

**2006 Early Education and Childcare**

**Higher – Paper 2**

**Finalised Marking Instructions**

© The Scottish Qualifications Authority 2006

The information in this publication may be reproduced to support SQA qualifications only on a non-commercial basis. If it is to be used for any other purposes written permission must be obtained from the Assessment Materials Team, Dalkeith.

Where the publication includes materials from sources other than SQA (secondary copyright), this material should only be reproduced for the purposes of examination or assessment. If it needs to be reproduced for any other purpose it is the centre's responsibility to obtain the necessary copyright clearance. SQA's Assessment Materials Team at Dalkeith may be able to direct you to the secondary sources.

These Marking Instructions have been prepared by Examination Teams for use by SQA Appointed Markers when marking External Course Assessments. This publication must not be reproduced for commercial or trade purposes.

## 2006 Early Education and Childcare

### Higher – Paper 2

#### Question 3

- (a) Choose two of the children in the case-study and explain their basic health needs with reference to one relevant theorist.

6

Up to **2 marks** for a description of the theory of a relevant theorist such as:

**Maslow** – summary of theory covering:

- hierarchy of needs – relevant to all ages, not proposed just for children
- some needs take precedence over other needs
- 5 levels of need – physical, safety, social, self-esteem, creativity
- each level must be met before progressing to the next level
- difficult to reach full potential unless the lower level needs have been met.

**Kellmer-Pringle** – summary of theory covering:

- all needs are interrelated and interdependent – theory developed specifically for child development
- for children to develop their full potential all needs must be met – no hierarchical sequence
- concentrates to psycho-social needs – four basic needs which require to be met throughout life: love and security, new experiences, praise and recognition and responsibility
- early experiences and environment have significant influence on later development.

Up to **4 marks** for demonstrating knowledge and understanding of the needs of two of the four children in the case study.

Maslow's theory used to explain the basic health needs of two of the children, such as:

Basic physical health needs for food, shelter, warmth and clothing may/may not be met for all the children as the family has a low income. Rosa and Charlene may not have basic health/safety needs met due to missing asthma check ups and vaccinations. Safety needs for the children may not be met due to mother's parenting style, and lack of routine. Lewis may have unmet emotional/self-esteem needs due to missing school. Other unmet needs may be health/safety-related due to smoking.

As some basic needs have not been met in full, social, self-esteem and creativity needs may not be met for the older children especially.

Other areas to consider relate to the stress on the mother affecting the children and their sense of security, and the effects of frequent absences of the (step)father. This could cause the children to be anxious and result in poor concentration, behavioural difficulties and even lowered resistance to disease.

According to Maslow, it would be unlikely for self-esteem and creativity needs to be met if social need for belonging and being valued is not fully met. Lewis has friends who he spends time with but he may not have made a good relationship with his stepfather if he is frequently absent from the house.

Kellmer-Pringle's theory could be used to explain the basic health needs of two of the children.

Kellmer-Pringle stressed the importance of the inter-relationship between children's physical, emotional, intellectual and social needs. Kellmer-Pringle felt that early experiences and environment could have a significant influence on later development and needs.

Love and security needs may not be met due to absence of (step)father and because their mother has difficulty coping. This may also affect the children's need for praise and recognition, and with (step)father frequently absent and the mother's inability to maintain a routine, they may be affected by anxiety and insecurity.

The older children may be given responsibility that may not be age appropriate.

Lewis may be affected by problems at school and with his peer group. His need for new experiences may not be met due to missing school.

**Or similar answers.**

- (b) **Describe the roles of two of the following professionals in improving the health of the children in the case-study:**

**health professional;  
social worker;  
teacher.**

6

Up to **3 marks** for explaining the role of each chosen professional in improving the health of the three children in the case study.

**Health Professionals** could include:

Practice Nurse – advice on asthma, allergies, immunisation and stopping smoking

Health Visitor – advice on asthma, developmental checks, parenting skills, immunisation and advice on anti-smoking strategies

GP – diagnosis, treatment and referral to specialists (asthma, allergies for Rosa), anti-smoking advice for Lewis

School Nurse – anti-smoking and health education advice for Lewis, liaison with mother, may provide immunisations.

**Social Worker**

Could put family in touch with voluntary groups that provide various types of support for families in need, could advise on benefits, financial support and advice on parenting skills, could liaise with agencies, voluntary groups and schools to support Lewis to improve his attendance.

**Teacher**

Liaise with parents as regards school absence, anti-smoking advice for Lewis and suggest appropriate out-of-school activities and “buddy-type” school support. Provide appropriate support for Rosa’s asthma and allergies – ensure medication to hand, supervise meals (allergies).

**Or similar answers.**

**(c) Explain how this family's parenting style may contribute to Rosa's health.**

**7**

Up to **3 marks** for identifying this parenting style as laissez-faire/permissive.

Up to **4 marks** for a full explanation of the contribution of the parenting style on Rosa's health.

Lack of a fixed routine may affect her emotional health – young children benefit from a regular routine for meals, sleep and other activities.

Lack of boundaries may affect both emotional health (mother lets children do as they please) and physical health – possibility of accidents if Rosa is unsupervised. Rosa's asthma and allergies may worsen if they are not regularly checked up on and appropriate treatment given.

The mother's laissez-faire approach may cause future appointments to be missed and long-term health problems may develop. If Rosa's allergies include severe reactions, her health may be at risk if she eats something while unsupervised. Rosa may be affected if her brother smokes in the house and her asthma could worsen.

**Or similar answers.**

(d) **Evaluate the possible impact of two social trends on the children's health.**

**6**

Up to **6 marks** total for two balanced evaluations of two appropriate social trends such as:

**Health-Wealth Gap** is an increasing social trend, with a close relationship between health and income. There is a widening gap between the health of the wealthiest and the poorest children in society: poverty leads to poor all-round health in children.

**Family Stress** A lack of security due to poverty. Unemployment has direct effects on emotional and physical health of children. Basic needs for diet, exercise, sleep and stimulation may not be met. Developmental checks, immunisation and other medical checks may be missed due to stress.

**Lone Parenting** may result in lowered income, increased stress on parent with resultant negative effects on children. However, there may be positive effects on the children if there is reasonable income and adequate support for the family.

**Substance Misuse** may result in poor role models for children and increase their risk of accidents if unsupervised. Basic needs may not be met due to lack of money or neglect.

**Working Patterns** Basic needs for routine and bonding may not be met.

**Childhood Obesity and Poor Diet** Increase in number of children affected by this.

**Or similar answers.**

#### Question 4

- (a) **Describe four fine-motor skills you would expect to see in the 3 year olds in this group.**

4

**1 mark each** for up to **four** accurate descriptions of fine-motor skills such as:

- can build towers of nine or ten cubes
- can copy a building pattern of three or more cubes including a bridge
- can control a pencil using their thumb and first two fingers (the dynamic tripod grip)
- can copy a circle and the letters V, H and T
- enjoy standing at an easel and painting with a large brush
- can draw a person with a head, and sometimes with legs and (later) arms coming out from the head – squiggles inside a head represent a face
- can cut paper with scissors
- can thread large beads onto a lace
- can eat using a fork or spoon
- in China, children of 3 years of age are able to eat with chopsticks, whereas the competent use of knives and forks in other cultures usually starts at age 5. It is thought that this cultural difference is due to early encouragement and a great deal of practice, rather than a greater inborn manual dexterity.

- (b) **Describe four gross-motor skills you would expect to see in the 5 year olds in this group.**

4

**1 mark each** for up to **four** accurate descriptions of gross-motor skills such as:

- have increased agility – they can run and dodge, run lightly on their toes, climb and skip
- show good balance – they can stand on one foot for about 10 seconds and some may ride a bike without stabilisers
- show good co-ordination, playing ball games and dancing rhythmically to music
- can bend at the waist and touch their toes without bending at the knees
- can hop 2-3m (6-9 feet) forwards on each foot separately
- use a variety of play equipment, including slides, swings and climbing frames.

**(c) Explain the role and responsibilities of the key-worker in the care of the child who is showing signs of illness.**

**6**

**Up to 2 marks** for a clear description of the procedure for reporting illness in the setting such as:

- an awareness of the signs and symptoms of illness – pale, flushed, listless, agitated etc
- an awareness of reporting procedures in the setting and that there will be a named person, also a First-aider.

**Up to 4 marks** for applying the knowledge of signs and symptoms and reporting procedures to the child in the case study, such as:

- an awareness of where to take the child in order to care for her whilst the decision of whether to contact the parent is made
- an awareness of the need to protect the other children from the possibility of infection
- an awareness that the child's condition could worsen as well as get better
- a member of staff should stay with the child at all times, to minimise their distress and to preserve dignity
- consideration should be made of the child's social and emotional needs
- the parent may be informed of their child's condition prior to being asked to collect her.

**Any other reasonable answer.**

**(d) Describe the influence on children's cognitive development of the nursery activities identified in the scenario.**

**4**

**Up to 2 marks** for describing the cognitive development associated with activities in social surroundings, such as:

- children engage in more complex play when sharing activities with other children
- free-flow play is an important part of a structured day – Kathy Sylva believes that children benefit from a balance of free-flow and structured play
- Tina Bruce believes that free-flow play helps a child to understand and to use existing knowledge whilst applying this to a new and safe context of play
- she further developed twelve key aspects of free-flow play that a child should be allowed.

**Up to 2 marks** for applying this knowledge to the activities described in the scenario, such as:

- the nursery has a clearly planned mixture of structured and free-flow play plus routines like toileting and meals: these will facilitate more engagement from the children and therefore more cognitive development
- an awareness of the value of table-top games, routines and out-door physical play in engaging children's attention, therefore leading to more cognitive development
- an appreciation that there will be some familiar activities and some new experiences and that this leads to further cognitive development
- an appreciation that mixed-aged groups can lead to further cognitive development for all of the children in the group; the younger children learning from the older ones and the older ones gaining from being in the teaching role.

**Any other reasonable answer.**

**(e) Evaluate the positive effects of these activities on children's health and development.**

7

**Up to 7 marks** for a clear evaluation of how the activities and routines associated with an out-of-school provision could benefit the children's health, such as:

- access to fresh air and exercise promoting circulation, muscle tone, increased flow of oxygen into the lungs for increased activity of organs – especially sweat glands, liver and kidneys
- exercise in promoting healthy appetite, resistance to infection and sound sleep
- exercise associated with co-ordination, balance and control of body
- the advantages of exposure to sunlight in the production of vitamin D
- healthy eating associated with all-round development and protection from infection
- diet associated with digestion, circulation, respiration and skin health
- indoor activities associated with all-round development and, therefore, a healthier child, eg help with homework promoting social and emotional well-being, as well as cognitive development, tabletop activities ditto
- possibly reference to the needs of a child from Maslow or Kellmer-Pringle and an evaluation that a well-structured programme would allow 'self-actualisation' or the attainment of well-being.

**Any other reasonable answer.**

[END OF MARKING INSTRUCTIONS]