Contents

Unit standard 10024 version 4

Demonstrate knowledge of promoting the health and wellbeing of children in an ECE service

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## Teacher Guidelines

### Unit standard 10024 version 4

**Demonstrate knowledge of promoting the health and wellbeing of children in an ECE service**

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This unit standard has 3 outcomes

**Outcome 1**  
Describe factors that can influence children's health and wellbeing.

**Outcome 2**  
Describe community health issues that can influence children's health and wellbeing.

**Outcome 3**  
Describe methods to protect and promote the health and wellbeing of children in an ECE service.

### Conditions

- Students may refer to other resources, such as their worksheets, textbooks, and the internet but must complete their own work using their own words.
- This assessment contains written tasks only.
- Completion of the assessment will be individual.
- This assessment will be completed in class time.
- Evidence of one age category is required in this unit standard.

### Learning Contexts

- Assessment will occur in the candidate’s usual teaching and learning environment.

### Notes for Assessors

- Three 'broad age groups' of children are defined in *Te Whāriki*. These are overlapping age categories and are defined as:  
  - *infant* – birth to 18 months;  
  - *toddler* – one year to three years;  
  - *young child* – two and a half years to school entry age.
• **Whānau/families** may be parents, guardians, and members of the extended family who have an interest in the child. Evidence of one type of whānau/families is required in this unit standard.
• Candidates for this unit standard should be familiar with the intent of Te Tiriti o Waitangi, which informs guidelines, procedures, and practices in the ECE sector.
• **Children’s health and wellbeing** refers to a child’s mental, physical, emotional and spiritual state.
• **An early childhood education (ECE) service** may include a centre-based service, hospital-based service, or home-based service. The home-based service may be nominated by the child’s parent, be the child’s own home, or the home of the educator.

**Legislation**
Legislation includes but is not limited to:
• Education (Early Childhood Services) Regulations 2008
• Care of Children Act 2004
• Health (Immunisation) Regulations 1995

**References**


Candidate Instructions

**Unit standard 10024 version 4**
Demonstrate knowledge of promoting the health and wellbeing of children in an ECE service

**Level 2**  **Credits 3**

You will be assessed on:

1.1 Describing the social, economic and cultural factors that enhance the health and wellbeing of a child. This description has to be in keeping with the Ministry of Health’s *Child Health Strategy*.

2.1 Describing community health problems that are relevant to children and how they affect children and the wider community.

2.2 Describing communicable diseases that are prevalent in children and how they affect children and the wider community.

3.1 Describing the role of whānau/families in promoting children’s health and wellbeing.

3.2 Describing the role of the ECE service in promoting children’s health and wellbeing.

3.3 Describing how children are protected by using community health services.

3.4 Describing how children are protected from disease by immunisation programmes.

Conditions of assessment:


- You may use your class notes or any other relevant material to help guide your responses which are to be written in your own words.

- This assessment has written tasks only.

- This is an individual assessment.

- This assessment will be completed in class time.

- Evidence of one age category is required in this unit standard.
Outcome 1
Describe factors that can influence children's health and wellbeing.

Outcome 2
Describe community health issues that can influence children’s health and wellbeing.

Outcome 3
Describe methods to protect and promote the health and wellbeing of children in an ECE service.

Task One  1.1  2.1  2.2  3.1  3.2  3.3  3.4
You are required to design a portfolio to be presented to parents of an ECE service and it must contain information that is appropriate to this audience.

You need to choose one age category:
- Infant
- Toddler
- Young child

You can be creative in the presentation of your portfolio

It must include:

1.1  A description of economic, social and cultural factors that enhance the health of a child.

Your description must include at least one:
- economic factor
- social factor
- cultural factor

Your description must relate to the Ministry of Health’s (1998) *Child Health Strategy*
2.1 A description of **four community health problems** that are relevant to children

Each community health problem must include:
- A description of the community health problem
- The effect on the child
- The effect on the wider community

Community health problems may include:
- glue ear
- oral health
- childhood illnesses
- asthma
- diabetes
- child obesity
- allergies
- head lice

2.2 A description of **two communicable diseases** that are prevalent in children

Each communicable disease must include
- A description of the communicable disease
- The effect on the child
- The effect on the wider community

Communicable diseases may include:
- Measles
- Meningitis
- Rubella
- Chicken pox
- Influenza
- Common colds
- Whooping cough
- Scabies
- Conjunctivitis

3.1 A description of the role of whānau/families in promoting children’s health and wellbeing

3.2 A description of the role of ECE services in promoting children’s health and wellbeing

3.3 A description of at least three health services in the community that can be used to protect children’s health and wellbeing

3.4 A description of two immunisation programmes that can be used to protect children from disease in an ECE service
NZQA Assessment Support Material

Assessment Schedule

**Unit Standard 10024 version 4**
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**Level 2**

<table>
<thead>
<tr>
<th>Evidence Requirements</th>
<th>Evidence</th>
<th>Judgment</th>
</tr>
</thead>
</table>
| **Outcome 1** Describe factors that can influence children's health and wellbeing. | **Task One** A portfolio that meets all the evidence requirements | Evidence of one age group
- Infant
- Toddler
- Young Child

Evidence - for example:
Implications for Pacific children (p36), Tamariki Maori (p32) - see Child Health Strategy

- Cultural factor:
  - Pasifika cultures view health with a holistic approach including physical, spiritual, mental, family and social (p.20).
  - Best health outcomes for tamariki will be achieved when children’s health and disability support needs, expectations and rights are met through culturally safe and effective service delivery
  - Pacific communities are the key to developing and delivering effective health messages and programmes

- Social factor:
  - Accessing community support for families with health concerns will enhance the well-being of Pasifika children (p.37).
  - providing a focus on the child while recognising that children/tamariki are part of a family and whanau and that they rely on parents and other caregivers for physical and emotional care and support

At least one social, economic and cultural factor that enhances the health and wellbeing of a child are correctly described.

Factors must be in accordance with the Ministry of Health’s *Child Health Strategy*. |
### Economic factor
- A child’s health can be enhanced through publicly funded health services (p.21).
- Intensive home visiting is identified in the *Child Health Programme Review* (Ministry of Health 1998a) as being effective in improving health across a range of areas for children from disadvantaged groups
- *Strengthening families strategy to provide an integrated agency approach to helping address problems faced by families with multiple social and economic disadvantage* - [http://www.strengtheningfamilies.govt.nz/](http://www.strengtheningfamilies.govt.nz/)
- *Child health programme review* – focuses on preventative interventions, to improve life outcomes for at-risk children including improving health and education

### Outcome 2  Describe community health issues that can influence children’s health and wellbeing.

#### 2.1 Community health problems relevant to children are described in terms of their effect on the child and the wider community.

Range: community health problems may include but are not limited to – glue ear, oral health, childhood illnesses, asthma, diabetes, child obesity, allergies, head lice.

Evidence of **four** is required.

#### Part of a portfolio that meets all the evidence requirements

**Evidence** - For example:

Community health problems may include:

**Glue ear**

Description of the community health problem:
- Glue ear is caused by the tube that drains fluid down from the middle ear to the back of the nose and throat becoming blocked

Effect on the child:
- Glue Ear can affect the child’s hearing. Some children can experience developmental and behavioural effects as a result of dulled hearing caused by glue ear, and it may affect speech and language

Effect on the community:

#### Four community health problems relevant to children are correctly described.

Each community health problem must include
- A description of the community health problem
- The effect on the child
- The effect on the wider community
• Adults may struggle to understand a child's difficult behaviour. May need to raise community awareness of the condition. GP visit recommended to check for infection and whether grommet operation needed

**Oral health**
Description of the community health problem:
- Poor teeth and gum disease caused by plaque build up.
- The health of a child’s teeth
Effect on the child:
- Tooth ache and/or decaying teeth
Effect on the community:
- Costs will impact tax payers who pay for publicly funded dental care.

**Childhood Illnesses**
e.g. Hand, foot and mouth disease
Description of the community health problem:
- Red spots showing on the base of a child’s feet, palms of hand and inside the child’s mouth. Caused by poor hand washing and coughing.
Effect on the child:
- Fever and flu like symptoms
Effect on the community:
- Infectious to groups of people while the carrier is unwell.

**Asthma**
Description of the community health problem:
- Asthma is a respiratory condition that affects the airways to the lungs; and may be linked to allergens
Effect on the child:
- Affects the child’s breathing; may need inhalers or awareness of triggers
Effect on the community:
- Need medication to assist child, and awareness of any
triggers that bring on asthma. E.g. dust-mites and some pollens

**Diabetes**

Description of the community health problem:
- Common chronic disease in children; type 1 diabetes is caused by the body not producing any or enough insulin; type 2 the body not regulating blood sugar levels

Effect on the child:
- Will need to have food intake monitored or special dietary requirements, and may need daily insulin injections

Effect on the community:
- Over 200,000 New Zealanders have been diagnosed with diabetes; obesity linked to global rise in type 2 diabetes in children and increase in regular physical activity and weight loss would be required

**Child obesity**

Description of the community health problem:
- 8.3% of children obese (2007 NZ Health Survey), higher proportion of Pasifika children are likely to be extremely obese; increase in morbidly overweight children; increasing rates of overweight and obese pre-school children.

Effect on the child:
- Child carries excess weight; and increases the risk of serious health conditions like type 2 diabetes, cardiovascular risk factors high blood pressure, and high cholesterol; along with bone and joint problems, shortness of breath impacting exercise and sport, liver and gall bladder disease, more prone to depression.

Effect on the community:
- costs tax payers to fund publicly-funded health services; preventing or treating overweight and obesity in children may reduce the risk of developing cardiovascular disease as the children get older. Trend towards time poor parents leaning on convenience foods that are less healthy.
**Allergies**

Description of the community health problem:
- Body irritation set off by an external factor, including food, environmental and chemical substances; 80% of children with asthma have allergies

Effect on the child:
- May exhibit as a skin irritation or respiratory symptoms such as coughing or wheezing – in severe cases anaphylaxis (severe reaction – may include trouble swallowing or loss of consciousness)

Effect on the community:
- Best way to prevent an allergic reaction is to avoid the allergen – some foods, minimising exposure to pollens etc. May need to monitor child’s food intake or if severe allergy the presence of some foods e.g. peanuts.

**Head lice**

Description of the community health problem:
- Insects living on the human head hiding in hair.

Effect on the child:
- Irritates the child’s scalp; itchy scalp and rash on neck from bites of the lice

Effect on the Community:
- Head lice are contagious to all groups of people.

2.2 **Communicable diseases** prevalent in children are described in terms of their effect on the child and the wider community.

Range: communicable diseases prevalent in children may include but are not limited to – measles, meningitis, rubella, chicken

**Portfolio Evidence** - For example: **Measles**

Description of the communicable disease:
- A highly infectious viral disease which can cause serious illness, hospitalisation and also death. Measles is easily preventable by two doses of measles vaccine (MMR).

Effect on the child:
- Early symptoms include a child displaying a fever, runny nose, sore red eyes, and white spots in their mouth, then a progression of a red blotchy rash. Up to 30% of people

Two communicable diseases in children are correctly described.

Each communicable disease must include:
- A description of the communicable disease
pox, influenza, common colds, whooping cough, scabies, conjunctivitis;

Evidence of two is required.

<table>
<thead>
<tr>
<th>Disease</th>
<th>Description of the communicable disease:</th>
<th>Effect on the child:</th>
<th>Effect on the community:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>with measles will develop complications, usually children under 5 and adults over 20 years.</td>
<td>• Child may display the following symptoms and the condition may get worse very quickly. Fever (possibly with cold hands &amp; feet), rash/spots, difficult to wake/lethargic/sleepy, dislike of light, refuses food or drink or vomiting, high pitched moaning cry or whimpering, pale/blotchy complexion and very unsettled</td>
<td>• A contagious disease to all groups of people, can cause death for unimmunised persons. You’re contagious from just before symptoms begin to around four days after the rash appears</td>
</tr>
<tr>
<td>Rubella</td>
<td>Rubella, also known as German Measles, is usually a mild viral illness. But if a pregnant woman catches it, it can lead to birth defects in the unborn baby. Rubella is spread though the air by breathing, coughing, and sneezing.</td>
<td>• The effect on the child</td>
<td>• The effect on the wider community</td>
</tr>
</tbody>
</table>

Meningococcal disease

• Meningococcal disease is a serious infection and causes severe illnesses including meningitis and septicaemia (blood poisoning). Meningitis is an inflammation of the membranes that cover the brain and can cause death or permanent disability such as deafness. It is usually caused by infection by viruses, fungi or bacteria. Bacterial meningitis is also known as meningococcal disease

Effect on the Community:

• Meningitis is a contagious disease that can be passed on to others through close contact with carriers. There are vaccines available that will protect against some types of meningitis, but no one vaccine protects against all types.

Rubella

• Rubella, also known as German Measles, is usually a mild viral illness. But if a pregnant woman catches it, it can lead to birth defects in the unborn baby. Rubella is spread though the air by breathing, coughing, and sneezing.
Effect on the child:
- For children, the symptoms may include a rash on the face, scalp and body; fever; swollen glands for children; and for teenagers and adults there is also joint pain.

Effect on the community:
- A contagious disease that is dangerous for pregnant women and her unborn baby. It usually takes 16-18 days after catching rubella before you get sick, and you are infectious from 7 days before the rash appears until at least 4 days after. Immunisation available free to children (MMR) and to women of child-bearing age.

**Chicken pox**

Description of the communicable disease:
- Chicken pox is a very contagious disease. A viral illness that causes blister-like spots, fever and skin irritation.

Effect on the child:
- Child will have itchy, small blisterly spots on their skin, and may be uncomfortable with fever, general aches and pains, and tiredness. Children are usually ill for 5-10 days when no complications.

Effect on the community:
- A contagious disease spread in the air by infected people when they sneeze or cough; or by direct contact with the carriers' weeping, blisterly spots. Contagious 1 to 2 days before the rash appears until all blisters have crusted over and new ones are appearing – usually 4-5 days. Chickenpox vaccine available at a cost.

**Influenza**

Description of the communicable disease:
- Influenza (flu) is the name of the virus that spreads quickly from person to person through both touch and the air. It attacks the respiratory system – nose, throat, and lungs. Normally worse than a cold, and more common in winter. Danger signs for babies and young children include fast or
<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Common colds</strong></td>
<td>A virus that affects head and chest, including nose, throat, sinuses and ears. A respiratory infectious illness, and there are over 200 different viruses than can cause colds.</td>
</tr>
<tr>
<td><strong>Effect on the child:</strong></td>
<td>- Child may have a runny or blocked nose and a sore throat. Other symptoms include a cough, watery eyes, blocked ears, tiredness and a slight fever.</td>
</tr>
<tr>
<td><strong>Effect on the community:</strong></td>
<td>- A contagious illness, the cold viruses spread through the air when someone with a cold sneezes or coughs; and you can also catch a cold by handling objects that were touched by someone with a cold. You can help prevent the spread of colds and lower your risk of catching a cold by following good hygiene practices and avoiding contact with those that are sick.</td>
</tr>
</tbody>
</table>
**Whooping cough**

Description of the communicable disease:
- Whooping cough (pertussis) is a highly infectious disease that is spread by coughing and sneezing. It’s caused by bacteria which damage the breathing tubes. A bacterial virus causing carriers to have fits/bouts of coughing episodes. Can be very serious for babies and children as they may not be able to feed or breathe properly and may end up with complications such as pneumonia and brain damage.

Effect on the child:
- Severe coughing bouts will affect children’s breathing. Whooping cough begins with cold-like symptoms (runny nose, sneezing, slight fever, mild cough) which last 1-2 weeks; but the cough becomes worse and severe coughing spasms and a high-pitched ‘whooping’ sound, which may lead to vomiting or turning blue (severe coughing, choking on mucus).

Effect on the Community:
- Contagious – bacteria spread person to person in airborne droplets by coughing or sneezing, or by direct contact with infected throat or nasal discharges. All NZ babies can be immunised free (3 doses @ 6 weeks, 3 months, 5 months).

**Scabies**

Description of the communicable disease:
- Scabies is a skin infection that is caused by tiny insects (mites) that burrow, breed and live under the skin, causing a very itchy rash - red blisters and skin irritation. It can take up to 4 weeks for the itching to go away.

Effect on the child:
- Causes severe skin irritation. A very itchy rash can develop on any part of the body, that is worse at bedtime or when the child is warm.

Effect on the Community:
- Scabies spreads easily between family members and
Friends. It is spread by skin contact and by sharing clothing and bedding. Contagious to people who come into contact with the carrier or clothing used by the carrier. Treatment should be for everyone in the house – not just the child.

**Conjunctivitis**

Description of the communicable disease:
- Conjunctivitis is an eye infection or allergic irritation. It means the lining of your eyelids and the white of your eyes (conjunctiva) is red and swollen, and it can make your eyes sticky and irritated.

Effect on the child:
- Infected conjunctivitis - irritable eyes – red and feel gritty, followed by a discharge (clear/green/yellow) that can crust and make eyelids stick together after sleep.
- Allergic conjunctivitis – red and itchy eyelid but without the yellow discharge. May be a clear discharge that makes it feel sticky.

Effect on the community:
- Contagious infection to other persons.

<table>
<thead>
<tr>
<th><strong>Outcome 3</strong></th>
<th>Describe methods to protect and promote the health and wellbeing of children in an ECE service.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>3.1</strong></td>
<td>The role of whānau/families in promoting children’s health and wellbeing is described.</td>
</tr>
<tr>
<td><strong>Portfolio</strong></td>
<td><strong>Evidence</strong> - For example:</td>
</tr>
<tr>
<td></td>
<td>• Accessing health services as necessary, including doctors and immunisation</td>
</tr>
<tr>
<td></td>
<td>• Maintaining a healthy diet and living environment for their children</td>
</tr>
<tr>
<td></td>
<td>The role of whānau/families in promoting children’s health and wellbeing is correctly described.</td>
</tr>
<tr>
<td><strong>3.2</strong></td>
<td>The role of the ECE service in promoting children’s health and wellbeing is described.</td>
</tr>
<tr>
<td><strong>Portfolio</strong></td>
<td><strong>Evidence</strong> - For example:</td>
</tr>
<tr>
<td></td>
<td>• ECE services to promote a holistic approach to health for Pasifika families and their children.</td>
</tr>
<tr>
<td></td>
<td>• Promoting healthy eating and lifestyle</td>
</tr>
<tr>
<td></td>
<td>The role of the ECE service in promoting children’s health and wellbeing is correctly described.</td>
</tr>
</tbody>
</table>
### 3.3 Protection of a child by the use of health services in the community is described.

Range evidence of at least three health services is required

<table>
<thead>
<tr>
<th>Portfolio Evidence - For example:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Well child/Tamariki Ora services for under fives – provide support, information, advice, free checks (including dental, vision and hearing checks) and free immunisation</td>
</tr>
<tr>
<td>• Plunket <a href="http://www.plunket.org.nz/">http://www.plunket.org.nz/</a> - providing universal access to well child and family and whānau service for all children (birth to 5 years focus)</td>
</tr>
<tr>
<td>• Dental care from a dental therapist for free advice and treatment e.g. local school dental clinic</td>
</tr>
<tr>
<td>• B4 School check - Hearing and vision checks for pre-school children (usually 4 year olds) by vision and hearing technicians</td>
</tr>
<tr>
<td>• Immunisation – general information about and access to immunisation for babies and children in NZ</td>
</tr>
<tr>
<td>• General practice (GP) – visits for children under 6 years are free or have a minimal charge</td>
</tr>
</tbody>
</table>

At least **three health services** in the community that can be used to protect a child are correctly described.

### 3.4 Protection of children from disease by immunisation programmes is described.

<table>
<thead>
<tr>
<th>Portfolio Evidence - For example:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The national <a href="http://www.plunket.org.nz/">immunisation schedule</a> is the series of vaccines that are offered free to babies, children, adolescents and adults. Includes, diphtheria, tetanus, whooping cough, polio, hepatitis B, haemophilus influenza type b, pneumococcal, MMR (measles, mumps, rubella) for pre-school. Immunisations for older children and adults also include tetanus and diphtheria; and influenza for over 65 year olds. <strong>Note:</strong> many illnesses contagious and not age specific, so relevant to consider community wide immunisation</td>
</tr>
<tr>
<td>Inclusion of information about immunisation being a way of preventing infectious diseases – protecting communities from outbreaks of disease. New Zealand Immunisation schedule</td>
</tr>
</tbody>
</table>

Two Immunisation programmes that protect children from disease in ECE services are correctly described.
<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Link</th>
</tr>
</thead>
</table>