

## National Unit Specification: general information

**UNIT** Holistic Approaches to Child Health (Higher)

**CODE** DM40 12

**COURSE** Early Education and Childcare (Higher)

### SUMMARY

This Unit enables candidates to gain an understanding of the basic health needs of children from 0-12 years. Candidates will also examine the role of professionals, carers and agencies in the promotion of child health. They will also investigate influencing factors on the health of children. This Unit is a mandatory Unit in the National Certificate Group Award: Early Education and Childcare and is also a mandatory Unit in the Early Education and Childcare Higher. It is also suitable for candidates wishing to study the Unit on its own. The Unit is suitable for candidates who wish to gain employment, or may already be employed, in the childcare and education sector support working under supervision or to progress onto higher level early education and childcare qualifications.

### OUTCOMES

- 1 Explain the basic health needs of children from 0-12 years.
- 2 Explain the contribution of agencies, professionals and carers in maintaining and promoting child health.
- 3 Evaluate the main influencing factors which affect the health of children.

### RECOMMENDED ENTRY

While entry is at the discretion of the centre, candidates would normally benefit from having some knowledge and understanding of the developmental needs of children 0-12 years. They would also benefit from having attained one of the following, or equivalent:

- ◆ Standard Grade at Credit level in any relevant subject
- ◆ Core Skill Communication at Intermediate 2 level
- ◆ A Course or Units in Care at Intermediate 2
- ◆ Courses or Units in any relevant subject at Intermediate 2
- ◆ Scottish Group Award in Care at Intermediate 2
- ◆ SVQ or SVQ Units at level 2 in a related subject.

---

### Administrative Information

**Superclass:** PA

**Publication date:** August 2005

**Source:** Scottish Qualifications Authority

**Version:** 1

© Scottish Qualifications Authority 2005

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. The cost for each Unit specification is £2.50 (minimum order £5.00).

## **National Unit Specification: general information (cont)**

**UNIT**            Holistic Approaches to Child Health (Higher)

### **CREDIT VALUE**

1 credit at Higher (6 SCQF credit points at SCQF level 6\*)

*\*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 is no automatic certification of Core Skills or Core Skills components in this Unit.

## **National Unit Specification: statement of standards**

### **UNIT            Holistic Approaches to Child Health (Higher)**

Acceptable performance in this Unit will be the satisfactory achievement of the standards set out in this part of the Unit Specification. All sections of the statement of standards are mandatory and cannot be altered without reference to the Scottish Qualifications Authority.

#### **OUTCOME 1**

Explain the basic health needs of children from 0-12 years.

##### **Performance criteria**

- a) Describe the current theoretical approaches in relation to the basic health needs of children.
- b) Explain the basic health needs of children.
- c) Investigate a range of ways in which the basic health needs of children are met.

#### **OUTCOME 2**

Explain the contribution of agencies, professionals and carers in maintaining and promoting child health.

##### **Performance criteria**

- a) Explain the role and responsibilities of early education and childcare workers in recognising signs of illness in a child.
- b) Explain the contribution of a range of agencies to the promotion of child health.
- c) Explain how professionals and carers can contribute to the promotion of child health.

#### **OUTCOME 3**

Evaluate the main influencing factors which affect the health of children.

##### **Performance criteria**

- a) Describe how the family and socio-economic factors affect children's health.
- b) Explain environmental factors and their influence on children's health.
- c) Evaluate the impact of social trends on children's health.

### **EVIDENCE REQUIREMENTS FOR THE UNIT**

Written and/or recorded oral evidence is required to demonstrate that the candidate has achieved all Outcomes and Performance Criteria.

The evidence for this Unit should be obtained under controlled, supervised conditions and assessment should last no more than one hour. A single question paper based on a case study with both extended and restricted response questions, such as one that is illustrated in the National Assessment Bank item for this Unit, could be used. This assessment should be taken on the completion of the Unit. Achievement can be decided by the use of a cut-off score. Reassessment should follow using an alternative instrument of assessment.

## National Unit Specification: support notes

### UNIT Holistic Approaches to Child Health (Higher)

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, that is, the approximate anticipated time taken for a student to complete it, is 40 hours.

### GUIDANCE ON THE CONTENT AND CONTEXT FOR THIS UNIT

Candidates will gain an understanding of:

- ◆ theoretical approaches to basic health needs – Maslow, Mia Kellmer-Pringle, Jennie Lindon - basic health needs in children, including children for whom additional support is required, including physical, cognitive, social and emotional needs
- ◆ benefits of meeting children’s health needs and ways of ensuring health needs are being met – medical check ups, screening, immunisation, health education
- ◆ the role and responsibilities of early education and childcare workers in recognising signs of illness in children and in being aware of common allergies
- ◆ statutory and voluntary agencies contributing to the promotion of child health, including government initiatives, UNICEF Baby Friendly Initiative, the UN Convention on the Rights of the Child and the European Association for Children in Hospital Charter
- ◆ the role of agencies in the promotion of child health
- ◆ the role of professionals and carers in promoting child health
- ◆ positive and negative aspects of family, socio-economic, cultural and environmental factors on the health of children
- ◆ impact of social trends on the health of children.

#### Outcomes 1-3

It is important that the study of child health takes into account the needs of all children and that an inclusive, integrative approach to child health should be taken.

#### *Outcome 2(a)*

Early education and childcare workers play an important role in recognising the signs and symptoms of both minor and serious illness in children.

Awareness of current immunisation programmes for children include both measles and mumps with rubella as well as polio, whooping cough, tetanus, diphtheria, and meningitis.

Candidates should be aware that their role includes knowledge of the usual behaviour patterns, known allergies and pre-existing conditions in children in their care so that they are alert to changes which could signal the onset of illness. Early education and childcare workers are responsible for recognising the onset of illness in children in their care and deciding the course of action to take. They should know where to go for advice and assistance, such as contact numbers of parents, family doctors, health visitors and the nearest accident and emergency unit. Candidates should be able to recognise serious conditions with a sudden onset such as meningitis and also be able to respond to common childhood ailments and take appropriate action. For instance prolonged diarrhoea and/or vomiting in a young child can lead to severe dehydration which can be fatal. Older children may experiment with alcohol or illegal substances which also can be fatal.

In studying Performance Criteria (b) and (c) candidates should also gain awareness that the work carried out by agencies and professionals is determined by government policy and initiatives. Some discussion should take place in relation to current initiatives which have an influence on practice. Current controversial issues such as adverse reactions to childhood immunisations could also be explored.

## National Unit Specification: support notes

### UNIT            Holistic Approaches to Child Health (Higher)

#### **GUIDANCE ON LEARNING AND TEACHING APPROACHES FOR THIS UNIT**

In delivering this Unit there should be a balance between teacher/lecturer presentation and experiential learning. The Unit can be delivered using a variety of methods such as case studies, group discussion, candidate presentations, visiting speakers and individual research. It is important that candidates appreciate the concept of holistic approaches to health. This could be approached by candidates examining their own perceptions of the meaning of health and a healthy lifestyle. It is also important that candidates appreciate that the promotion of health includes the recognition of, and appropriate responses to, illness.

The concepts of health needs could be delivered mainly by tutor explanation. Candidates could be encouraged to investigate by exploring the benefits of meeting the health needs of children, including those for whom additional support is required, in response to government initiatives through the health, social work and education services, NHS Health Scotland (formerly Health Education Board Scotland). Candidates could be encouraged to access information from media sources, health promotion shops, Citizen Advice Bureaux, voluntary and charitable services and the Internet. The Global (World Health Organisation), national and local perspectives could be presented by tutors. Appropriate guest speakers from a range of organisations could be invited eg Health Visitor, Playworker, a representative from Action for Sick Children (Scotland).

#### **GUIDANCE ON APPROACHES TO ASSESSMENT FOR THIS UNIT**

The assessment approach to be taken for this Unit is laid out clearly in the Evidence Requirements section of the Statement of Standards of this specification. The standard to be applied is exemplified in the National Assessment Bank item for this Unit. If a centre wishes to design its own assessments for this Unit, they should be of a comparable standard. Assessment should be carried out under supervision. Assessment time allocated for this Unit should not exceed 1 hour.

An integrated approach to assessment could be taken with other Units for example, *Child Development: Birth to 12 years (Higher)* and *Developmental Theory in Early Education and Childcare (Higher)*

#### **CANDIDATES WITH ADDITIONAL SUPPORT NEEDS**

This Unit Specification is intended to ensure that there are no artificial barriers to learning or assessment. The additional support needs of individual candidates should be taken into account when planning learning experiences, selecting assessment instruments or considering alternative Outcomes for Units. For information on these, please refer to the document *Guidance on Assessment Arrangements for Candidates with Disabilities and/or Additional Support Needs* (SQA, 2004).

# National Unit Specification: Appendix to the Statement of Standards

## UNIT Holistic Approaches to Child Health (Higher)

*NB. This Appendix is within the statement of standards, ie. the mandatory requirements of the Unit*

### Outcome 1

#### Current theoretical approaches:

- ◆ World Health Organisation's definition of health
- ◆ Maslow's hierarchy of need
- ◆ Mia Kellmer-Pringle's needs of children
- ◆ Jennie Lindon
- ◆ UN Convention on the Rights of the Child.

#### Basic health needs:

- ◆ nutritional diet
- ◆ adequate clothing
- ◆ shelter
- ◆ fresh air and exercise
- ◆ security and safety
- ◆ opportunities for play
- ◆ love and affection
- ◆ responsibility and choice
- ◆ independence
- ◆ new experiences.

#### Ways of meeting basic health needs:

- ◆ regular medical check ups
- ◆ oral health checks
- ◆ developmental screening
- ◆ immunisation - current immunisation programmes for children include measles, mumps and rubella, polio, whooping cough, tetanus, diphtheria and meningitis, tuberculosis
- ◆ access to health care
- ◆ risk assessment.

### Outcome 2

#### Signs and symptoms:

- ◆ meningitis - fever, listlessness, headache, neck stiffness or pain, a rash of red or purple spots.
- ◆ chickenpox – red spots with white centres on trunk and limbs, general malaise
- ◆ measles – blotchy red rash on face spreading to body, fever, watery eyes, running nose
- ◆ mumps – swelling of jaw, fever, eating and drinking painful
- ◆ allergies such as those to nuts, dairy products, eggs, anaphylactic reaction
- ◆ pre-existing conditions such as epilepsy, cystic fibrosis, diabetes mellitus, asthma, eczema.

#### Statutory agencies:

- ◆ Scottish Executive
- ◆ NHS Health Scotland (formerly Health Education Board Scotland)
- ◆ NHS Primary Health Care Team
- ◆ School Health Service, including Dental care
- ◆ Social Work Department,
- ◆ Education Department
- ◆ Psychological Services
- ◆ Pre-School Assessment Team/Sure Start

## National Unit Specification: Appendix to the Statement of Standards (cont)

### UNIT Holistic Approaches to Child Health (Higher)

#### Voluntary agencies:

- ◆ Scottish Pre-School Play Association
- ◆ Children First
- ◆ Scottish Childminding Association
- ◆ Scottish Out of School Care Network
- ◆ Home Start
- ◆ Scottish Commissioner for Children and Young People

#### Professionals/carers:

- ◆ General Practitioner
- ◆ Social Worker
- ◆ Health Visitor
- ◆ Teacher
- ◆ School Nurse
- ◆ Dentist
- ◆ Dietician
- ◆ Psychologist – Educational, Clinical and Behavioural
- ◆ Speech and Language Therapist
- ◆ The role of family members and other carers such as childminders should be considered.

#### Outcome 3

##### Family factors:

- ◆ parenting styles
- ◆ size of family
- ◆ position of child in family
- ◆ family structure (single parent, nuclear, reconstituted).

##### Socio-economic factors:

- ◆ poverty/homelessness
- ◆ unemployment
- ◆ education
- ◆ cultural diversity
- ◆ social stratification
- ◆ peer group pressure.

##### Environmental factors:

- ◆ housing (rural, urban, new development)
- ◆ situation and accessibility of retail complexes/local shopping provision
- ◆ air, water, light, noise pollution
- ◆ accident prevention
- ◆ access to schooling and health care
- ◆ vandalism.

##### Social trends:

- ◆ health/wealth gap
- ◆ drug and alcohol misuse
- ◆ convenience foods
- ◆ teenage pregnancy
- ◆ family lifestyles including increase in male carers
- ◆ technological revolution (link to exercise, social isolation, home based entertainment, work patterns eg. call centres, home based working)
- ◆ offending
- ◆ family stress/work related stress.