



**NATIONAL CERTIFICATE MODULE: UNIT SPECIFICATION****STATEMENT OF STANDARDS****UNIT NUMBER:** 7260214**UNIT TITLE:** PROMOTION OF CHILD HEALTH

Acceptable performance in this unit will be the satisfactory achievement of the standards set out in this part of the specification. All sections of the statement of standards are mandatory and cannot be altered without reference to SQA.

**OUTCOME**

1. EXPLAIN THE HEALTH NEEDS OF A CHILD

**PERFORMANCE CRITERIA**

- (a) Identification of the health needs of a child is correct in terms of promotion of growth and development.
- (b) Explanation of the benefits of meeting the health needs of a child is clear in terms of growth and development.

**RANGE STATEMENT**

Health needs: social; emotional; physical and cognitive.

Age band: from birth to 7 years.

**EVIDENCE REQUIREMENTS**

Written evidence generated by a folio of notes containing classwork and research.

**OUTCOME**

2. INVESTIGATE THE PROVISION OF FOOD AND DRINK FOR CHILDREN

**PERFORMANCE CRITERIA**

- (a) Identification of the components of a balanced diet is correct in terms of current thinking.
- (b) Investigation of the choice of food and drink is accurate in terms of health implications and cultural practices.

- (c) Investigation of the preparation of food and drink is accurate in terms of health and safety requirements.
- (d) Explanation of the presentation of food and drink is comprehensive in terms of the child's age and stage of development and eating arrangements.

### **RANGE STATEMENT**

Health implications: diets; allergies.

Types of food and drink: main meals; snacks.

Age band: 1 to 4 years; 4 to 7 years.

### **EVIDENCE REQUIREMENTS**

Written evidence generated by notes, classwork and research.

### **OUTCOME**

- 3. EXPLAIN HOW TO PROVIDE FOR THE HEALTH NEEDS OF A CHILD

### **PERFORMANCE CRITERIA**

- (a) Explanation of how to provide rest and sleep for the child is consistent with the child's age and stage of development and physical environment.
- (b) Explanation of how to provide warmth and exercise for the child is consistent with the child's age and stage of development and physical environment.
- (c) Description of measures to ensure the safety of the child is accurate in terms of the child's age and stage of development and physical environment.

### **RANGE STATEMENT**

Warmth: environmental warmth; clothing.

Exercise: with and without equipment.

Safety measures: safe practices; safety appliances.

Physical environment: indoors for PC (a); indoors and outdoors for PCs (b) and (c).

Age band: birth to 4 years; 4 to 7 years.

**EVIDENCE REQUIREMENTS**

Written evidence generated by a folio of notes, classwork and research.

**OUTCOME**

4. INVESTIGATE THE PREVENTION OF INFECTION IN RELATION TO THE HEALTH OF A CHILD

**PERFORMANCE CRITERIA**

- (a) Description of how pathogens enter the body is correct in terms of current theory.
- (b) Investigation of how infection is spread is correct in terms of the health of the child.
- (c) Explanation of the selection of personal hygiene measures for the child is consistent with the needs of the child.
- (d) Investigation of procedures to prevent the spread of infection to the child is accurate in terms of current practice.

**RANGE STATEMENT**

Personal hygiene measures: elimination of body waste; toilet training; care of skin, hair and teeth.

Age band: birth to 4 years; 4 to 7 years.

**EVIDENCE REQUIREMENTS**

Written evidence generated by a folio of notes, classwork and research.

**OUTCOME**

5. EXPLAIN THE RESPONSE BY A CHILD CARE WORKER TO ILLNESS IN A CHILD

**PERFORMANCE CRITERIA**

- (a) Identification of the signs and symptoms indicative of ill-health is comprehensive in terms of their significance for the child's wellbeing.
- (b) Explanation of the action required when illness is suspected is correct in terms of current practice.
- (c) Explanation of the chosen response to the emotional and social needs of a child suspected of being unwell is consistent with the child's needs.
- (d) Investigation of procedures to be taken when illness is confirmed in a child is accurate in terms of the roles and responsibilities of the child care worker.

**RANGE STATEMENT**

Signs and symptoms: discomfort; examples of sudden acute illness such as a convulsion or an attack of asthma; unconsciousness.

Action required: reporting procedures; record keeping.

Procedures: physical care such as tepid sponging; administration of medication.

Age band: birth to 4 years; 4 to 7 years.

**EVIDENCE REQUIREMENTS**

Written evidence generated by a folio of notes, classwork and research.

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**ASSESSMENT RECORDS**

In order to achieve this unit, candidates are required to present sufficient evidence that they have met all the performance criteria for each outcome within the range specified. Details of these requirements are given for each outcome. The assessment instruments used should follow the general guidance offered by the SQA assessment model and an integrative approach to assessment is encouraged. (See references at the end of support notes).

Accurate records should be made of assessment instruments used showing how evidence is generated for each outcome and giving marking schemes and/or checklists, etc. Records of candidates' achievements should be kept. These records will be available for external verification.

**SPECIAL NEEDS**

In certain cases, modified outcomes and range statements can be proposed for certification. See references at end of Support Notes.

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**NATIONAL CERTIFICATE MODULE: UNIT SPECIFICATION****SUPPORT NOTES**

**UNIT NUMBER:** 7260214

**UNIT TITLE:** PROMOTION OF CHILD HEALTH

**SUPPORT NOTES:** This part of the unit specification is offered as guidance. None of the sections of the support notes is mandatory.

**NOTIONAL DESIGN LENGTH:** SQA allocates a notional design length to a unit on the basis of time estimated for achievement of the stated standards by a candidate whose starting point is as described in the access statement. The notional design length for this unit is 80 hours. The use of notional design length for programme design and timetabling is advisory only.

**PURPOSE** This module aims to help the candidate increase her/his awareness of issues involved with the promotion of health for the child. It looks at the basic health factors required for the promotion of growth and development in a child and how to provide for these factors. This is followed by an introduction to aspects of infection relevant to the child including ways infection is spread and means of preventing cross-infection to the child. The last outcome explains how illness can be identified in a child and the appropriate measures to be taken when a child becomes ill.

It is suitable for candidates undertaking programmes in child care and education or working in any child care environment for children aged from birth to 7 years. It provides essential underpinning knowledge for SVQ level II in Child Care and Education and would integrate well with the other modules providing underpinning knowledge for this qualification.

SQA publishes summaries of NC units for easy reference, publicity purposes, centre handbooks, etc. The summary statement for this unit is as follows:

This module enables the candidate to develop an understanding of the issues involved with the promotion of health for the child. It identifies the health needs of the child and investigates how to provide for these needs. It also investigates the prevention of infection in relation to the child and the response of care workers when a child becomes unwell.

**CONTENT/CONTEXT** Corresponding to Outcomes 1-5:

1. Candidates should refer to the World Health Organisation definition of good health and then identify the health needs of all children which are essential for the promotion of growth and development. These should include physical needs such as: a balanced diet, clothing, warmth, rest and sleep, fresh air, exercise, good posture, personal cleanliness, a safe environment, adequate space and the development of good habits e.g. teeth cleaning and toilet training; and psychological/emotional needs such as: love, freedom to express their feelings, consistency of care, communications, relationships with others, play and intellectual stimulation e.g. toys and games, new experiences.

It is important that candidates consider the close links between these needs where the absence of one need may affect the advantages of another, e.g. a child who is cold may not be able to sleep, and a child who lacks personal hygiene may have difficulty developing relationships with other children.

Whilst considering the benefits of the health needs of a child candidates should account for cultural variation and adopt a non-discriminatory approach. They should also discuss how inadequate provision of these essential needs may hinder healthy growth and development for a child and thus highlight the benefits of the health needs in the promotion of growth and development for a child.

2. This outcome is an introduction to the provision of food and drink for children. It should reflect a non-labelling approach and include: proteins, carbohydrates, fats, minerals (iron, calcium, phosphorus), vitamins (A, C, D), roughage and water. Candidates should be encouraged to identify some of the main sources of each classification. It should also be emphasised that the food and drink provided should be in the form of a balanced diet and adequate to meet the nutritional requirements of the children concerned.

Investigation of the choice of food and drink should take account of culture, religion and personal preference. Special diets for health reasons could include: gluten-free, diabetic, overweight, cystic fibrosis, Crohn's disease, phenylketonuria, galactosaemia and allergies to particular foods and various additives. However, whilst it should be stressed that this is just a selection and children can be on various diets for one reason or another for some period of their lives the candidates should be encouraged to assess the implications of a diet to the child.

Religious and cultural choices investigated could include Jewish, Hindu, Christian, Muslim, Sikh, Rastafarian and vegetarianism. The importance of valuing and introducing to children cultural and religious variations in choice of food, types of preparation and utensils and eating arrangements should be promoted and candidates should consider the role of food in social and cultural life and in shaping attitudes and behaviour.

Whilst considering the preparation of food and drink candidates should understand the importance of complying with the cultural and religious practices and expressed wishes of the children's families. However, it is essential that, in the preparation and storage of all food, the appropriate Health and Safety requirements are adhered to. This will require that areas, equipment and methods used in the storage, preparation and serving of food are consistent with standards of hygiene and safety appropriate to the setting. Candidates could investigate the standards required for: storage, preservation, hygiene, disposal of waste and cleaning of equipment and how these could be met by themselves and by children taking part in the preparation of food, e.g. baking, snacks. The nutritional value of food should also be considered when preparing food and candidates encouraged to identify ways of preserving the nutritional value of the food being prepared.

Candidates should consider the importance of presenting food to children in an acceptable way that will encourage the child to eat and taking account of its nutritional value. Ways of presentation including attractiveness, management and size of portions should be discussed and candidates encouraged to ensure that food and drink are of a temperature and consistency which are safe and suitable for consumption taking account of the age and stage of development of the child. Reference should be made to the variety of food preferences and eating arrangements of children and how these will change over time. The importance of illness and emotional disturbance on a child's appetite should be discussed and ways considered of presenting food to encourage the reluctant child taking account of the nutritional value in relation to size of portion.

It is important to discuss the variation in eating environments and how these can take account of the child's age and stage of development and physical comfort. Candidates should be encouraged to consider the importance of social interaction at mealtimes and the need to promote children's environment. The variety of eating utensils and the choice of these according to the needs of the child and the need to promote independence, should be discussed.

The candidate should be aware of the importance of creating learning situations through the involvement of children in the preparation and serving of food taking into account the health and safety factors with respect to the child's age and stage of development.

3. Candidates should explore how to provide for the health needs of a child. It would be appropriate at this time to consider the benefits of a quiet time to the child in order that suitable periods for rest can include times when it may be beneficial for the child to rest, e.g. after meals, and suitable activities which enable the child to rest, e.g. storytime. The provision of suitable sleep routines to help settle the child and ensure the child's comfort should be discussed. These could include visiting the toilet, providing a favourite toy etc. When stressing the importance of how to provide for rest and sleep candidates should remember these must meet the needs of the child and conform to parents wishes. Consideration should also be given to the environment and how to meet the requirements for comfort, cleanliness, a suitable room temperature,



noise level and draught free ventilation. The environment must also satisfy the

requirements for health and safety set out in the agency guidelines whilst ensuring there is adequate space and equipment. The importance of an appropriate calm reassuring approach should be stressed especially when settling the child to sleep and when supporting a waking child. Candidates should consider the individual sleep requirements of different children and consider ways of managing children who are not resting whilst others are asleep. Problems associated with sleep should also be discussed and candidates encouraged to consider ways of managing these.

The need for warmth should consider appropriate provision of heating and ventilation according to the weather and individual needs. Provision of clothing should account for individual and parental preference whilst also meeting needs for warmth, safety, suitability and comfort. Candidates should discuss these with regard to environmental conditions and the age and stage of development of the child. Consideration should be given to cultural variations and practices in a non-discriminatory manner.

Candidates should debate the role of exercise in promoting physical growth and development. Exercise activities should account for the child's level of development, physical ability, state of health and individual preference. Candidates should discuss the management of the environment to provide adequate space, supervision, safety requirements and the use of equipment. Exercise activities should include those requiring specific equipment such as a climbing frame, those employing an adaptation to equipment and also others without equipment such as dancing. These routines should be non-stereotypical and encourage the development of self confidence. They should provide for outdoor and indoor exercise.

Measures to provide for the safety of a child should consider the age and stage of development of the child and variations in the child's environment both indoors and outdoors. Safe practices should include examples such as the safe disposal of dangerous items and safety appliances items such as stair guards. Candidates should be encouraged to discuss safety procedures to prevent the occurrence of accidents, the importance of adequate supervision and safety routines which children can be taught. The importance of good maintenance and removal of faulty equipment should be emphasised. The candidates could be encouraged to investigate health and safety procedures in a child care environment.

4. Definitions for the entry of pathogens to the body should include: ingestion, inhalation, implantation, injection, sexually transmitted and across the placenta. Candidates could discuss the effects on the body of infection entering by these routes, measures by which the body protects itself and examples of infections contracted via these routes. The ways infection is spread should include: physical contact, sexual contact, carriers, fomites and droplet infection. The definitions of these and examples of infections transmitted by these methods could be investigated by candidates. They should also discuss the implications of

the spread of infection to the health of a child within a child care establishment.

The candidates should discuss the general health and hygiene requirements of young children and what constitutes appropriate personal hygiene measures. The importance of variation in personal hygiene measures according to family and cultural background, skin and hair types, and across child care settings should be emphasised. When considering personal hygiene measures, the candidates should consider parental wishes in conjunction with the needs of the child and should adopt appropriate safety procedures e.g. the use of gloves and other protective clothing, and suitable procedures for the disposal of body fluids, soiled items and waste materials.

The range of personal hygiene measures which should be examined could include toileting, changing, bathing, teeth cleaning and cleaning hands and face. Candidates should be encouraged to be observation for signs of infection or other abnormalities in waste products or on the child during these procedures, and the importance stressed of reporting these signs to an appropriate person. The purpose, application and storage of toiletries, cleaning materials and equipment should be included in discussion concerning personal hygiene measures and candidates encouraged to consider environmental factors such as warmth, safety and cleanliness. It is important that candidates relate personal hygiene measures to the health and comfort of the child taking account of the benefits to the development of the child. For example, bathing the child is an excellent opportunity for encouraging social interaction, intellectual stimulation and physical exercise, whilst it may be an opportunity for promoting the understanding of health and hygiene in older children.

Candidates may wish to debate the way management of hygiene measures and toilet training can shape the child's attitudes and behaviour and identify methods of supporting the child during toilet training, which do not undermine the child's self-esteem and dignity, according to the child's age and stage of development.

Following discussion on personal hygiene measures, the candidates should investigate the causes of the spread of infection and procedures to prevent the spread of infection to the child. These procedures should include: the use of protective measures such as gloves; the management of blood and cuts; the disposal of soiled or infected waste materials; sterilisation; environmental cleanliness, disinfection and antiseptic measures, for example, when a child is ill with sickness or diarrhoea; the management of soiled or infected clothing and bedding; immunisation; and promoting good habits in children. Candidates should remember to take into account parental wishes, the needs of the child and the policies of the child care establishment, in considering the different procedures. Whilst caring for the child who is infected the candidate should also consider ways of isolating other children from the immediate scene. The candidates may wish to debate the necessity of a child being removed from the child care establishment whilst suffering from an infection and the implications of this to the child and family.

5. The signs and symptoms indicative of ill-health should be reviewed as a group and then approached from a "continuum" angle rather than from absolute definitions. The approach should be towards the significance of the signs and symptoms to the child in relation to age and stage of development and it is important that candidates appreciate that a child's condition can deteriorate very quickly. It is important that candidates assess the history of the ill-health where possible and always report signs and symptoms of ill-health promptly and seek emergency help when appropriate. Careful observation and monitoring of a child who displays signs and symptoms of minor discomfort must be stressed and the candidate advised to seek help in identification and response to symptoms.

Candidates should investigate symptoms of commonly encountered illnesses such as sickness or fever and identify methods of dealing with these. Whenever considering ill-health in a child, it is important for the candidates to take account of the needs of the child according to the age and stage of development, cultural practices, parental wishes and the policies of the child care establishment.

The importance of completing legal documentation, reporting incidents, recording observations carefully and monitoring a child's condition regularly should be stressed. The candidates should discuss the action to be taken when illness is suspected in a child taking account of child care establishment procedures and the appropriate people who should be notified. The management of the child suspected of being unwell, whilst awaiting help, should follow first aid procedures accurately.

Candidates should consider the emotional and social needs of a child who is unwell and discuss ways of providing for these. They should be aware of the possible effects of illness on the child's behaviour and ways of managing this. For example, it may be sufficient to support the child in a quiet activity or the child may require to be removed from the room and given comfort and care in a peaceful environment. Account should be taken of the individual needs of the child according to the age and stage of development and candidates should be aware that children respond in different ways to illness. It is important that children suspected of carrying an infectious condition should be isolated from other children but not left alone in a room. The needs of the parent at this time should also be discussed and the candidates encouraged to consider ways of providing support.

Procedures to be taken when illness is confirmed should take account of the guidelines of the child care establishment. Physical procedures could include tepid sponging for the child with a high temperature, supporting a child in a fit, and applying a dressing or bandage. Administration of medication should include the application of cream, the use of an inhaler and the administration of a tablet or liquid. It is important that candidates appreciate that medication should be administered only if prescribed by a medical practitioner or under the written instructions of a parent and the nature and amount of the medication should be recorded accurately. Candidates should also be aware of the legal requirements regarding parental consent to the administration of medication and of reporting of communicable diseases. They should understand the importance of storage requirements and correct labelling of medicines and keeping

accurate records of significant medical conditions and of medication administered.

Candidates should also be encouraged to discuss possible implications such as emotional distress or repeated absences from the child care establishment, of chronic medical conditions such as asthma, epilepsy, diabetes, for the child's care.

**APPROACHES TO GENERATING EVIDENCE** Tutor input should be to act as a facilitator and guide to resources. She/he should encourage active participation in discussion and exhort candidates to draw on personal experiences of health issues. Resources in the form of texts, videos, health promotion materials, journals and newspaper articles, should be available for candidates to refer and make personal notes. These and supplementary material in the form of leaflets, handouts and articles should be maintained in a folio of child health issues. Candidates should be encouraged to collate information, prepare presentations or questionnaires on health topics and seek feedback and constructive ideas from colleagues. Additional experience and information could be obtained from visiting speakers, case studies and visits to child care establishments.

**ASSESSMENT PROCEDURES** Given the discursive nature of this module the assessments will require to be in written form. The following are examples of instruments of assessment for each outcome however tutors may prefer to use a folio of work to assess all the outcomes.

- Outcome 1     Restricted response questions.
- Outcome 2     Project.
- Outcome 3     Restricted response questions.
- Outcome 4     Project.
- Outcome 5     Restricted response questions.

**EXEMPLARS** The unit could be introduced by a short exposition by the tutor followed by group discussion encouraging candidates to draw on personal experiences. The benefits of the health needs could be obtained through personal deduction, worksheets, videos and reference to texts.

The second outcome will require greater tutor input and candidate facilitation. Although much information can be derived from discussion and shared experiences candidates will require to research texts, articles and leaflets supported by exercises, visits to child care establishments, speakers and videos. Candidates should be encouraged to approach this outcome from a multi-cultural aspect taking account of the great variation in eating arrangements.

The third outcome could be approached from two aspects: the first, exchange of personal experiences and case studies and the second from visits to child care establishments and videos. Candidates should be encouraged to appreciate the range of facilities and materials coupled to meeting the needs of the individual child. Performance criteria (c) could be approached using group presentations of safety issues, with illustrations, leaflets and examples of safety appliances.

The fourth outcome requires tutor exposition of the basic concepts of pathogens and their means of spread followed by candidate research and investigation supported by visits to child care establishments. Questionnaires could be used to assess attitudes, e.g. to toilet training, nappy preference. Candidates should be encouraged to examine materials, e.g. toiletries, and may visit a pharmacy to explore the range of products. They could also be supported by handouts, videos and worksheets.

The last outcome could draw on first aid knowledge related to young children. Candidates could discuss the significance of various signs and symptoms to a child and the subsequent action required, supported by handouts, case studies and visiting speakers. Practical procedures could be demonstrated and practised for administering medication and physical procedures.

**PROGRESSION** Candidates working or intending to work in any child care establishment would find this module most useful as it provides essential underpinning knowledge for SVQs, in Child Care and Education at level II. It provides an essential base for progression onto further study at HNC level or for candidates working towards SVQ level III in Child Care and Education.

This module integrates well with other modules supplying underpinning knowledge for SVQs in Child Care and Education level II.

**RECOGNITION** Many SQA NC units are recognised for entry/recruitment purposes. For up-to-date information see the SQA guide 'Recognised and Recommended Groupings'.

## REFERENCES

1. Guidelines for Module Writers.
2. SQA's National Standards for Assessment and Verification.
3. For a fuller discussion on assessment issues, please refer to SQA's Guide to Assessment.
4. Procedures for special needs statements are set out in SQA's guide 'Students with Special Needs'.

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