LEVEL 3 MARKING SCHEME

WINTER 2023

LEVEL 3 CHILDREN'S CARE, PLAY, LEARNING AND DEVELOPMENT – UNIT 330
4963U90-1

© WJEC CBAC Ltd.

INTRODUCTION

This marking scheme was used by WJEC for the 2023 examination. It was finalised after detailed discussion at examiners' conferences by all the examiners involved in the assessment. The conference was held shortly after the paper was taken so that reference could be made to the full range of candidates' responses, with photocopied scripts forming the basis of discussion. The aim of the conference was to ensure that the marking scheme was interpreted and applied in the same way by all examiners.

It is hoped that this information will be of assistance to centres but it is recognised at the same time that, without the benefit of participation in the examiners' conference, teachers may have different views on certain matters of detail or interpretation.

WJEC regrets that it cannot enter into any discussion or correspondence about this marking scheme.

© WJEC CBAC Ltd.

WJEC LEVEL 3

CHILDREN'S CARE, PLAY LEARNING AND DEVELOPMENT – UNIT 330

WINTER 2023 MARK SCHEME

Guidance for examiners

Positive marking

It should be remembered that candidates are writing under examination conditions and credit should be given for what the candidate writes, rather than adopting the approach of penalising him/her for any omissions. It should be possible for a very good response to achieve full marks and a very poor one to achieve zero marks. Marks should not be deducted for a less than perfect answer if it satisfies the criteria of the mark scheme.

For questions that are objective or points-based, the mark scheme should be applied precisely. Marks should be awarded as indicated and no further subdivision made.

Mark schemes often list points which may be included in candidates' answers. The list is not exhaustive. *The inclusion of 'Credit any other valid response.*' (or similar instruction) within mark schemes allows for the possible variation in candidates' responses. Credit should be given according to the accuracy and relevance of candidates' answers.

Appropriate terminology is reflected in exemplar responses in mark schemes. However, unless there is a specific requirement within a question, candidates may be awarded marks where the answer is accurate but expressed in their own words.

Banded mark schemes

For band marked questions, mark schemes are in two parts; the indicative content and the assessment grid.

The indicative content suggests the range of points and issues which may be included in candidates' answers. It can be used to assess the quality of the candidate's response. As noted above, indicative content is not intended to be exhaustive and candidates do not have to include all the indicative content to reach the highest level of the mark scheme.

However, in order to reach the highest level of the mark scheme a candidate must meet the requirements of the highest mark band. Where a response is not creditworthy, that is, it contains nothing of any significance to the mark scheme, or where no response has been provided, no marks should be awarded.

In Level 3 Children's Care, Play, Learning and Development: Practice and Theory, each question will address one or more assessment objective: from AO1, AO2 or AO3. Where appropriate, the assessment grid sub-divides the total mark to allocate a question into individual assessment objectives. These are shown in bands in the mark scheme. For each assessment objective, descriptors will indicate the different skills and qualities at the appropriate level.

Candidates' responses to questions are assessed against the relevant assessment objectives. Where a question addresses more than one assessment objective, candidates may achieve different bands within that question. In these cases, a mark will be awarded for each assessment objective then totalled to give an overall mark for the question.

© WJEC CBAC Ltd.

The marking of banded mark questions should always be positive. This means that, for each candidate's response, marks are accumulated for the demonstration of relevant skills, knowledge and understanding; they are not deducted from a maximum on the basis of errors or omissions.

Examiners should first read and annotate the candidate's answer to pick out the evidence that is being assessed in that question. The mark scheme can then be applied. This is done as a two-stage process.

Stage 1 – Deciding on the band

Beginning at the lowest band, examiners should look at the candidate's answer and check whether it matches the descriptors for that band. If the descriptors at the lowest band are satisfied, examiners should move up to the next band and repeat this process for each band until the descriptors match the answer.

If an answer covers different aspects of different bands within the mark scheme, a ‘best fit’ approach should be adopted to decide on the band and then the candidate's response should be used to decide on the mark within the band. For instance, if a response is mainly in band 2 but with a limited amount of band 3 content, the answer would be placed in band 2, but the mark awarded would be close to the top of band 2 as a result of the band 3 content.

Examiners should not seek to mark candidates down as a result of small omissions in minor areas of an answer.

Stage 2 – Deciding on the mark

During standardising (the marking conference), detailed advice from the Principal Examiner on the qualities of each mark band will be given. Examiners will then receive examples of answers in each mark band that have been awarded a mark by the Principal Examiner. Examiners should mark the examples and compare their marks with those of the Principal Examiner.

When marking, examiners can use these examples to decide whether a candidate's response is of a superior, inferior or comparable standard to the example. Examiners are reminded of the need to revisit the answer as they apply the mark scheme in order to confirm that the band and the mark allocated is appropriate to the response provided.

© WJEC CBAC Ltd.

Question		Answer	Total mark	AO1	AO2	AO3
1.		Promoting general health and well-being for pre-conceptual care and during pregnancy is a priority for maternal and child health. Describe a range of factors that contribute towards a healthy pregnancy. **Award up to 5 marks**. **Award 0 marks** for a response that is not creditworthy. **Award 1-2 marks** for a basic description which shows limited knowledge and understanding of the factors that contribute towards a healthy pregnancy. **Award 3-4 marks** for a good description which shows some knowledge and understanding of the factors that contribute towards a healthy pregnancy. **Award 5 marks** for a very good description which shows sound knowledge and understanding of the factors that contribute towards a healthy pregnancy. Response may refer to: • Avoid alcohol as it affects the development of the baby in the womb e.g. the brain / the spinal cord • Avoid smoking to reduce risks of complications e.g. low birth weight/ placental problems • Avoid passive smoking • Avoid exposure to air pollution during pregnancy which can increase the risks of premature birth / low birthweight • Avoid contact sports where there is a risk of harm e.g. injury/falling/collision • Eating a healthy and balance diet and avoid high risk foods e.g. raw eggs/ undercooked meats/shellfish/liver etc. • To drink plenty of water and stay hydrated • To eat plenty of foods rich in natural folic acid e.g. green leafy vegetables/bread/ beans/pulses • To keep active and fit during pregnancy with moderate exercise • To have regular ante-natal care and medical check-ups • Take steps to reduce any domestic stress or anxiety that may cause harm in pregnancy/after birth • Receive routine and non-routine monitoring screening checks as appropriate • To be informed regarding recommended vitamins and supplements such as folic acid and vitamin D This list is not exhaustive. Credit any other relevant response.	5	5		

© WJEC CBAC Ltd.

Question		Answer	Total mark	AO1	AO2	AO3
2.		Research has shown that children from separated families are more likely to be disadvantaged in the short and long term Summarise the effects of this family structure change on the well-being of children Award up to **6 marks.** **Award 0 marks** for a response that is not creditworthy. **Award 1-2 marks** for a basic summary which shows limited knowledge and understanding of the effects of this family structure change on the wellbeing of children **Award 3-4 marks** for a good summary which shows some knowledge and understanding of the effects of this family structure change on the wellbeing of children **Award 5-6 marks** for a very good summary which shows sound knowledge and understanding of the effects of this family structure change on the wellbeing of children Response may refer to: • Some children are able to adjust and cope well. Most will find separation and divorce difficult, and for many it can be painful and traumatic • During a separation, children experience a huge sense of loss as the family structure changes • Children often don't understand why it's happened or what will happen next • The anxiety children feel can be overwhelming • Parental separation can be really confusing • Children are affected when they see the two people, they love the most fight and argue • Children may blame themselves or try to make their parents happy again • Children will also be trying to make sense of their own feelings of loss and grief • Children can lose daily contact with one parent - most often fathers • Decreased contact affects the parent-child bond • Many children feel less close to their fathers after divorce • Divorce also affects a child's relationship with the custodial parent—most often mothers. • Children tend to grow up in households with lower incomes	6			6

© WJEC CBAC Ltd.

Question		Answer	Total mark	AO1	AO2	AO3
		• Children can experience poorer housing and greater financial hardship than intact families (especially those headed by lone mothers) • Children tend to achieve less in socio-economic terms when they become adults, than children from intact families • Children are at increased risk of behavioural problems • Children more likely to experience issues with bedwetting • Children more likely to show withdrawn behaviour / and • Show antisocial/ aggression / delinquency behaviours • Children tend to perform less well in school and to gain fewer educational qualifications • Children are more likely to be admitted to hospital following accidents • Children have more reported health problems and to visit their family doctor • Children are more likely to leave school at an early stage • Children are more likely to leave the family/ carers home at a young age • Children tend to have more depressive symptoms • Children have more mental health issues • Children tend to have riskier behaviour • Show more and higher levels of smoking / drinking and other drug use during adolescence and adulthood This list is not exhaustive. Credit any other relevant response.				

© WJEC CBAC Ltd.

Question		Answer	Total mark	AO1	AO2	AO3
3.	(a)	Adolescents are at greater risk from substance experimentation with alcohol and drugs, which can have detrimental health and well-being implications and can lead to changes in behaviour. Suggest the reasons for substance experimentation among adolescents Award up to **5 marks.** **Award 0 marks** for a response that is not creditworthy. **Award 1-2 marks** for basic suggestion which show limited knowledge and understanding of the reasons for substance experimentation among adolescents **Award 3-4 marks** for good suggestion which show some knowledge and understanding of the reasons for substance experimentation among adolescents **Award 5 marks** for very good suggestion which show sound knowledge and understanding of the reasons for substance experimentation among adolescents Response may refer to: • Substance or drug experimentation – plays the biggest role in adolescents e.g. rebellious/ pushing boundaries/lack of parental boundaries/ reaction to authority/wanting freedom/thrill-seeking • Adolescents take part in substance or drug abuse as they don't think it will cause them harm e.g. belief of experimentation will not always lead to addiction/ short or long-term experimentation/disbelief that experimentation can lead to addiction/disbelief that experimentation can be fatal • Lack of parental boundaries e.g. alcohol or drug use may be acceptable in the home environment/getting high may be acceptable in the family home/unhealthy family behaviours/ negative role models/parent or carer may allow experimentation with substances/parents may have lack of control/lack of awareness/lack of interest in their child's behaviours, activities or friendship groups • Temptation to try something new/risky behaviour • Curiosity – a natural part of life and adolescents can experiment given the opportunity/urge or need to find out what it's like/want to know what it does/want to know how it feels	5	5		

© WJEC CBAC Ltd.

Question		Answer	Total mark	AO1	AO2	AO3
		• Peer pressure e.g. avoidance of being stigmatised by their friends/wanting to be liked/ wanting to impress others/showing off/to show they are not afraid/lack of empowerment • Stress e.g. school pressure/family pressure/ parental controls/emotional struggles/desire to escape/desire for a relief or feel-good experience/mental health stress/relief of anxiety/ need to block out negative memories or feelings • ACE's This list is not exhaustive. Credit any other relevant response.				
	(b)	Adolescents are at greater risk from substance experimentation with alcohol and drugs, which can have detrimental health and well-being implications and can lead to changes in behaviour. Consider the expected behavioural changes in adolescents when experimenting with substances Award up to **6 marks.** **Award 0 marks** for a response that is not creditworthy. **Award 1-2 marks** for basic consideration which shows limited knowledge and understanding of the expected behavioural changes in adolescents when experimenting with substances **Award 3-4 marks** for good consideration which shows some knowledge and understanding of the expected behavioural changes in adolescents when experimenting with substances **Award 5-6 marks** for very good consideration which shows sound knowledge and understanding of the expected behavioural changes in adolescents when experimenting with substances Response may refer to: • Lack of interest in school life e.g. results or grades drop/lack of punctuality, attendance to school/loss of interest in activities/laughing for no reason/desire to take part in risky behaviour • Changes in personal behaviour traits e.g. diminished personal appearance/lack of care in appearance/poor hygiene/avoiding eye contact/ unusual tiredness/bloodshot eyes/smell of smoke on breath or clothes	6			6

© WJEC CBAC Ltd.

Question		Answer	Total mark	AO1	AO2	AO3
		• Change of behaviour and usual routine e.g. spending long periods of time away from home or school/frequent hunger or 'munchies'/less or not engaged in family activities/avoidance/ secretive behaviour/breaking boundaries or missing curfew • Changes of friendship groups e.g. desire to be liked/desire for adult behaviours as to seen to be grown up/influenced by negative peer groups or gang relationships/development of intimate relationships/violence and exploitation/victim and perpetrator forced or controlling relationships/vulnerability/depression • Change of behaviour relating to an increase in media exposure of alcohol, drug, substance misuse/increase in negative literacy and education of influential materials associated with substance misuse e.g. internet videos/social networking sites/movies/television/music/video games etc. This list is not exhaustive. Credit any other relevant response.				
	(c)	Adolescents are at greater risk from substance experimentation with alcohol and drugs, which can have detrimental health and well-being implications and can lead to changes in behaviour. Suggest how positive actions, attitudes and experiences in the home/school can impact on the behaviour of adolescents relating to substance experimentation Award up to **7 marks.** **Award 0 marks** for a response that is not creditworthy. **Award 1-2 marks** for basic suggestion which shows limited knowledge and understanding of how positive actions, attitudes and experiences in the home/school can impact on the behaviour of adolescents relating to substance experimentation **Award 3-4 marks** for good suggestion which show some knowledge and understanding of how positive actions, attitudes and experiences in the home/school can impact on the behaviour of adolescent's relating to substance experimentation	7			7

© WJEC CBAC Ltd.

Question		Answer	Total mark	AO1	AO2	AO3
		Award 5-7 marks for very good suggestion which shows sound knowledge and understanding of how positive actions, attitudes and experiences in the home/school can impact on the behaviour of adolescent's relating to substance experimentation Response may refer to: Either home/school or both **Home support** • Improve self-esteem e.g. help a child find skills in which he/she excels to help avoid or counteract low self-worth • Support and educate children/ adolescents on the dangers of performance enhancing drugs/ support understand that doing the best they can in their schoolwork is all that is required for their parents to be proud of them • Support understanding that one time can be enough to be fatal e.g. raise awareness and children's/adolescent understanding that even short-lived experience, as abusing a drug or other substance even one time can be fatal. • Prepare adolescents through conversations/role play etc. to avoid succumbing to peer pressure and to be prepared in advance with ideas of what they want to say • Have an open-minded conversation/stay calm avoid judgemental opinions/avoiding over reacting/keep the dialogue on-going for future conversations and support • Seek help and get support to help a child in need • Build a trusting relationship/encourage a supportive relationship/allow responsibility/have set boundaries and expectations/discuss acceptable behaviour and expectations **School support** • Promote well-being of children and adolescents in preventing drug, alcohol and substance misuse and experimentation • Schools can have a key role in identifying pupils at risk of drug misuse/identifying needs/ distinguish between pupils who require general information and education/identify those who could benefit from targeted prevention/identify those who require a detailed needs assessment and more intensive support. • Provide accurate information on drugs and alcohol through education and targeted information				

© WJEC CBAC Ltd.

Question		Answer	Total mark	AO1	AO2	AO3
		• Tackle problem behaviour in schools, with wider powers of search and confiscation • Work with local voluntary organisations, health partners, the police and others to prevent drug or alcohol misuse. • Develop a drugs policy which sets out their role in relation to all drug matters – this includes the content and organisation of drug education, and the management of drugs and medicines within school boundaries and on school trips. It should be consistent with the school's safeguarding policy. • To have a designated, senior member of staff with responsibility for the drug policy and all drug issues within the school. • Develop drug policies with the whole school community including pupils/parents/carers/staff, governors and partner agencies with clear boundaries and expectations • To establish relationships with local children and young people's services • To have a clear support network with health services/voluntary sector organisations to ensure support is available to pupils affected by drug misuse • To meet the needs of confidentiality to safeguard pupils This list is not exhaustive. Credit any other relevant response.				

© WJEC CBAC Ltd.

Question		Answer	Total mark	AO1	AO2	AO3

4.	(a)	Albert Bandura's social learning theory suggests that behaviour is learned through observing the actions of others
		
		Summarise the key concepts of Bandura's social learning theory
		
		Award up to **5 marks.**
		
		Award 0 marks for a response that is not creditworthy.
		
		Award 1-2 marks for a basic summary which shows limited knowledge and understanding of the key concepts of Bandura's social learning theory
		
		Award 3-4 marks for a good summary which shows some knowledge and understanding of the key concepts of Bandura's social learning theory
		
		Award 5 marks for a very good summary which shows sound knowledge and understanding of the key concepts of Bandura's social learning theory
		
		Response may refer to:
		• The theory is based on an experiment where a group of children (nursery) were placed in a room where they witnessed/observed an adult hitting a Bobo doll in a violent/aggressive manner – later they were given the opportunity to play with the dolls themselves
		• People learn through observing others' behaviour, attitudes, and outcomes of those behaviours
		• Most human behaviour is learned observationally through modelling and through observing others
		• An idea of how new behaviours are performed, serves as a guide for action
		• Social learning theory is based on continuous reciprocal interaction e.g. intellectual/ behavioural/environmental influences
		• Children need necessary conditions for effective modelling:
		  ○ Attention – various factors increase or decrease the amount of attention paid
		  ○ Retention – remembering what you paid attention to
		  ○ Reproduction – reproducing the image/ motivation – having a good reason to imitate
		• Bandura believed environment causes behaviour
		• Bandura, who was studying adolescent aggression suggested that behaviour also causes environment
		• Bandura considered personality as an interaction between three components:
		  ○ the environment
		  ○ behaviour
		  ○ a person's psychological processes
			5	5		

© WJEC CBAC Ltd.

Question		Answer	Total mark	AO1	AO2	AO3
		• Social learning theory encompasses attention, memory, and motivation This list is not exhaustive. Credit any other relevant response.				
	(b)	Albert Bandura's social learning theory suggests that behaviour is learned through observing the actions of others Examine how Bandura's social learning theory can be used to support positive behaviour in practice. Award up to **10 marks.** **Award 0 marks** for a response that is not creditworthy. **Award 1-2 marks** for a basic examination which shows limited knowledge and understanding of how Bandura's social learning theory can be used to support positive behaviour in practice **Award 3-4 marks** for a good examination which shows some knowledge and understanding of how Bandura's social learning theory can be used to support positive behaviour in practice **Award 5-7 marks** for a very good examination which shows sound knowledge and understanding of how Bandura's social learning theory can be used to support positive behaviour in practice **Award 8-10 marks** for an excellent examination which shows detailed knowledge and understanding of how Bandura's social learning theory can be used to support positive behaviour in practice Response may refer to: • Positive behaviour can be encouraged through identifying the processes between the stimuli and the response • Understanding that behaviour is learned from the environment • The theory indicates that indirect exposure to violent behaviour through film or television may lead to actions being imitated in a similar way to behaviour observed in person • The theory is based on the findings that a person observed being aggressive were more likely to behave violently towards the toy/bobo doll • Bandura suggests that through observational learning, an individual may imitate the behaviour of others.	10			10

© WJEC CBAC Ltd.

Question		Answer	Total mark	AO1	AO2	AO3
		• Children who observe violence are more likely to subsequently violently behave themselves/ observing fictional characters on television/film • Influenced when a person sees another individual being punished or rewarded for their actions • Bandura's findings indicate that learning takes place when individuals are rewarded or punished for their own behaviour / when they observe another person exhibiting violent behaviour – a process called observational learning • Behaviour is learned through the process of observations • Adults and influential others are role models for children's behaviour • Children observe the people around them behaving in various ways • Individuals that are observed are called models/ role-models • Children are surrounded by many influential models e.g. parents / carers/family/characters on children's TV/media/friends/teachers etc. • Children pay attention infernal models and process their behaviour. • Children may imitate/copy/follow as a model/ pretend to be the model and reproduce the behaviour they have observed • These models provide examples of behaviour to observe and imitate, e.g., masculine and feminine, pro and anti-social, etc. • The people around the child will respond to the behaviour it imitates with either reinforcement or punishment • If a child imitates a model's behaviour and the consequences are rewarding, the child is likely to continue performing the behaviour • Reinforcement can be external or internal and can be positive or negative • A child who wants approval from teachers/ parents/peers i.e. this approval is an external reinforcement • A child who feels happy about being approved i.e. this is an internal reinforcement. • A child who behaves in a way which it believes will earn approval because it desires approval. • Positive or negative reinforcement would have little impact if the reinforcement offered externally does not match with an individual's needs • Reinforcement can be positive or negative factor that it will usually lead to a change in behaviour • Children observe the people around them behaving in various ways This list is not exhaustive. Credit any other relevant response.				

© WJEC CBAC Ltd.

Question		Answer	Total mark	AO1	AO2	AO3
5.		Routine immunisations may not be received by some children as part of the child immunisation programme. Discuss the various reasons for informed and uninformed decisions regarding childhood immunisations. **Up to 3 marks for informed decisions and up to 3 marks for uniformed decisions. Up to a maximum total of 6 marks.** Award up to **6 marks.** **Award 0 marks** for a response that is not creditworthy. **Award 1-2 marks** for a basic discussion which shows limited knowledge and understanding of the various reasons for informed and uninformed decisions regarding childhood immunisations **Award 3 marks** for a good discussion which shows some knowledge and understanding of the various reasons for informed and uninformed decisions regarding childhood immunisations Response may refer to: **Informed reasons**: Recognised specific groups. The reasons will differ for different types of vaccinations • Allergic reaction e.g. after a previous dose/ severe life-threatening allergy/severe pain or swelling • History of seizures e.g. nervous system • Children who are moderately or severely ill • Some children may need to wait until they recover from illness before they are vaccinated • Clinically immunosuppressed e.g. Due to drug treatment/underlying illness • Pregnancy or breastfeeding • Guillain-Barré Syndrome (GBS) an autoimmune disorder • Weakened immune system or history of a hereditary or congenital immune system condition • Condition of bleeding or bruising easily/recent blood transfusion/received blood products • Medication affecting immunisation	6		6	

© WJEC CBAC Ltd.

Question		Answer	Total mark	AO1	AO2	AO3
		Uninformed reasons: Parental choices/parents hesitant to vaccinate/immunise children can vary widely as they are personal and parental choices. • Religious choices e.g. often a refusal to all immunisations rather than a particular type based on religious background/morals/core religious beliefs • Personal beliefs e.g. Avoidance of preventative measures/avoidance of negative side effects/ believing it is better for children to contract the virus and build up natural immunity/avoidance of possible complications • Safety concerns e.g. Information and concerns gained through media/word of mouth/opinions of others – information not informed by science/ placing parents in overwhelming uncertainty/ concerns for babies' immune system/concerns that their child cannot cope with immunisation at a young age/choosing to delay immunisation/ choosing types of immunisations • Requiring further education e.g. Parents concerned that they don't have enough information/unaware of the risks and benefits/ desire for clear and factual information/ concerned that information may be biased This list is not exhaustive. Credit any other relevant response.				

© WJEC CBAC Ltd.

Question		Answer	Total mark	AO1	AO2	AO3
6.		Health professionals work within varied surroundings in the community to 'enable and empower' patients in their care Describe three of the Allied Health Professional (AHP) roles in promoting child health Award up to **9 marks.** **Up to 3 marks per allied health professional, repeat for each Professional up to a maximum total of 9 marks** **Award 0 marks** for a response that is not creditworthy. **Award 1 mark** for a basic description which shows limited knowledge and understanding of each allied health professional (AHP) role in promoting child health **Award 2 marks** for a good description which shows some knowledge and understanding of each allied health professional (AHP) role in promoting child health **Award 3 marks** for a very good description which shows sound knowledge and understanding of each allied health professional (AHP) role in promoting child health Response may refer to: Allied Health Professional roles are: • **Art Therapists** Art therapists use art as a form of psychotherapy to encourage clients to explore a variety of issues including emotional, behavioural or mental health problems, learning or physical disabilities, life-limiting conditions, neurological conditions or physical illnesses. • **Music Therapists** Music therapists engage clients in live musical interaction so as to promote an individual's emotional wellbeing and improve their communication skills. Clients do not need to have any previous experience of playing a musical instrument (or even singing) as this established psychological clinical intervention utilises their unique connection to music and the relationship established with their therapist to help: develop and facilitate communication skills, improve self-confidence and independence, enhance self-awareness and awareness of others, and improve concentration and attention skills.	9	9		

© WJEC CBAC Ltd.

Question		Answer	Total mark	AO1	AO2	AO3
		• **Drama Therapists** Drama therapists are both clinicians and artists that draw on their knowledge of both theatre/drama and therapy to use performance arts as a medium for psychological therapy. Clients are able to explore a wide variety of different issues and needs from autism and dementia to physical/sexual abuse and mental illness in an indirect way leading to psychological, emotional and social changes. • **Dietitians** Dietitians are the only qualified health professionals who assess, diagnose and treat diet and nutritional problems at an individual and wider public health level. • **Occupational Therapists** Occupational therapists (OTs) work in the NHS, local authority social care services, housing, schools, prisons, voluntary and independent sectors, and vocational and employment rehabilitation services as well as in education and research. Occupational therapists work with people of all ages with a wide range of problems resulting from physical, mental, social or developmental difficulties. • **Orthoptists** Orthoptic clinical practice encompasses both diagnosis and treatment and is wide ranging. Orthoptists help premature infants with retinopathy of prematurity, children with reduced vision due to squint, adults and children with eye movement defects due to diabetes, hypertension, endocrine dysfunction, cancer, trauma and stroke. Extended scope orthoptic practitioners now work in high volume ophthalmic specialities such as glaucoma, cataract and age-related macular degeneration. • **Orthotists** Orthotists are autonomous registered practitioners who provide gait analysis and engineering solutions to patients with problems of the neuro, muscular and skeletal systems. They are extensively trained at undergraduate level in mechanics, bio-mechanics, and material science along with anatomy, physiology and pathophysiology. Their qualifications make them competent to design and provide orthoses that modify the structural or functional characteristics of the patients' neuro-muscular and skeletal systems enabling patients to mobilise, eliminate gait deviations, reduce falls, reduce pain, prevent and facilitate the healing of ulcers.				

© WJEC CBAC Ltd.

Question		Answer	Total mark	AO1	AO2	AO3
		• **Paramedics** Paramedics are the senior ambulance service healthcare professionals at an accident or a medical emergency. Often working by themselves, paramedics are responsible for assessing the patient's condition and then giving essential treatment. They use high-tech equipment such as defibrillators, spinal and traction splints and intravenous drips, as well as administering oxygen and drugs. • **Physiotherapists** Physiotherapy uses physical approaches to promote, maintain and restore physical, psychological and social well-being, working through partnership and negotiation with individuals to optimise their functional ability and potential. Physiotherapists address problems of impairment, activity and participation and manage recovering, stable and deteriorating conditions – particularly those associated with the neuro-muscular, musculo-skeletal, cardio-vascular and respiratory systems – through advice, treatment, rehabilitation, health promotion and supporting behavioural change. • **Podiatrists** Podiatrists provide essential assessment, evaluation and foot care for a wide range of patients with a variety of conditions both long term and acute. Many of these fall into high risk categories such as patients with diabetes, cerebral palsy, peripheral arterial disease and peripheral nerve damage where podiatric care is of vital importance. • **Practitioner Psychologists** Psychologists are responsible for evaluating, diagnosing, and treating people for mental, emotional, behavioural, educational, and developmental disorders. • **Prosthetists** Prosthetists are autonomous registered practitioners who provide gait analysis and engineering solutions to patients with limb loss. They are extensively trained at undergraduate level in mechanics, bio-mechanics, and material science along with anatomy, physiology and pathophysiology. Their qualifications make them competent to design and provide prostheses that replicate the structural or functional characteristics of the patients absent limb.				

© WJEC CBAC Ltd.

Question		Answer	Total mark	AO1	AO2	AO3
		• **Speech and Language Therapists** Speech and language therapists (SLTs) work with children and adults to help them overcome or adapt to a vast array of disorders of speech, language, communication and swallowing. This list is not exhaustive. Credit any other relevant response.				

© WJEC CBAC Ltd.

Question		Answer	Total mark	AO1	AO2	AO3
7.	(a)	Research has shown that children involved in extra-curricular activities benefit academically Outline a range of extra-curricular activities to promote children's learning and development Award up to **4 marks.** **Award 0 marks** for a response that is not creditworthy. **Award 1-2 marks** for a basic outline which shows limited knowledge and understanding of a range of extra-curricular activities to promote children's learning and development **Award 3-4 marks** for a good outline which shows some knowledge and understanding of a range of extra-curricular activities to promote children's learning and development Response may refer to: • Music: piano/guitar/violin etc. singing/being part of a band/group/choir etc. • Dance: folk/street/ballet/tap/jazz • Sports: football, cricket, netball, hockey, rugby etc. • Arts and crafts: Painting and sketching/creativity/ crafts/pottery/sculpting/sewing/knitting etc. • Martial arts: judo/Tae Kwan do/karate etc. • Books and reading: story telling/story writing/ library • Drama club: acting / dancing / singing • Cooking classes: preparing healthy meals • Games club: chess/cards/board games/ computer games • Learning a language • Scouts and guides: Rainbows/brownies/beavers/ cubs etc. • Charity/supporting the community/fundraising etc. This list is not exhaustive. Credit any other relevant response.	4	4		

© WJEC CBAC Ltd.

Question		Answer	Total mark	AO1	AO2	AO3
	(b)	Research has shown that children involved in extra-curricular activities benefit academically. Explain the value of extra-curricular activities in promoting children's learning and development. Award up to **6 marks.** **Award 0 marks** for a response that is not creditworthy. **Award 1-2 marks** for a basic explanation which shows limited knowledge and understanding of the value of extra-curricular activities in promoting children's learning and development **Award 3-4 marks** for a good explanation which shows some knowledge and understanding of the value of extra-curricular activities in promoting children's learning and development **Award 5-6 marks** for a very good explanation which shows sound knowledge and understanding of the value of extra-curricular activities in promoting children's learning and development Response may refer to: • Helps improve a child's self-esteem • Provides an opportunity for them to try new things • Develops new skills • Helps children make new friends • Helps improve their confidence • Helps to manage time effectively • Helps increase brain function and concentration • Character building e.g. teaches respect for others/ discipline/time management • Improved social skills • Provides an opportunity to wind down after school • Influences better academic performance • Enables children to take productive breaks from their studies and focus on interests they are enthusiastic about • Helps children to learn essential life skills • Helps children take on new challenges • Therapeutic to reduce anxiety/increase mood/well-being • Can improve cognitive ability e.g. problem solving/ concertation/abilities in planning • Can boost creativity e.g. sensory/motor skills This list is not exhaustive. Credit any other relevant response.	6		6	

© WJEC CBAC Ltd.

Question		Answer	Total mark	AO1	AO2	AO3

8.		As part of the Additional Learning Needs and Education Tribunal Act (Wales) 2018 there is a clear requirement for maintained schools to uphold their duty to children with additional learning needs.
		
		Summarise a range of additional learning needs (ALN) that children may experience.
		
		Award up to **7 marks.**
		
		Award 0 marks for a response that is not creditworthy.
		
		Award 1-2 marks for a basic summary which shows limited knowledge and understanding of a range of additional learning needs (ALN) that children may experience
		
		Award 3-4 marks for a good summary which shows some knowledge and understanding of a range of additional learning needs (ALN) that children may experience
		
		Award 5-6 marks for a very good summary which shows sound knowledge and understanding of a range of additional learning needs (ALN) that children may experience
		
		Award 7 marks for an excellent summary which shows detailed knowledge and understanding of a range of additional learning needs (ALN) that children may experience
		
		Response may refer to:
		• Additional Learning Needs (ALN) refers to children and young people with learning/physical/ sensory needs that make it harder to learn than most children of the same age.
		• Each Additional Learning Need has a unique impact on each child and young person, some examples of names and summaries follows. This list is not exhaustive.
		• Developmental delay – If a child or young person is making no progress, or is making progress at a rate far slower than their peers, they may have developmental delay and may affect many areas:
		  ○ Cognitive – which affects a person's ability to learn intellectually etc.
		  ○ Speech and language – the ability to use and understand language/forms of communication etc.
		  ○ Social and emotional – which affects a person's ability to learn social skills/develop social skills/interaction/communication/causing difficulties with self-control/difficulties with behaviour
			7	7		

© WJEC CBAC Ltd.

Question		Answer	Total mark	AO1	AO2	AO3
		○ Fine motor skills – control of fingers and use of small objects such as cutlery, pens etc. ○ Gross motor skills – control of large muscles resulting in the ability to walk/sit etc. • Cerebral palsy –There are several forms. The common feature: formation of the brain/occurs naturally/a result of illness/injury/during the development of the brain/occurs in childhood/ occurs at birth. The key symptoms are: ○ Muscle stiffness or floppiness ○ Muscle weakness ○ Random and uncontrolled body movements ○ Balance and co-ordination problems ○ Communication difficulties • Behavioural difficulties – Children and young people with behaviour difficulties tend to show emotional/behaviour responses/different from that generally accepted/behavioural difficulties/ disruptive behaviour/anti-social behaviour/ aggression/difficulties maintaining relationships • Asperger's syndrome is an Autistic Spectrum Condition (ASC) otherwise referred to as an Autistic Spectrum Disorder (ASD). Asperger's syndrome is often referred to as a difficulty with social skills/difficulties with social communication/ social interaction/social imagination. • Autistic Spectrum Condition (ASC) – developmental difficulty causing a lack interest in others/ development difficulty in social communication/difficulty in interaction skills/can result in a child or young person become isolated/affects flexibility of thinking/social communication/social interaction • ADHD – Attention Deficit Hyperactivity Disorder tends to be diagnosed when a child is relatively young. ADHD is a group of behaviours that affect a person's ability to concentrate/control impulsivity etc. can expose children and young people to exclusion • Anxiety – many children or young people suffer from anxiety. It can be entirely normal although creates a barrier when it affects a child or young person's ability to engage in normal day-to-day activities etc. Anxiety can be a symptom/cause of separation anxiety/attachment disorder/phobia/ difficulties sleeping/panic disorder This list is not exhaustive. Credit any other relevant response.				

© WJEC CBAC Ltd.

Question		Answer	Total mark	AO1	AO2	AO3
9.		Assess the significance of the Healthy Child Wales Programme (HCWP) in supporting child health and well-being Award up to **8 marks.** **Award 0 marks** for a response that is not creditworthy. **Award 1-2 marks** for a basic assessment which shows limited knowledge and understanding of the significance of the Healthy Child Wales Programme (HCWP) in supporting child health and well-being **Award 3-4 marks** for a good assessment which shows some knowledge and understanding of the significance of the Healthy Child Wales Programme (HCWP) in supporting child health and well-being **Award 5-6 marks** for a very good assessment which shows sound knowledge and understanding of the significance of the Healthy Child Wales Programme (HCWP) in supporting child health and well-being **Award 7-8 marks** for an excellent assessment which shows detailed knowledge and understanding of the significance of the Healthy Child Wales Programme (HCWP) in supporting child health and well-being Response may refer to: • The HCWP ensures a commitment to support the health and welfare of all children aged 0–7 years • Aims to deliver key public health messages from conception to 7 year • Support families to make long term health enhancing choices • To promote bonding and attachment • To support positive parent-child relationships • To support secure and emotional attachment for children • To promote positive maternal and family emotional health and resilience • To support and empower families to make informed choices • To support safe, nurturing environments • To assist children to meet all growth and developmental milestones • Enabling children to achieve school readiness • To support the transition into the school environment	8			8

© WJEC CBAC Ltd.

Question		Answer	Total mark	AO1	AO2	AO3
		• To protect children from avoidable childhood diseases through a universal immunisation • To ensure early detection of physical / developmental / growth problems through a universal screening programme Core components of the Healthy Child Wales Programme available to all families with children under 7 years of age will include: • Health and development • Screening and physical examination • Immunisation • Key public health messages • Smoking and substance misuse • Prevention of Sudden Infant Death Syndrome (SIDS) Breastfeeding and healthy weaning • Nutrition • Obesity and physical activity • Baby safety • Preparation and support with transition to parenthood • Home safety & accident prevention • Supporting healthy relationships • Preventing domestic abuse • Dental health • Pet/Dog safety • Promotion of sensitive parenting • Secure infant attachment and bonding • Involvement of fathers • Perinatal mental health • Safeguarding concerns / needs This list is not exhaustive. Credit any other relevant response.				

© WJEC CBAC Ltd.

Question		Answer	Total mark	AO1	AO2	AO3
10.		Italian teacher and physician – Maria Montessori (1870-1952) Evaluate the significance of the Montessori active learning approach in bringing about change and informing practice in current childcare settings Award up to **10 marks.** **Award 0 marks** for a response that is not creditworthy. **Award 1-2 marks** for a basic evaluation which shows limited knowledge and understanding of the Montessori active learning approach in bringing about change and informing practice in current childcare settings **Award 3-4 marks** for a good evaluation which shows some knowledge and understanding of the Montessori active learning approach in bringing about change and informing practice in current childcare settings **Award 5-7 marks** for a very good evaluation which shows sound knowledge and understanding of the Montessori active learning approach in bringing about change and informing practice in current childcare settings **Award 8-10 marks** for an excellent evaluation which shows detailed knowledge and understanding of the Montessori active learning approach in bringing about change and informing practice in current childcare settings Response may refer to: • Montessori believed passionately that by fostering respect and cooperation from the youngest age we are educating children towards peace • Montessori environments aim to encourage the growth of active learners • Change is brought about through the emphasis on the freedom of the child • Children make discoveries, explore concepts and master skills through joyful hands-on learning at all age levels • Healthy bodies and healthy minds work together are emphasised for positive child development	10			10

© WJEC CBAC Ltd.

Question		Answer	Total mark	AO1	AO2	AO3
		• Montessori emphasizes movement, hands on activity, repetition and focused engagement over time to develops cognitive thinking • The Montessori approach can support the growth of cognitive functioning abilities, facilitate the acquisition of basic skills and nurture a healthy perception of self • Children are exposed to the fundamentals of music on a daily basis through integrated materials and activities • The natural development of expression / communication with others is at the root of authentic Montessori practice • To provide children with an environment carefully prepared to meet their particular developmental needs • To connect children through careful observation, to connect them with their environment, building their own activity • The learning environment is child-centred • The Montessori approach supports that every child is a competent learner from birth e.g. resilient / capable / confident / self-assured • Creating an environment to learn through enabling environments • Emphasis placed on 'active learning' and 'learning through experience' • In the Montessori approach decision-making for the child's day-to-day activities shifts away from the adult, to the child • The teaching involves a hint / a touch / a little guidance/ enough to give a start to the child • Within the learning environment there are very few limits to the child's freedom and decision-making • Children must be free to express themselves • Children need to be able reveal their needs / attitudes which would otherwise remain hidden / repressed in an environment that would not permit them to act spontaneously • A child is shown a variety of activities, is free to choose what to do, and for how long • The childcare workers role is significant in allowing the children to develop their own self-construction • To have the belief and trust in the child's ability to develop through spontaneous learning • To be patient, humble and respectful of the child's efforts and putting aside the desire to control or direct the child				

© WJEC CBAC Ltd.

Question		Answer	Total mark	AO1	AO2	AO3
		• To be able to reflect on own practice and learn from it/to use personal experience/further study of current trends/to use research to guide practice • To be an advocate for the child and support their opinions/views/potential for future change as part of society • Children are free to use an activity until they decide to put it away • Children are free to choose when to be active/ when to rest and watch / when to look at a book/ to go outside/to have a drink or prepare some fruit • Children choose freely within an environment carefully prepared to support their independence • Children's learning focuses on their interests whilst the teacher ensures that these interests encompass all aspects of the curriculum • Requires a teacher who understands children's development/has detailed knowledge of the child's interests/learning styles This list is not exhaustive. Credit any other relevant response.				

© WJEC CBAC Ltd.

Question		Answer	Total mark	AO1	AO2	AO3
11.		Explain the impact of the United Nations Convention on the Rights of the Child (UNCRC) on children's care, play, learning and development Award up to **6 marks.** **Award 0 marks** for a response that is not creditworthy. **Award 1-2 marks** for a basic explanation which shows limited knowledge and understanding of the impact of the United Nations Convention on the Rights of the Child on children's care, play, learning and development **Award 3-4 marks** for a good explanation which shows some knowledge and understanding of the impact of the United Nations Convention on the Rights of the Child on children's care, play, learning and development **Award 5-6 marks** for a very good explanation which shows sound knowledge and understanding of the impact of the United Nations Convention on the Rights of the Child on children's care, play, learning and development Response may refer to: • The UNCRC cover all aspects of a child's life and sets out: The civil / political / economic / social / cultural rights that all children everywhere are entitled to • The Convention is the most widely ratified human rights treaty in history (1989) • The Convention went on to become the most widely ratified human rights treaty in history and has helped transform children's lives • The UNCRC has inspired governments to change laws and policies / make investments so that more children finally get the health care and nutrition they need to survive and develop • The UNCRC has placed stronger safeguards to protect children from violence and exploitation • The Convention states childhood is separate from adulthood, and lasts until 18 / childhood it is a special, protected time, in which children must be allowed to grow, learn, play, develop and flourish with dignity • The UNCRC has enabled more children to have their voices heard and participate in their societies	6		6	

© WJEC CBAC Ltd.

Question		Answer	Total mark	AO1	AO2	AO3

		• The UNCRC explains how adults and governments must work together to make sure all children can enjoy all their rights
		• Every child has rights regardless of their: ethnicity/gender/religion/language/abilities/or any other status
		• The Convention must be seen as a whole
		
		There are four general principles of the UNCRC:
		○ Article 2: Non-discrimination, meaning the UNCRC applies to all children
		○ Article 3: The best interests of the child
		○ Article 6: Every child has the right to life, survival and opportunities to develop to their full potential
		○ Article 12: Every child has a right to be heard and for their views to be taken into account in matters that affect them
		
		• All the rights are linked, and no right is more important that another e.g.
		  ○ The right to relax and play (Article 31) and the right to freedom of expression (Article 13) have equal importance
		  ○ The right to be safe from violence (Article 19) and the right to education (Article 28) are of equal importance
		• The UNCRC is also the most widely ratified human rights treaty in the world
		
		All the articles impact on a child's care, play, learning and development, some of these are e.g.
		• Article 23 – Every child with a disability should enjoy the best possible life in society
		• Article 27 – Children have the right to food, clothing and a safe place to live so they can develop in the best possible way
		• Article 28 – Every child has the right to an education
		• Article 29 – Children's education should help them fully develop their personalities, talents and abilities
		• Article 30 – Children have the right to use their own language, culture and religion.
		• Article 31 – Every child has the right to rest, relax, play and to take part in cultural and creative activities
		• Article 32 – Children have the right to be protected from doing work that is dangerous or bad for their education, health or development
		
		This list is not exhaustive.
		Credit any other relevant response.				

© WJEC CBAC Ltd.

Mapping of Assessment Objectives: External Examination -SAMs (THIS IS NOT INDICATIVE FOR EVERY EXAMINATION)					
	Content	**AO1**	**AO2**	**AO3**	**Total mark**
1.	**1.2**		**5**		**5**
2.	**1.3**	**6**			**6**
3. (a) (b) (c)	**2.1** **2.1** **2.1**	**5** **7**		**6**	**18**
4. (a) (b)	**2.2** **2.2**	**5**		**10**	**15**
5.	**3.1**		**6**		**6**
6.	**3.3**		**9**		**9**
7. (a) (b)	**4.1** **4.1**	**4**	 **6**		**10**
8.	**4.3**	**7**			**7**
9.	**4.3**			**8**	**8**
10.	**5.1**			**10**	**10**
11.	**5.4**		**6**		**6**
TOTAL		**34**	**32**	**34**	**100 marks**
		34%	**32%**	**33%**	**100%**
Minimum weightings		**31–36%**	**31–36%**	**33–38%**	

© WJEC CBAC Ltd.