



## Higher National Unit specification: general information

**Unit title:** Working in Partnership to Promote Children and Young People's Health and Wellbeing

**Unit code:** FW55 35

**Superclass:** PN

**Publication date:** September 2011

**Source:** Scottish Qualifications Authority

**Version:** 01

### Unit purpose

This Unit is designed to enable candidates to focus on the role of the family and other agencies in maintaining holistic care and fostering resilience in children and young people. They will also consider the challenges facing children and young people in relation to specific conditions and developmental stages. Candidates will also consider their role as part of a team and the impact good team working can bring to positive outcomes for the individual child/young person, their families and carers through the review of best practice.

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

- 1 Define and critically evaluate health promotion approaches and models of care and treatment.
- 2 Critically evaluate challenges to children and young people's health and wellbeing.
- 3 Critically evaluate own workplace practices in line with infection prevention and control for childcare settings.
- 4 Critically analyse the principles and processes of team working in the promotion of health and wellbeing for children and young people.

### 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 Skills 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 Skill 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 at 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 centre-devised 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 will 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

**Unit title:** Working in Partnership to Promote Children and Young People's Health and Wellbeing

**Unit code:** FW55 35

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

Where evidence for Outcomes is assessed on a sample basis, the whole of the content listed in the Knowledge and/or Skills section must be taught and available for assessment. Candidates should not know in advance the items on which they will be assessed and different items should be sampled on each assessment occasion.

### Outcome 1

Define and critically evaluate health promotion approaches and models of care and treatment.

#### Knowledge and/or Skills

Partnership and multi-disciplinary working  
Medical approach  
Behavioural change approach  
Educational change approach  
Empowerment approach  
Social Change approach  
Medical model  
Beattie model  
Capland & Holland model  
Radical model

#### Evidence Requirements

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

- ◆ Define and critically evaluate the effectiveness of the five approaches to your area of practice and identify the implications each of these has to multi-disciplinary and partnership working.
- ◆ Critically compare and contrast the four models of care and treatment in relation to your area of practice.

#### Assessment Guidelines

It is recommended that the assessment for this Outcome is through a research project undertaken by each candidate for presentation to the whole class group through a power point presentation.

Where the candidate is completing the Group Award the findings of this project will then form part 8 of the portfolio of evidence.

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

**Unit title:** Working in Partnership to Promote Children and Young People's Health and Wellbeing

### Outcome 2

Critically evaluate challenges to children and young people's health and wellbeing.

#### Knowledge and/or Skills

Learning disabilities  
Complex needs  
Mental Health  
Obesity  
Teenage pregnancy  
Alcohol and smoking  
Parental capacity  
Parental drug and alcohol issues  
Young carers  
Poor housing  
Homelessness

#### Evidence Requirements

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

- ◆ Critically assess four challenges to children and young people's health and wellbeing from own experience in current work setting which identifies the role played by partnership working.

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 assessment for this Outcome is a research project based on candidates own practice of approximately 1000 words or equivalent in length.

Where the candidate is completing the Group Award this project will then form part 9 of the portfolio of evidence.

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

**Unit title:** Working in Partnership to Promote Children and Young People's Health and Wellbeing

### Outcome 3

Critically evaluate own workplace practices in line with infection prevention and control for childcare settings.

#### Knowledge and/or Skills

Health and Safety legislation for infection control  
National Care Standards for early education and childcare up to age of 16  
Regulation of Care (Scotland) Act 2001  
Public Services Reform (Scotland) Act 2010  
Causes of infection including microbes and microbial growth  
Spread of infection  
Infection prevention and control (eg Standard Infection Control Precautions)  
Outbreaks of infection  
Food hygiene  
Health Protection Teams  
Environmental Health

#### Evidence Requirements

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

- ◆ Identify and prepare a plan to deal with an outbreak of infectious disease in line with legislative requirements, partnership arrangements and current best practice ensuring all the above Knowledge and/or Skills are covered.

#### Assessment Guidelines

It is recommended that the assessment for this Outcome is a hypothetical case study of approximately 2000 words or equivalent which deals with an outbreak of an infectious disease in the candidates' work setting.

Where the candidate is completing the Group Award this case study will form part 10 of the portfolio of evidence.

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

**Unit title:** Working in Partnership to Promote Children and Young People's Health and Wellbeing

### Outcome 4

Critically analyse the principles and processes of team working in the promotion of health and wellbeing for children and young people.

#### Knowledge and/or Skills

Roles of key personnel within the team  
Balancing needs of the team  
Information sharing and confidentiality  
Effective team working  
Regulation of workforce/The Scottish Social Services Council role of supervision  
Sharing experiences Importance of continuous professional development  
Evaluating evidenced best practice  
Planning for the future  
Audits, inspections and reviews

#### Evidence Requirements

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

- ◆ Examine one best practice review report and critically analyse your own team against the outcomes identified in the report.

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 assessment of this Outcome is a research project supported by a report of 1000–1,500 words or equivalent which details a review of best practice in the candidate's work setting in which they critically evaluate how the team contributes to a multi disciplinary approach to the promotion of health and wellbeing for the children and young people they support.

Where the candidate is completing the Group Award this project provides part 11 and the final piece of evidence in the portfolio.

## Higher National Unit specification: support notes

### **Unit title:** Working in Partnership to Promote Children and Young People's Health and Wellbeing

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**

In this Outcome candidates should learn about a variety of theoretical approaches and models that can be used to consider children and young people's health and wellbeing from a range of perspectives, it is recommended that they research these and discuss their findings with the group using their own experience and their learning to inform their presentations.

Candidates should learn about medical, behavioural change, education, empowerment and social change approaches. They should also know and understand Tannahill's medical model, Tone's radical models, Beattie's and Caplan & Holland models.

Medical; this approach follows the traditional view of health, in that it is the absence of disease. The approach aims to reduce morbidity and premature mortality and either targets the whole population, such as in immunisation programmes, or to target groups at risk.

There are three levels of intervention to this approach:

- ◆ Primary Intervention = Prevention of disease, eg immunisation
- ◆ Secondary Intervention = Prevention of progression of disease, eg screening and early detection
- ◆ Tertiary Intervention = Reduction of further disability and prevention of recurrence of disease

This approach is advantageous because there is clear scientific evidence in the form of epidemiological results, it is a cheaper option which can show some short term results, it is professional expert led and there have been well documented proven successes such as the global eradication of smallpox.

Disadvantages, however, are that it is based on disease and ill health, which do not take into account the social and environmental determinants of health. It is also disadvantaged by being professional expert led; individuals are not consulted, rather are told what they need to do.

Candidates should understand that the advantages of this approach are that it gives the individual ownership over their own health and that their lifestyle is a personal choice. Thus, the consequences of their poor health are as a result of their own choices.

Educational; the aim of this approach is to provide information and, therefore, increase knowledge. The hope is that, with an increased knowledge, there will be a change in

## Higher National Unit specification: support notes (cont)

### **Unit title:** Working in Partnership to Promote Children and Young People's Health and Wellbeing

behaviour. The premise for this approach is that the individual has informed choice — they are given the information to be able to make a decision for themselves. Information can be provided in the form of leaflets, displays, booklets and possible discussions with individuals. Although the information is provided to the whole population, the target is the individual. The approach is favourable in that it brings any decision making down to the individual level rather than being professionally led. However, it still does not take into account financial or social factors that affect health, still mainly focusing on medical conditions.

Empowerment; this is a truly bottom up approach, giving individuals and groups of people the ability to control their own health issues. This allows either self empowerment or group empowerment.

However, in order to become self empowered, individuals need to be aware they are powerless in the first place, and have a strong motivation to need or want change. They also need to know what it is they need in order to make healthier choices.

This approach allows the individual to recognise their own issues and problems, and then be able to know what help they require and where they can get it. The professional expert then just facilitates support, in order for the individual to make the changes themselves. This is a client centred approach.

Social change; social change approaches incorporate socioeconomic and environmental determinants for health. The aim is to make changes in the physical, social and economic environments at policy level in order to have an effect on health.

This approach targets whole populations, or groups of people, and is led by consultation, allowing individuals and groups to take part in discussion. However, it is still a top down approach, with the implementation of policy coming from organisations and government. It is hoped that by following this model, health education will influence health through providing basic medical, preventative or protective information to the population and thus result in behaviour changes. Health protection and prevention are informed by epidemiology and statistics and influence health through policy, legislation and social measures (Naidoo & Wills, 2009).

It is recommended that candidates consider the following models: Beattie's model for health promotion (1991). Essentially, in this model there are four areas of concern which are either focused at individuals or populations/groups, and are either led by expert professionals or from the individuals/groups themselves.

Health persuasion is expert led and targets individuals to make healthier choices. Personal counselling is led by the individual seeking to make changes to their lifestyle.

Community development is led by small groups or communities to make changes within their communities that will lead to improved health.

Legislative action is expert led and seeks to make changes in policy in order to improve the health of the population/nation (Naidoo & Wills, 2009).

Caplan & Holland (1990) Model of health promotion.



## Higher National Unit specification: support notes (cont)

### **Unit title:** Working in Partnership to Promote Children and Young People's Health and Wellbeing

There are four realms to this model:

The 'traditional' realm which looks at the absence of disease, is professional led and is focused on the individual being told what choices to make in order to improve health.

The 'humanist' realm looks at providing information and education in order that individuals make informed choices for themselves. The individual takes responsibility for their health and seeks support.

The 'radical humanist' looks at empowering individuals and groups in order to make healthy choices or campaign for healthy options.

The 'radical structuralist' realm recognises that there are environmental and social aspects to health. This approach looks to make changes in policy, legislation and law in order to improve health (Naidoo & Wills, 2009).

Tones and Tilford model, which is considered to be the self-empowerment model.

*Self empowerment is a state in which an individual possesses a relatively high degree of actual power — that is genuine potential for making choices.* Tones and Tilford (2001) this model's aims are to give individuals and communities control over their own health.

Tones suggests that positive health is a result of healthy public policy and health education. If the individual is given enough education and knowledge, then they will not only be empowered to make the right choices, but will also be more empowered to campaign for, or influence, healthy public policy (Naidoo & Wills, 2009).

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

Gorin, S.S. (2006) Health Promotion in Practice. San Francisco: Jossey-Bass. Chapter 2, pp. 21–66.

Naidoo, J. & Wills, J. (2009) Foundations for Health Promotion. 3rd ed. Edinburgh: Elsevier.

Tannahill, A. (2008) Health Promotion: The Tannahill Model revisited. Public Health, (122), pp. 1387–1391.

[www.educationforum.co.uk/Health/approaches.htm](http://www.educationforum.co.uk/Health/approaches.htm)

Sturt, G. Health Promotion: Health Psychology

Available from: <http://homepage.ntlworld.com/gary.sturt1/health/Health%20Promotion.ppt>

## Higher National Unit specification: support notes (cont)

### **Unit title:** Working in Partnership to Promote Children and Young People's Health and Wellbeing

#### **Outcome 2**

Candidates should know that just as the determinants for health and wellbeing can be defined in terms of individual, family, environmental or societal factors, so too can the challenges. At an individual level the challenges to health and wellbeing for children and young people include learning disabilities, complex needs, mental health, obesity, teenage pregnancy, alcohol and smoking.

Family factors can include parental capability, parental drug and alcohol issues, young carers and looked after children.

Environmental challenges may include poor housing conditions and homelessness.

Societal challenges can be alcohol, drugs, obesity and teenage pregnancy.

These are only some of the challenges facing children and young people's health and many are interrelated.

Candidates might consider 'Every Parent Matters' document, published by the Department for Education and Skills, 'Parents and carers are a crucial influence on what their children experience and achieve.'

The Children (Scotland) Act of 1995 defines that a parent has a responsibility:

However, not all parents have the capacity to either positively influence their child's experience and achievement, or indeed to meet their legal parental responsibilities.

They should understand that there can be many reasons for a parent(s) being unable to ensure the health and wellbeing of their child. These include their own mental health, learning or physical disabilities, alcohol or drug use and financial situation, to name but a few.

There are times that young people under the age of 16 are a main carer or take a considerable part in the care of a family member, either one or both parents or even a sibling.

Reasons for a child or young person becoming a young carer may be due to mental health problems, learning disabilities or physical disabilities of a parent or sibling, or even parental drug/alcohol issues. Being a carer from a young age can mean that young people are left to deal with often adult situations and concepts very quickly, meaning they need to grow up and mature more quickly than their peers and often miss out on much of the aspects of childhood.

Candidates should be aware that caring for a parent or other family member will have a toll on the social, emotional and intellectual wellbeing of young carers. If parents are unable to work due to their condition, it can mean that there are financial issues which could impact upon the health of the young carer. Caring duties can leave the young carer tired and exhausted, again affecting their health and wellbeing, and lastly, either due to their own health or physically caring for their family member, the young carer can miss a lot of their schooling.

In the document, 'Looked after children and young people: we can and must do better', the Scottish government stated that, '.....local authorities, health boards, voluntary organisations and all other relevant individuals and agencies have a contribution to make to improving

## Higher National Unit specification: support notes (cont)

### **Unit title:** Working in Partnership to Promote Children and Young People's Health and Wellbeing

outcomes for all looked after children; both those who are looked after at home and those who are looked after and accommodated'.

Looked after children could be living with foster carers, adoptive parents, kinship carers or even be cared for by local authorities in residential homes.

They could also be under a supervision requirement issued by the Children's Reporter, but remain living at home with their parent(s).

In 2003 the Public Health Institute for Scotland published a 'Needs assessment report on child and adolescent mental health.'

The report highlighted that 'at any one time, about 10% of population of under 19 year olds, about 125,000 young people, have mental health problems which are so substantial that they have difficulties with their thoughts, their feelings, their behaviour, their learning, their relationships, on a day to day basis.'

Scotland would appear to be a good mixer for alcohol according to all the news reports of recent years. Underage and binge drinking are well documented problems in Scotland.

There are many links of smoking to ill health that are well publicised. The recent increase in the age limit to 18 for buying cigarettes, and also the ban on smoking in public, highlight the Government's concern over smoking health related issues and their commitment to reducing smoking.

Childhood obesity remains a high concern in Scotland.

While obesity itself is a concern for childhood health, it can also potentially lead to physical and mental health problems in adult life, for example heart disease, diabetes, back pain, low self-esteem and depression.

Teenage pregnancy rates are still the highest within Europe.

#### **Useful Reading Include:**

Scottish Government's publication, 'Better health, Better care' (2007). Read section 2 regarding improving Scotland's health.

Available from: <http://www.scotland.gov.uk/Resource/Doc/206458/0054871.pdf>

<http://www.fairbridge.org.uk/>

Please click on these short clips made by young people highlighting some of the challenges facing them and their peers.

<http://www.youtube.com/watch?v=ycDCkmsj5oU>

<http://video.google.co.uk/videoplay?docid=-6766412523764491673&ei=rmomS5efDZit-Qa5w5HgBQ&q=2008+Fairbridge+Film+and+Animation+Aw#>

## Higher National Unit specification: support notes (cont)

### Unit title: Working in Partnership to Promote Children and Young People's Health and Wellbeing

Please click on the following links to some video clips and articles.

The articles address a couple of the challenges parenting poses to the health and wellbeing of CYP. The videos are made by some young people themselves and their perceptions of their lifestyle and issues. Tom Taffy Jones shows the link between parenting and many of the other health and wellbeing challenges facing CYP.

<http://www.scie.org.uk/publications/briefings/briefing06/index.asp>

<http://www.education.gov.uk/research/data/uploadfiles/DCSF-RBX-01-07.pdf>

<http://vids.myspace.com/index.cfm?fuseaction=vids.individual&videoid=56549025>

<http://video.google.co.uk/videoplay?docid=4624071670691564137&ei=420mS-KKDNbB-AbwvYnVBq&q=2008+Fairbridge+Film+and+Animation+Awa#>

<http://www.youngcarers.net/>

<http://www.youngcarer.com/showPage.php?file=info.htm>

Click on the links below to view some short video clips, again made by some young people.

<http://www.youtube.com/watch?v=A2IT2Xdq2e0>

<http://www.youtube.com/watch?v=rovGSmO2Pkg>

<http://www.youtube.com/watch?v=FLKP3gruyeY>

Again there are a couple of short clips made by some young people regarding alcohol and drug misuse.

<http://www.nursingtimes.net/whats-new-in-nursing/acute-care/teen-binge-drinking-is-chronic-uk-issue-says-poll/2007533.article>

Click on the links below highlighting some of the issues of underage drinking and also a report on the relationship Scotland has with alcohol.

<http://www.poetryofscotland.co.uk/Other/bingedrinking.php>

<http://www.youtube.com/watch?v=R8J3N-3AadI>

[http://video.google.co.uk/videoplay?docid=-8770546828017601259&ei=v2kmS-\\_nGluW-AbXs4CrBQ&q=A+Nightmare+before+Fairbridge+&hl=en&#](http://video.google.co.uk/videoplay?docid=-8770546828017601259&ei=v2kmS-_nGluW-AbXs4CrBQ&q=A+Nightmare+before+Fairbridge+&hl=en&#)

<http://vids.myspace.com/index.cfm?fuseaction=vids.individual&videoid=56542672>

Click on the links below regarding smoking trends in children and young people and some plans as to how to tackle the issue.

<http://www.ashscotland.org.uk/ash/4184.html>

<http://www.scotland.gov.uk/News/Releases/2009/09/22120821>

[http://www.bma.org.uk/sc/top/site\\_az/search\\_results.jsp?page=1](http://www.bma.org.uk/sc/top/site_az/search_results.jsp?page=1)

## Higher National Unit specification: support notes (cont)

### **Unit title:** Working in Partnership to Promote Children and Young People's Health and Wellbeing

Click on the following links and watch the short news clips or read the various articles. When watching the clips, bear in mind that these are news reports from America, even though they are about Scottish issues. Some of the articles make suggestions as to why obesity is becoming a problem, not only in Scotland, but in the UK and worldwide.

[http://www.youtube.com/watch?v=xF\\_80-p5U\\_s](http://www.youtube.com/watch?v=xF_80-p5U_s)

<http://www.youtube.com/watch?v=AF4KmX2LOHE>

[http://www.bma.org.uk/health\\_promotion\\_ethics/child\\_health/obesity.jsp](http://www.bma.org.uk/health_promotion_ethics/child_health/obesity.jsp)

<http://www.dcsf.gov.uk/everychildmatters/healthandwellbeing/commonhealthissues/obesity/obesity/>

<http://www.guardian.co.uk/society/2009/nov/23/parents-childhood-obesity>

<http://news.bbc.co.uk/1/hi/health/4076964.stm>

<http://news.bbc.co.uk/1/hi/health/6414451.stm>

<http://news.bbc.co.uk/1/hi/health/6451015.stm>

<http://www.parliament.uk/documents/post/pn205.pdf>

Click on the following links to reports regarding teenage pregnancies in Scotland.

[http://news.bbc.co.uk/1/hi/scotland/tayside\\_and\\_central/7471713.stm](http://news.bbc.co.uk/1/hi/scotland/tayside_and_central/7471713.stm)

[http://news.bbc.co.uk/1/hi/scotland/tayside\\_and\\_central/7068964.stm](http://news.bbc.co.uk/1/hi/scotland/tayside_and_central/7068964.stm)

[http://news.bbc.co.uk/1/hi/scotland/tayside\\_and\\_central/6350261.stm](http://news.bbc.co.uk/1/hi/scotland/tayside_and_central/6350261.stm)

[http://news.bbc.co.uk/1/hi/scotland/tayside\\_and\\_central/6350261.stm](http://news.bbc.co.uk/1/hi/scotland/tayside_and_central/6350261.stm)

<http://www.isdscotland.org/isd/2071.html>

## Higher National Unit specification: support notes (cont)

**Unit title:** Working in Partnership to Promote Children and Young People's Health and Wellbeing

### Outcome 3

The focus of this Outcome is prevention of infection and infection control, the main text used therefore is Infection Prevention and Control in Childcare Settings (Day Care and Childminding Settings) which is supported by Health Protection Scotland, the NHS, and the Health Protection Network and was published in March 2011. Copies of this guidance are available from:

<http://www.documents.hps.scot.nhs.uk/hai/infection-control/guidelines/infection-prevention-control-childcare.pdf>

All candidates should have a copy of the document.

The document covers the following areas:

- ◆ Introduction: risk assessment, infection risk, actions to prevent spread of infection, early warning signs and symptoms of infection.
- ◆ Outbreaks of infection in childcare settings
- ◆ Spread of infection
- ◆ Standard Infection Control Precautions
- ◆ Food and kitchen hygiene
- ◆ The National Care Standards
- ◆ Supporting Bodies

There are also 10 appendices providing specific guidance and examples for use in practice. Candidates should understand the role of their regulators in relation to the prevention of infection and be aware of The Public Services Reform (Scotland) Act 2010 which came into effect on April 1<sup>st</sup> 2011 introducing two new public bodies Social Care and Social Work Improvement Scotland (SCSWIS) and Healthcare Improvement Scotland (HIS). SCSWIS now regulates inspects and supports improvement of care and social work and child protection services across Scotland. HIS has taken over the regulation of independent healthcare services, excluding care at home, which were previously regulated by the Care Commission. It has also taken over the work of NHS Quality Improvement Scotland which no longer exists.

### Useful Reading Includes:

Advisory Committee on Dangerous Pathogens (2003), *Infection at work: Controlling the risks — a guide for employers and the self employed on identifying, assessing and controlling the risks of infection in the workplace*, ACDD, Norwich

Al-Jader L et al (1999), Outbreak of *Escherichia coli* O157 in a nursery: lessons for prevention, *Archives of Disease in Children*, 81: 60-63

Centres for Disease Prevention and Control (2004), *Diagnosis and Management of Foodborne Illnesses — A Primer for Physicians and other health care professionals*, *Morbidity and Mortality Weekly Report (MMWR), Recommendations and Reports* 53(RR04); 1-33. Available from: [www.cdc.gov/mmwr/preview/mmwrhtml/rr5304a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5304a1.htm)

## Higher National Unit specification: support notes (cont)

### Unit title: Working in Partnership to Promote Children and Young People's Health and Wellbeing

Centres for Disease Prevention and Control (2007) Compendium of measures to prevent disease associated with animals in public settings, 2007: National Association of State Public Health Veterinarians, Inc. (NASPHV).

Available from: [www.cdc.gov/mmwr/preview/mmwrhtml/rr5605a1.htm](http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5605a1.htm)

Coia J.E. (1998) Nosocomial and Laboratory-acquired infection with *Escherichia coli* O157, *Journal of Hospital Infection*, 40: 107-113.

Health Protection Agency. Preventing person-to-person spread following gastrointestinal infections: guidelines for public health physicians and environmental health officers. *Communicable disease and Public Health* 2004; 7: 362- 384.

Available from: [www.hpa.org.uk/cdph/issues/CDPHvol7/No4/guidelines2\\_4\\_04.pdf](http://www.hpa.org.uk/cdph/issues/CDPHvol7/No4/guidelines2_4_04.pdf)

Health Protection Scotland (2008) Simple precautions for reducing the risk of *E. coli* O157 infection in rural families and visitors, HPS, Scotland.

Available from: [www.hps.scot.nhs.uk/giz/guidelinedetail.aspx?id=38604](http://www.hps.scot.nhs.uk/giz/guidelinedetail.aspx?id=38604)

Health Protection Scotland (2009) Standard Infection Control Precautions, HPS, Scotland.

Available from: [www.hps.scot.nhs.uk/haic/ic/standardinfectioncontrolprecautions-sicps.aspx](http://www.hps.scot.nhs.uk/haic/ic/standardinfectioncontrolprecautions-sicps.aspx)

Health and Safety Executive (2002) Avoiding ill health at open farms — Advice to teachers, HSE, England. Available from: [www.scotland.gov.uk/Publications/2003/06/17334/22404](http://www.scotland.gov.uk/Publications/2003/06/17334/22404)

Health Protection Network. Guidance for the Public Health Management of Infection with Verotoxigenic *Escherichia coli* (VTEC). Health Protection Network Scottish Guidance 3. Health Protection Scotland, Glasgow. 2008.

Available from: [www.hps.scot.nhs.uk/giz/guidelinedetail.aspx?id=39336](http://www.hps.scot.nhs.uk/giz/guidelinedetail.aspx?id=39336)

Scott E. (2001) Developing a Rational Approach to Hygiene in the Domestic Setting, *Journal of Hospital Infection*, 43: 45-49.

Scottish Centre for Infection and Environmental Health, *Guidance Notes Series — E. coli O157 and Open Farms* GN17-02/2002, SCIEH, Glasgow.

Scottish Centre for Infection and Environmental Health, *Guidance Notes Series — E. coli O157:H7* GN5 -02/200, SCIEH, Glasgow.

Scottish Executive (2001) *The Regulation of Care (Scotland) Act 2001*.

Available from: [www.scotland.gov.uk](http://www.scotland.gov.uk)

Scottish Executive (2003), *Information for schools on E. coli O157*, SE, Edinburgh.

Available from: [www.scotland.gov.uk/Publications/2003/06/17334/22401](http://www.scotland.gov.uk/Publications/2003/06/17334/22401)

Scottish Executive, *Task force on E. coli O157 — Final Report*, SE, Edinburgh.

Scottish Government (2009) *National care standards — early education and childcare up to the age of 16*. Revised September 2009.

Available from: [www.scotland.gov.uk/nationalcarestandards](http://www.scotland.gov.uk/nationalcarestandards)



## Higher National Unit specification: support notes (cont)

### **Unit title:** Working in Partnership to Promote Children and Young People's Health and Wellbeing

Scottish Government (2010) Public Services Reform (Scotland) Act 2010.  
Available from: [www.scotland.gov.uk](http://www.scotland.gov.uk)

Scottish Infection Control Standards and Strategy Group (2004), Guidance for the diagnosis and management of suspected or proven *Escherichia coli* O157 infection, Journal of the Royal College Physicians Edinburgh, 34: 37–40.

Scottish Pre-school Play Association (2006), Infection Control Policy, SPPA, Glasgow  
SNIFFER (2007) Best practice guidance for the management of hygiene waste for key producers in Northern Ireland and Scotland. December 2007.  
Available from: [www.sniffer.org.uk](http://www.sniffer.org.uk)

Subcommittee of the PHLS Advisory Committee on Gastrointestinal infections (2000), Guidelines for the control of infection with Vero cytotoxin producing *Escherichia coli* (VTEC), *Communicable Disease and Public Health*, 3(1)14-23.  
Available from: [www.scswis.com](http://www.scswis.com)

#### **Outcome 4**

In this Outcome candidates should focus on the role partnership working plays in health and wellbeing for children and young people, this will include multi disciplinary team working and multiagency working following the Getting It Right for Every Child guidance which promotes team work and sharing of information.

They should be aware of the need to ensure that appropriate advocacy is available and be able to direct individuals to the specialist agencies who provide this service where they feel their own skills are insufficient to meet the needs of the child, young person, family or carers. They should be able to define, explain and evaluate the role of advocacy in safeguarding the rights of children and young people.

Moving from the security of home surroundings to an environment which is filled with strangers is daunting at any age, how a child reacts to strange or different situations will vary greatly however the actions of the professional can minimise or maximise the distress experienced by all parties.

Crucial to the child in an unfamiliar environment is the information those dealing with them have. Respecting confidentiality and sharing information on a need to know basis, promoting the same values across all working relationships, making the most of bringing together each worker's experiences and co-ordinating help are all critical. Effective teams have clear objectives, high levels of team members participating in making decisions, strong commitment to quality and support for innovation (Borrill et al. 2000 as cited in Peate and Whiting, 2006).

One aspect of effective team working is around the understanding of roles (Scottish Government, 2009) workers may be involved with many people within a multidisciplinary team and often as a member of a team within a team, and in some challenging situations.



## Higher National Unit specification: support notes (cont)

### **Unit title:** Working in Partnership to Promote Children and Young People's Health and Wellbeing

Candidates should be able to recognise the importance of reflective practice and how this can be accomplished through supervision as this can enable individuals to think back over a scenario or situation and try to make sense of it by identifying the key issues and their significance.

Supervision, and continuing professional development form the mainstay of effective team working and provide a platform for reflection as well as learning. In order to ensure that work with children is effective what the worker thinks, says and does requires to be evaluated within the aim of continuous improvement.

External quality assurance is undertaken through a process of audits, inspections and reviews. Candidates should be aware of who inspects their service and the standards they are inspected against.

The promotion and routine use of national standards, guidelines, evidence-based practice and risk management has raised awareness of quality improvement.

The Scottish Social Services Council is responsible for raising standards in the Scottish Social Service workforce. Their vision is a competent and confident workforce who is capable of delivering high quality services. They are responsible for registering people who work in social services and regulating their education and training.

<http://www.sssc.uk.com/>

The Scottish Commission for the Regulation of Care

Candidates should know that The Care Commission was set up in April 2002, under the Regulation of Care (Scotland) Act 2001, to regulate all adult, child and independent healthcare services in Scotland. Their role was to ensure that care service providers met the Scottish Government's National Care Standards and work towards continuous improvement. They should also be aware of The Public Services Reform (Scotland) Act 2010 which came into effect on April 1<sup>st</sup> 2011 introduced two new public bodies Social Care and Social Work Improvement Scotland and Healthcare Improvement Scotland. SCSWIS now regulates inspects and supports improvement of care and social work and child protection services across Scotland. HIS has taken over the regulation of independent healthcare services, excluding care at home, which were previously regulated by the Care Commission. It has also taken over the work of NHS Quality Improvement Scotland which no longer exists.

[www.scswis.com](http://www.scswis.com)

<http://www.infoscotland.com/nationalcarestandards/52.html>

Her Majesty's Inspectorate of Education (HMIE)

The inspections and reviews carried out by HMIE are central to the approach to quality improvement in Scottish education. Each year HMIE inspects and reports on the quality of education in all schools and centres of learning for children and young people and that includes pre-school.

<http://www.hmie.gov.uk/>

## Higher National Unit specification: support notes (cont)

### Unit title: Working in Partnership to Promote Children and Young People's Health and Wellbeing

NHS Quality Improvement Scotland

Clinical governance is the system through which health services are held accountable for the safety, quality and effectiveness of clinical care delivered to patients. It includes reflecting on what you do in your job, using up-to-date evidence to improve what you do, and knowing how to use quality improvement processes and structures to achieve results. Clinical effectiveness has been actively used to improve the quality of treatments and services and health professionals are involved in audits and improvement projects as an integral part of quality improvement. Assessment and monitoring (audit) have become regular features within healthcare and NHS Quality Improvement Scotland has supported NHS Scotland in the adoption a risk management approach.

<http://www.clinicalgovernance.scot.nhs.uk/>



#### Useful Reading Includes:

Bee, H. (2006) *The Developing Child*. Boston: Pearson/Allyn and Bacon.

Learning Teaching Scotland (LTS) (2005) Birth to three; supporting our youngest children. Edinburgh: Scottish Executive. [online].

Available from: <http://www.LTScotland.org.uk/earlyyears>.

NHS Education Scotland (2010) Healthcare support workers' toolkit. [online]. Available from: <http://www.hcswtoolkit.nes.scot.nhs.uk/>

Her Majesty's Inspectorate of Education (2010) Inspection and evaluation. [online]. Available from: <http://www.hmie.gov.uk/>.

Peate, I. and Whiting, L. (2006) *Caring for children and their families*. London: Wiley.

Royal College of Nursing (2006) Supervision for health care assistants' [online]. Available from: [http://www.rcn.org.uk/data/assets/pdf\\_file/0011/159581/Supervision\\_for\\_HCAs.pdf](http://www.rcn.org.uk/data/assets/pdf_file/0011/159581/Supervision_for_HCAs.pdf).

Royal College of Nursing (2009) HCA toolkit: Completing the cycle- evaluation from a HCA's perspective. *Unit 9*. [online]. Available from: [http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0005/159494/unit9\\_hcas.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0005/159494/unit9_hcas.pdf).

## Higher National Unit specification: support notes (cont)

### Unit title: Working in Partnership to Promote Children and Young People's Health and Wellbeing

Scottish Government (2009) Early years and early interventions: A joint Scottish Government and COSLA statement. [online]. Available from: <http://www.scotland.gov.uk/Publications/2008/03/14121428/4>.

Scottish Government (2009) Getting it Right for every child. Electronic information sharing models and processes. Available from: <http://www.scotland.gov.uk/Topics/People/Young-People/childrensservices/girfec/Practitioners/ToolsResources/e-InfoSharingModel>.

Scottish Social Services Council (2010) Education and training. [online]. Available from: <http://www.sssc.uk.com/>.

Children And Young People's Services Managed Knowledge Networks (2010) [online]. Available from: <http://www.knowledge.scot.nhs.uk/child-services.aspx>  
The purpose of the MKN is to provide information, resources and education for NHS Scotland staff working with children and young people.

Growing Up In Scotland (GUS), 2010.

Available from: <http://www.crfr.ac.uk/gus/index.html>

GUS is a new study that follows the lives of a national sample of Scotland's children from infancy through to their teens. The study is following 8,000 children annually and will provide information that will help develop policies affecting children and their families in Scotland. The Scottish Centre for Social Research (ScotCen) will continue to lead the study, in collaboration with CRFR at the University of Edinburgh and the MRC Social and Public Health Sciences Unit at Glasgow University.

Do revisit this study from time to time to follow its progress.

Balloch S and Taylor (ed.) (2001) Partnership Working

Glasby J., Dickinson H. (2008) Partnership working in health and social care, Community Care.

Glasby J. (2007) Understanding health and social care.

<http://www.siaa.org.uk/content/view/42/40/>

[http://www.childreninscotland.org.uk/docs/policy/ASL\\_Evidence\\_CiS11-08.pdf](http://www.childreninscotland.org.uk/docs/policy/ASL_Evidence_CiS11-08.pdf)

[http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_4089516.pdf](http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4089516.pdf)

<http://www.scotland.gov.uk/Resource/Doc/352649/0118638.pdf>

<http://www.scotland.gov.uk/Publications/2006/01/24120649/4>

<http://www.scotland.gov.uk/Publications/2009/06/12150150/0>

### 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.

## Higher National Unit specification: support notes (cont)

### **Unit title:** Working in Partnership to Promote Children and Young People's Health and Wellbeing

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.

It is recommended that this Unit be taught following completion of the Units Safeguarding and Protecting Children and Young People and Children and Young People with Additional and or Complex Needs when it forms part of the PDA Group Award.

### **Online and Distance 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 social software. 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)*.

### **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, assessments are likely to include the use of appropriate information and communication technology and the demonstration of skills required to undertake presentations written and oral which will include the use of complex information.

Candidates will 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.

## **Higher National Unit specification: support notes (cont)**

**Unit title:** Working in Partnership to Promote Children and Young People's Health and Wellbeing

### **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 [www.sqa.org.uk/assessmentarrangements](http://www.sqa.org.uk/assessmentarrangements)

## History of changes to Unit

Version	Description of change	Date

© Scottish Qualifications Authority 2011

This publication may be reproduced in whole or in part for educational purposes provided that no profit is derived from reproduction and that, if reproduced in part, the source is acknowledged.

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

### **Unit title:** Working in Partnership to Promote Children and Young People's Health and Wellbeing

In undertaking this Unit you will learn about a range of models used in the care and treatment of children and young people, you will have the opportunity in the assessment for the Unit to critically consider four of these models in relation to your own specific work practice.

You will also study in depth the role of the family and/or other carers and the importance of their role as an integral part of the multi agency team involved in the lives of children and young people in relation to their health and wellbeing. Through this learning you will become more aware of the need for a coherent approach to caring for children and young people particularly where they are facing challenges from a wide range of issues, conditions and circumstances.

You will look in depth at the prevention of infection and the legislation, policies and guidelines that are vital to infection control as well as how to identify and deal with specific diseases you may encounter as part of your job role. Your research will include learning about the range of agencies involved and how they can provide you with support.

In the final part of the Unit you will have the opportunity to develop your knowledge of team working through considering some integral theories and concepts that aim to explain the importance of these relationships to the positive promotion of health and wellbeing for the young people you work with and support. You will look at the role supervision, appraisal and continuous professional development play in evaluating not only your own practice but that of the team you work in and how this in turn relates to a multi disciplinary approach as identified in Getting It Right for Every Child (GIRFEC).

You will have the opportunity to look ahead to practice in the future being informed and guided by reviews of best practice and examples taken from audits, inspections and reviews of past and current practices.

Your assessments for each of the Outcomes will provide you with a picture of your own team and organisational practice in relation to national guidelines and current best practice reviews and will form the final parts of your portfolio of evidence which will then provide you with a resource to inform your work practice and will also contribute evidence to the SVQ Units which form part of the overall 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.

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 and communication technology and the demonstration of skills required to undertake presentations written and oral which will include the use of complex information.

## General information for candidates (cont)

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