response should be approximately 1000–1500 word or equivalent in length.

Where the candidate is completing the Group Award this will form part 1 of the portfolio of evidence.

# Higher National Unit specification: statement of standards (cont)

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# Outcome 2

Analyse the complexities of managing risk to protect children and young people.

#### Knowledge and/or Skills

Safeguarding and protection legislation Physical abuse Sexual abuse Neglect Emotional, behavioural, interpersonal and social functioning Fabricated illness Building resilience Health and safety legislation related to protection serious case reviews Learning the lessons from serious case reviews

#### **Evidence Requirements**

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by showing that they can:

- Research and critically evaluate the legislative base for safeguarding and protecting children and young people in Scotland.
- Critically compare and contrast the Outcomes from two serious case reviews related to own area of practice.

#### **Assessment Guidelines**

It is recommended that the assessment for this Outcome is combined with the assessment for Outcome 3 and that it is presented as an essay of approximately 1500–2000 words or equivalent in which candidates use the Evidence Requirements to consider current legislation in Scotland to evaluate the outcomes from two serious case reviews where the focus was on safeguarding and protecting children.

Where the candidate is completing the Group Award this essay will form part 2 of the portfolio of evidence.

# Higher National Unit specification: statement of standards (cont)

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# Outcome 3

Critically evaluate the principles and practice of safeguarding and protecting children and young people.

#### Knowledge and/or Skills

Defining risk Living with risk Getting it Right for Every Child (GIRFEC); practice model National Institute for Heath and Clinical Excellence (NICE) guidelines on 'When to suspect child maltreatment' Stress awareness tools Nutritional management tools Windows of achievement tools Holistic planning Assessment and management of risk Review of assessment planning

#### **Evidence Requirements**

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by showing that they can:

- Provide a critical analysis of current practice in risk assessment within your employing organisation.
- Using the GIRFEC practice model design a risk assessment tool using the case material from one of the serious case reviews you have selected in Outcome 2.

#### **Assessment Guidelines**

It is recommended that the assessment for this Outcome is combined with the assessment for Outcome 2 and that it is presented as an essay of 1500–2000 words or equivalent in which candidates use the Evidence Requirements to consider current legislation in Scotland to evaluate the outcomes from two serious case reviews where the focus was on safeguarding and protecting children.

Where the candidate is completing the Group Award this essay will combine with the assessment from Outcome 2 to form part 2 of the portfolio of evidence.

# Higher National Unit specification: statement of standards (cont)

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## Outcome 4

Critically analyse the effects of poverty on the holistic needs of children and young people and their families.

#### Knowledge and/or Skills

Holistic needs of children and young people Maslow's hierarchy of needs Child poverty in Scotland today The Child Poverty Act 2010 Material deprivation and children and young people Effects of poverty on children and young people and families Poverty and life expectancy Environmental factors Emotional deprivation Social deprivation Culture, diversity and religion

#### **Evidence Requirements**

Candidates will need to provide evidence to demonstrate their Knowledge and/or Skills by showing that they can:

 Compare and contrast two families with children under the age of 16 using a social diagram of a family from an inner city area of deprivation and a social diagram of a family from an affluent area of the same city.

#### **Assessment Guidelines**

It is recommended that this Outcome be assessed by candidates preparing two detailed social diagrams which compare and contrast the health and wellbeing opportunities and challenges faced within different parts of one geographical area identifying all aspects of learning from the knowledge and skills.

Where the candidate is completing the Group Award this will form part 3 of the portfolio of evidence.

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This part of the Unit specification is offered as guidance. The support notes are not mandatory.

While the exact time allocated to this Unit is at the discretion of the centre, the notional design length is 80 hours.

# Guidance on the content and context for this Unit

#### Outcome 1

At the start of this Unit candidates should be reminded of 'Getting It Right for Every Child' values and principles that are around strategies which will promote, support and enable children to reach their full potential. These features will allow a child to become a responsive citizen, effective contributor, successful learner and a confident individual (Scottish Government, 2008). Integral components of these are communication strategies, such as play and health promotion strategies.

In this Outcome candidates will examine the principles of relationship building as a means of effective communication. In order to achieve this they will understand that communication is an important skill which allows a relationship to be built up based on understanding, respect, honesty and engagement, they will also consider barriers to good communication and the effect these can have on the child or young person. Candidates should clearly understand the stages of communication development in children and young people.

Teaching and learning should expand on candidates existing skills and help them to consider the ethical and legal issues related to recording and sharing of information this will also be considered in the final Unit of the award *FW55 35: Working in Partnership to Promote Children and Young People's Health and Wellbeing*.

It will be important for candidates to discuss and share ideas and perspectives on values and rights in the context of sharing information at this stage in the award with a focus on the complexities related to this and how they have worked with the issues in their own practice. They should also understand the role of advocacy both in terms of their own practice and in how use additional supports available.

They should recognise that play is a powerful tool which allows the child and/or young person to explore his/her world. Babies are said to have an inborn desire to learn and develop skills. Indoor and outdoor play is important in this quest, whilst allowing the child to revisit skills is a necessary component (Parlakian and Lernor, 2009). Play helps to promote cognitive thinking, social understanding and emotional control, to name but a few (Glasper, Aylott and Battrick, 2010). Through play, scientists have been able to plot child development, for example the development of grasp and fine motor activity. However, let's not forget that play has been used for many centuries to teach and develop skills, eg cards were used to teach military strategies, the game of tag represented the passing of spirits. You may be able to think of others. Theorists take different perspectives on play, eg Piaget looked at cognitive development whilst Mead looked at self from others and socialisation (Peate and Wilding, 2006).

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Candidates should be aware that play is active and allows for exploration, facilitates the learning and practising of social graces, supports brain maturation and is a communication tool.

Additionally, play can be used to treat and heal, avert threat or allow the re-enactment of events (Robinson, 2008). Whilst having access to a play specialist or dedicated play person is preferable, play techniques should be encouraged within the whole multidisciplinary team (Department of Health, 2003).

Play is important to a child/young person's wellbeing, aiding all aspects of growth and development. It can however be used as a therapy in its own right. Candidates should understand that through play, they can get to know the child/young person and this is an important part of delivering responsive care.

They should consider the stages of relationships in terms of transition how the trusting process begins and the issues raised by potential difficult behaviour on the part of the child or the parent. The partial dependency stage when children begin to learn about values and respect for others, the independence stage when children begin to develop positive self-esteem and a sense of independence and the termination stage where they are moving on and have to begin to understand endings, candidates should understand the need to plan for this stage in their relationship with a child or young person.

Candidates should be clear that the building of good interpersonal relationships is integral to taking a partnership family centred approach, responsive care is about knowing and understanding the child/young person. It is about being responsive to the appropriate needs of the child/young person, responsive and sensitive to their verbal and non verbal communications and treating them with respect (Institute for Learning Teaching Scotland, 2005).

Responsive care however is not just about the child/young person but, as an inclusive entity, it also encompasses their family.

Responsive care will not occur if there is no respect. All human beings have the right to be treated with respect whether children, young people, parents or other professionals. It is a fundamental principle within the Rights of the Child and, as professionals; we are all obliged to ensure it happens.

Candidates should understand the legislation that underpins their work in relation to values and rights and be familiar with the United Nation's Convention of the Rights of the Child 1989 and the report 'Do the Right Thing for people who work with children or work on their behalf' (Scottish Government, 2009) and how this action plan built around the UN Rights of the Child aims to promote a range of activities to ensure that Scotland's children have the best start in life, are properly supported to allow them to reach their full potential and have the opportunity to lead happy health lives in which they are well nurtured and cared for.

They should be clear about the implications of the Action Plan on Children's Rights for their practice.

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#### Useful Reading Includes:

Department of Health (2003). Getting the right start: the national service framework for children, young people and maternity services-standards for hospital, London: Department of Health.

Eyles, L. (2003) Promoting Health: A Practical Approach. 5th ed, Edinburgh: Bailliere Tindall.

Glasper, A., Aylott, M. and Battrick, C., (eds.) (2010) Developing practical skills for nursing children and young people, London: Hodder Arnold.

Institute for Learning Teaching Scotland (LTS) (2005) Birth to three years; supporting our younger children, Glasgow: LTS [online].

Moyse, K. (2009) Promoting Health in Children and Young People: the Role of the Nurse. Chapter 2, Chichester: Wiley-Blackwell.

Parlakian, R. and Lerner, C. (2009) Truth about play. [online]. Available from:

http://www.zerotothree.org/site/DocServer/The\_Truth\_About\_Play.pdf?docID=9381

www.scotland.gov.uk/Resource/Doc/282927/0085645.pdf

http://www.unicef.org/crc/

http://www.scotland.gov.uk/Publications/2010/01/07144331/6

http://www.vhscotland.org.uk/library/vol/Hear%204%20U%20model%20final%202.pdf

#### Outcome 2

In this Outcome candidates should review and confirm their knowledge of the most current legislation relating to safeguarding and protection in Scotland.

They should also review their specific knowledge on each of the categories of abuse; physical, sexual, emotional, neglect and behavioural. They should discuss their own experiences of working with children and young people who have been subject to one or more forms of abuse and be able to identify the implications of these experiences for the child/young person, the family, other professionals involved and themselves.

They should gain a full understanding of fabricated illness and be aware of the main signs and symptoms that might indicate that this is taking place.

Candidates should be knowledgeable regarding the Health and Safety legislation and in particular where this relates to a possible or real threat of harm or abuse to children and young people; this should include the reporting and recording mechanisms in use.

Candidates should research and understand a range of serious case reviews into the failure to protect children and young people and become aware of the need to learn from these and for practices to change to ensure the degree of risk is diminished.

From time to time as a nation we have looked to tragedies as a means for informing practice both locally and nationally. Within the UK there are differences in modes of reporting.

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In Scotland Child Protection Committees conduct enquiries which are often published by the local area council and carry out significant case reviews. In England the County councils are charged with undertaking Serious Case reviews after which they publish a summary of findings. What is perhaps more helpful is the UK government publication of an analysis of serious case reviews, not Scottish, biennially the latest being a review of 2005-2007 cases. Reviewing serious case reviews and their impact (2009) can help inform practice. Their key message is that, 'it is what is done with information about children, their families and the environment in which they live rather than its simple accumulation that leads to more analytic assessment and safer practice' Brandon et al. (2009).

Understanding how to safeguard children requires the practitioner to understand children and young peoples' view of the world, as well as understanding the families and their often chaotic lifestyle. This is the whole ethos of Getting It Right for Every Child. However candidates should also understand how workers may be overwhelmed or have their judgements clouded.

Risk can be assessed in different ways; for example Hall took a global approach with a programme of health checks, schools promoting healthy lifestyles, youth justice, focus on level of risk, particularly around sexually harmful behaviours and offences. In their research candidates should keep an open mind and be prepared to look into aspects of practice that they are not personally familiar with.

#### **Useful Reading Includes:**

Brandon, M. et al (2009) Reviewing serious case reviews and their impact. Available from: <u>http://publications.dcsf.gov.uk/default.aspx?PageFunction=productdetails&PageMode=public</u> <u>ations&ProductID=DCSF-RR129</u>

Brian Corby. Child Abuse: Towards a Knowledge Base 2nd Edition, Buckingham: Open University Press

Health and Safety Executive. (2006). The five steps to risk assessment Available from: <a href="http://www.hse.gov.uk/pubns/indg163.pdf">www.hse.gov.uk/pubns/indg163.pdf</a>

The report into the death of Caleb Ness

Available from:

www.fife.gov.uk/publications/index.cfm?fuseaction=publication.pop&pubid=221FCB4C-9FCA-C32B-C77E6DD93283A6DC

http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright

www.scotland.gov.uk/News/Releases/2009/09/31115520

www.nice.org.uk/nicemedia/pdf/CG89NICEGuidance.pdf

#### Outcome 3

In this Outcome candidates will focus on using the GIRFEC practice model as an interactive tool to define risk and to inform their planning in working with children and young people, they will use a range of tools as methods of interacting with the model in a constructive way to develop and improve their assessment and planning skills.

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They should consider the role of positive risk taking and how to ensure that age appropriate risk taking is identified in their planning.

Within all the literature it is often argued that no tool can guarantee safety; however the use of a structured professional judgement approach, which does not preclude the use of actuarial tools, has great advantages. Risk assessment and risk management must occur hand in hand.

Candidates should look in depth at the GIRFEC model which uses Wellbeing indicators, My World triangle and a resilience matrix as it provides a framework which allows a practitioner to structure and analyse information. Taking a family centred approach, the GIRFEC model places the child and their family at the centre of the assessment, allowing workers to assess risks from both perspectives and ensure openness in dialogues. Multiagency sharing and collaboration is also enhanced through using this model.

The models and methods identified in Getting It Right for Every Child are also echoed in the recommendations from English serious case reviews.

Candidates should fully understand that the models and values place the child at the centre, looking at the challenges and pressures on them and their family. The Well being indicators can be used to analyse, identify and prioritise areas of need. They point to having one detailed plan, which can be multiagency, thereby harnessing the skills of others, this is devised by the key worker ensuring that each child and their family will have a unique holistic plan which is dynamic, reviewed, evaluated and amended as necessary at agreed time scales a plan which values all professionals and their judgements, and ultimately provides support or care which is appropriate and effective, ensuring child safety.

As they look into the well-being indicators candidates should also consider the wider areas of risk assessment and risk management. They should know how risk should be analysed, they should understand the implications of stresses on children and young people and be aware that signs of distress, regression and anxiety once identified can be responded to as part of holistic plan of care and support.

Getting It Right for Every Child identifies a resilience matrix, candidates should understand the factors that exist for children and young people that help promote normal developments during adverse moments, this includes risks and the severity and length of adverse life events.

The use of windows of achievement tools can often provide early indicators of other issues in the life of the child or young person and candidates should examine how these could be used to identify risk.

Candidates should also recognise the risks inherent in poor nutrition know about nutritional management tools as part of recognising issues related to diet, weight, and the relationship these issues have to general health and well-being. The World Health Organisation produces standards that prove the difference in children's growth to age five are more influenced by nutrition, feeding practices and environment than by genetics or ethnicity.

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#### Useful Reading Includes:

http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright http://www.who.int/childgrowth/en/ http://www.capt.org.uk/ http://www.nhs.uk/LiveWell/Childhealth6-15/Pages/Childhealth615home.aspx http://www.communitycare.co.uk/Articles/2011/01/18/116126/scottish-government-sets-outchild-protection-measures.htm http://www.nhs.uk/conditions/Accidents-to-children-in-the-home/Pages/Introduction.aspx http://www.weightlossresources.co.uk/children/diet\_for\_kids.htm http://www.who.int/childgrowth/launch/en/index.html

#### Outcome 4

In this Outcome candidates will look beyond work with individual children, young people and families and consider needs in a wider and more holistic sense. They will engage in the poverty debate and seek to identify the effects on the developing generation. This will include identifying the needs of children, the effects of poverty and deprivation, the legislation designed to combat poverty and how this might bring about changes in attitudes and behaviours in the population of Scotland.

It will also be important for candidates to recognise the effects of poverty on life expectancy and to be able to identify environmental and social factors that also have a bearing on this.

They should also look at the role of nongovernmental organisations who are actively involved in fighting poverty and deprivation in Scotland.

Abraham Maslow, in 1943, proposed a hierarchy of needs. Looking at this model you may notice a similarity with 'Getting It Right for Every Child', where the view is taken that we need to put support in place to allow children to grow up to be healthy and well-rounded. Candidates will have investigated other aspects of Maslow's needs approach however here they are looking at meeting the basic needs through investigating an underpinning cause of ill health/poverty.

All governments have tried to deliver policies designed to abolish poverty and break the cycle of deprivation through predominately economic measures with limited success.

Current UK government reports include Ending Child Poverty: Everyone's Business (2008) and the Child Poverty Act (2010). In June 2009 the Child Poverty Bill was introduced by the House of Commons. Following agreement by both Houses on the text of the Bill, it received Royal Assent on 25<sup>th</sup> March 2010. The Bill is now an Act of Parliament and can be found at http://www.educationengland.org.uk/documents/pdfs/2010-child-poverty-act.pdf Part of this Act, will be the setting up of the Child Poverty Commission which is made up of representatives from the four nations, along with other appropriate representatives.

In Scotland, the Scottish Parliament had, as its key features, early intervention through child care and education, employability, area regeneration and financial inclusion. The Scottish Government have rebranded it as 'solidarity and inclusion' where services will offer opportunities for all, and increase available income earned by the lowest paid. Other pertinent policies include decreasing class sizes, increasing nursery provision for 3–4 year

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olds, abolishing prescription charges and free school meals for primary one, two and three children (Sinclair and McKendrick, 2009). As Nicola Sturgeon said 'Almost one in every five Scots is living in poverty. This is simply unacceptable — a tragedy we will not tolerate'.

However it is important that candidates do not equate low income with all forms of deprivation both maternal and material, they should understand that one can live in poverty and yet be happy; the effects of poverty are wide ranging. The wellbeing and poverty experience of children cannot be separated from the circumstances of their family.

Candidates should consider at least poor housing, vandalism, poor environments, lack of access to supermarkets and shops, poor public transport links, lack of dental, medical services, lack of risk free play facilities, lack of social amenities and lack of places of worship.

They should realise that families living in poverty tend to live in deprived areas of towns and cities which have an impact on the health and wellbeing of the whole family, however the experience of poverty affects children and young people's health, education, social, psychological, cultural wellbeing and therefore poverty affects all within the family. Parents can feel guilty or ashamed, they may also face an unequal sharing of resources.

It is a sad fact that according to Bull (2009), in this day and age, the life expectancy of a child born in Carlton in Glasgow is 28 years less than one born a few miles away in Lenzie in order to improve the lives of children, young people and hence the adults of the future, the cycle of deprivation needs to be broken, and resources must be used effectively to support families, narrowing the present gap in outcomes.

It is important to remember that culture, ethnicity, religion and spirituality can also have an effect and influence on a child's life chances.

The overall non-white ethnic population of the UK is 7.9% of the total population although in Scotland the total was less than 2% in 2001. *Source: www.statistics.gov.uk* 

The statistics for religion are similar. In the UK 5.4% follow a non Christian religion in Scotland it is less than 1%, these percentages while small can be significant as Scotland does have a diverse population who are all entitled to equal access to healthcare and support. The UN Convention on the Rights of the Child (1990) states that children's rights are paramount irrespective of race, religion, language and ethnic origin, and that every child has a right to practice their or their family's religion or belief within the boundaries of the law. Getting It Right for Every Child (2008) also endorses that diversity should be valued in all circumstances and that opportunities should be created in order to celebrate that diversity. Candidates should consider how these rights and principles are affected by poverty and deprivation while noting that it is considered that people with a faith/and or belief have an improved wellbeing as their faith provides them with the reasoning to cope with life.

#### **Useful Reading Includes:**

Bull, J. (2009) Poverty inequality and child rights.

http://www.unicef.org.uk/UNICEFs-Work/What-we-do/Our-UK-work/Young-people/

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http://www.barnardos.org.uk/what\_we\_do/our\_projects/child\_poverty.htm

Sinclair, S. and Mckendrick, J. (2009) Child poverty in Scotland: taking the next steps. York: Joseph Rowntree Foundation www.irf.org.uk/sites/files/irf/poverty-children-scotland-viewpoint.pdf

Sturgeon, N. (2008). Targets to tackle poverty www.scotland.gov.uk/News/Releases/2008/01/31112502

Utting, D. 1995. Family parenthood: supporting families, preventing breakdown. York: Joseph Rowntree Foundation

The Standard for Childhood Practice (2007) Available from: www.qaa.ac.uk

It's everyone's job to make sure I'm alright <u>www.scotland.gov.uk/Publications/2002/11/15820/14009http://services.parliament.uk/bills/20</u> 08-09/childpoverty.html

www.communitycare.co.uk/Articles/2007/11/29/106613/the-effect-of-family-poverty-onchildren.html

www.c4eo.org.uk/themes/earlyyears/ntg

www.statistics.gov.uk/cci/nugget.asp?id=455

www.scottishinterfaithcouncil.org/resources/Religion+and+Belief.pdf

NHS Education for Scotland (2009) Spiritual Care Matters: An Introductory Resource of all NHS Scotland staff. Edinburgh: NES.

Smith, J & McSherry, W. (2004) Spirituality and child development: a concept analysis. Journal of Advanced Nursing, 45(3), pp 307-315.

### Guidance on the delivery and assessment of this Unit

In order to achieve this Unit, candidates are required to present sufficient evidence that they have met all the Evidence Requirements for each Outcome. Details of these requirements are given for each Outcome.

Where candidates are studying the Unit alone for continuous professional development they should complete the assignments identified under each of the Outcomes.

Candidates undertaking the PDA in Children and Young People's Health and Wellbeing at SCQF level 8 should complete each of the individual assessments identified in the Unit Outcomes these then come together to develop a portfolio of evidence; this portfolio approach will enable valid evidence from practice to be generated alongside responses to specific Unit knowledge and will become evidence for the SVQ Units which form part of the overall Group Award.

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It is recommended that this Unit be taught first when forming part of the PDA Group Award.

# **Open learning**

This Unit is suitable for open learning, provided there is authentication of the candidate's evidence. For information on normal open learning arrangements, please refer to SQA guide to Assessment and quality assurance of open and distance learning (SQA, 2002).

### **Opportunities for the use of e-assessment**

E-assessment may be appropriate for some assessments in this Unit. By e-assessment we mean assessment which is supported by Information and Communication Technology (ICT), such as e-testing or the use of e-portfolios or e-checklists. Centres which wish to use e-assessment must ensure that the national standard is applied to all candidate evidence and that conditions of assessment as specified in the Evidence Requirements are met, regardless of the mode of gathering evidence. Further advice is available in SQA Guidelines on Online Assessment for Further Education (AA1641, March 2003), SQA Guidelines on e-assessment for Schools (BD2625, June 2005).

# **Opportunities for developing Core Skills**

Assessment of this Unit will assume the development of Core Skills necessary in the performance of work tasks at this level. For example your assessments are likely to include the use of appropriate information technology and the demonstration of skills required to undertake presentations written and oral which will include the use of complex information.

Candidates have the opportunity to develop the following Core Skills:

*Communication*: Written Communications will be developed through candidates producing written work in a variety of formats; Oral Communication will be developed through discussion, debate and evidence of engagement with other professionals and key people.

*Working with Others*: Will be developed as candidates will be required to work collaboratively with colleagues from their own and other services in the preparation and research for their assignments.

Information and Communication Technology: Candidates will develop their ICT skills through research and the presentation of written assignments.

*Problem Solving*: Could be developed through explanations of how the candidate dealt with issues and the need to protect individuals from harm and abuse.

### Disabled candidates and/or those with additional support needs

The additional support needs of individual candidates should be taken into account when planning learning experiences, selecting assessment instruments, or considering whether any reasonable adjustments may be required. Further advice can be found on our website <a href="https://www.sqa.org.uk/assessmentarrangements">www.sqa.org.uk/assessmentarrangements</a>

## History of changes to Unit

Version	Description of change	Date

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Additional copies of this Unit specification can be purchased from the Scottish Qualifications Authority. Please contact the Business Development and Customer Support team, telephone 0303 333 0330.

# **General information for candidates**

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In undertaking this Unit you will examine the principles of relationship building as a means of effective communication. In order to achieve this you will see that communication is an important skill which allows a relationship to be built up based on understanding, respect, honesty and engagement. You will also consider barriers to good communication and the effect these can have on the child or young person. Your learning should expand on your existing skills and help you to consider the ethical and legal issues related to recording and sharing of information.

It will be important for you to discuss and share ideas and perspectives on values and rights in the context of sharing information with a focus on the complexities related to this and how you have worked with the issues in your own practice.

You will review and confirm your knowledge of the most current legislation relating to safeguarding and protection legislation in Scotland. You should also review specific knowledge on each of the categories of abuse; physical, sexual, emotional, neglect and behavioural. You should discuss your own experiences of working with children and young people who have been subject to one or more forms of abuse and be able to identify the implications of these experiences for the child/young person, the family, other professionals involved and yourself.

You should gain a full understanding of fabricated illness and self harm and be aware of the main signs and symptoms that might indicate that this is taking place. You should also gain knowledge regarding the Health and Safety legislation and be able to bring to your discussions in class your own organisational policies and practice which relate to a possible or real threat to children and young people, including the reporting and recording mechanisms in use.

You will undertake research into a range of serious case reviews of the failure to protect children and young people and become aware of the need to learn from these and for practices to change to ensure the degree of risk is diminished.

You will focus on using the Getting it Right for Every Child (GIRFEC) practice model as an interactive tool to define risk and to inform planning in working with children and young people, you will use a range of tools as methods of interacting with the model in a constructive way to develop and improve your assessment and planning skills. You will consider the role of positive risk taking and how to ensure that age appropriate risk taking is identified in all assessment and planning.

You will look beyond your work with individual children and families and consider need in a wider and more holistic sense. You will engage in the poverty debate and seek to identify the effects on the developing generation, this will include identifying the needs of children, the effects of poverty and deprivation, the legislation designed to combat poverty and how this might bring about changes in attitudes and behaviours in the population of Scotland. Recognising the effects of poverty on life expectancy you will be able to identify environmental and social factors that also have a bearing on this including those related to culture, ethnicity and religion.

Your assessments for each of the Outcomes will provide you with a picture of the legislation, policies and current practices that are viewed as most effective in the safeguarding of children and young people. The individual assignments will form the start of a portfolio of

# General information for candidates (cont)

evidence which will build into a comprehensive study of children's health and wellbeing across the whole Award this will also contribute evidence to the SVQ Units which form part of the Group Award.

Where you are completing this Unit on its own for continuous professional development you are not required to maintain a portfolio of evidence however you could choose to retain your evidence in this way if you are considering undertaking SVQ Units to evidence your practice competence.

You will have the opportunity to develop the following Core Skills:

*Communication*: Written communications will be developed through you producing written work in a variety of formats; oral communication will be developed through discussion, debate and evidence of engagement with other professionals and key people.

*Working with Others*: Will be developed as you will be required to work collaboratively with colleagues from your own and other services in the preparation and research for your assignments.

Information and Communication Technology: You will develop your ICT skills through research and the presentation of written assignments.

*Problem Solving*: Could be developed through explanations of how you dealt with issues and the need to protect individuals from harm and abuse.