



# **GCSE MARKING SCHEME**

**HOME ECONOMICS - CHILD DEVELOPMENT**

**SUMMER 2014**

## **INTRODUCTION**

The marking schemes which follow were those used by WJEC for the Summer 2014 examination in GCSE HOME ECONOMICS - CHILD DEVELOPMENT. They were finalised after detailed discussion at examiners' conferences by all the examiners involved in the assessment. The conferences were held shortly after the papers were 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 conferences was to ensure that the marking schemes were 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' conferences, teachers may have different views on certain matters of detail or interpretation.

WJEC regrets that it cannot enter into any discussion or correspondence about these marking schemes.

**GCSE HOME ECONOMICS - CHILD DEVELOPMENT**

**SUMMER 2014**

Q.1 (a) Award **1 mark** for correct name of equipment and **1 mark** for the use of the equipment. Accept reason without named equipment. [6]

(i) Stair gate, safety gate, baby gate – Used to prevent a child from going into an area where there could be danger, stairs, kitchen, etc.  
Accept any sensible reason.

(ii) Table corner covers/corner guards – Placed over the corners of tables or they fall against them, scratching themselves. Must relate to injury.  
Accept answer without table.  
**Not** protectors, **Not** prevent accidents.

(iii) Socket cover/socket protector/socket guard/shield – Covers electric sockets to prevent children poking their fingers into the sockets, prevents electric shocks.  
**Not** plug covers/guards.

(b) Award **1 mark** for a brief response, **2 marks** for a full response. [2]

- Place affected area under running cold water/ice/bag of peas for at least 10 minutes = 2
- Cover with cling film = 1
- Comfort child = 1
- Seek medical advice = 1

Q.2 Award **1 mark** for each correct response. [3]

(i) True

(ii) True

(iii) False

Q.3 Award **1 mark** for each correct response. [3]

(i) C

(ii) A

(iii) B

Q.4 (a) Award **1 mark** for each correct response. [3]

- (i) Spina Bifida
- (ii) Rubella
- (iii) Smaller and less healthy

(b) Award **1 mark** for each correct response. [3]

- (i) Risk of food poisoning, salmonella, either one for 1 mark
- (ii) Risk of toxoplasmosis/harm unborn child/or miscarriage/stillbirth/affects embryo's nervous system/eyes
- (iii) Too much iron is no longer recommended, during pregnancy/too much vitamin A

(c) Award **1 mark** for a correct response. [1]

- (i) Mother drinking alcohol during pregnancy  
Must state alcohol.  
**Not** drinking regularly.
- (ii) Award **1 mark** per suggestion, to a maximum of 2. [2]
  - May be addicted to alcohol
  - Slower growth rate/smaller baby/low birth weight
  - Smaller head/facial abnormalities
  - Behavioural problems
  - Learning difficulties/brain damage/brain development/intellectual development/nervous system
  - Heart defects/damage to organs
  - Withdrawal symptoms

**Not** disabilities

Q.5 (a) Award **1 mark** for each correct response. Mark incorrect if both answers underline. [3]

- (i) 40 weeks
- (ii) 15-19 weeks
- (iii) Anaemia

Q.5 (b) Award **1 mark** for each named test and **2 marks** for each correct explanation. **Not** blood tests, mentioned in 5a. [6]

- Weight check: make sure mum is not gaining much weight - monitoring
- Blood pressure: to ensure not too high/low, mum may need to rest – reference to pre-eclampsia
- Urine test: test for sugar/or protein
- Examination of the uterus: check babies size and position (breech/head down)
- Vaginal examination: check pelvic outlet to ensure there are no infections/smear test (early pregnancy)
- Baby's heartbeat: check as required to ensure baby is in good health and developing properly/to identify possible pregnancy complications
- Ultra sound: check size, age position of foetus and placenta/baby developing. Accept scan.

Q.6 (a) Award **1 mark** for each correct response. [6]

Likely answers will include:

- (i) • Healthy bones  
• Healthy teeth

**Not** healthy skin

- (ii) • Margarine/butter -any dairy (on its own)/food containing fat)milk/cheese/yoghurt  
• Oily fish  
• Eggs
- (iii) • Protein
- (iv) • Growth  
• Repair  
• Energy  
• Growth of muscles
- (v) • Carbohydrates  
• Fat
- (vi) • Bread, pasta, rice, biscuits etc.  
• Any food containing fat  
• Sweets/candy/fruit

Q.6 (b) **Award 0 – 2 marks**

[6]

Candidates identify some points but little attempt to qualify, answer may resemble a list.

**Award 3 – 4 marks**

A planned and structured answer, many points identified and qualified.

**Award 5 – 6 marks**

A planned, balanced and well-structured answer, many points identified with detailed discussion qualifying points.

Likely answers may include:

- Try to build on a favourite food and work others in, e.g. if they love milk, then add a small amount of blended fruit to make a milkshake and gradually increase the amount and variety of fruits used
- Children can help prepare food – washing fruits or vegetables, mixing, kneading etc. and then taste testing. Involving children in food preparation may increase their willingness to try new foods
- Handling and touching new foods without pressure to eat them will help a toddler become familiar with new foods and be more likely to try them
- Involve toddlers in food shopping and preparing for the meal such as putting things on the table. This will encourage a toddler to have a positive attitude to food
- Encourage healthy eating by having a fruit bowl somewhere accessible. Try and vary the fruit so children become used to seeing different types of fruit and have a variety to choose from. Let the child choose a new fruit or vegetable at the supermarket and chat about where it comes from
- Parents should try and set a good example. If children see that parents enjoy trying new foods, they are more likely to try the food themselves/eat with family and friends
- Cartoon on favourite plate/cutlery
- Try serving new foods in a similar way to old favourites, e.g. if a favourite meal is chicken in a creamy sauce try serving fish in the same creamy sauce. The more familiar they are, the more likely they are to try it
- When times allows, a parent should enjoy serving food in a fun and interesting way – faces on pizza, cat face omelette, etc./make food look attractive/colourful
- Cut apples up into bit size portions and make a dip with yogurt
- Ask the children to assist in making dishes like kebabs. They can choose their own ingredients, but give them healthy choices like cherry tomatoes, pineapple, mushrooms, peppers, or baby corn. If it is fun for them and they are more likely to eat something they helped make
- Parents can try sneaking fruits and vegetables into the foods made. Create recipes that vegetables can be blended into such as a tomato sauce with pasta and you blend vegetables like carrot, courgettes and mushroom into the sauce so that they are invisible

- Q.6 (b) (cont.)
- Offer two courses at meals: one savoury course followed by a sweet course. This gives two opportunities for the toddler to take in the calories and nutrients needed and offers a wider variety of foods. It also makes the meal more interesting
  - Give small portions. If these are finished, parents/carers can praise the toddler and offer more. Toddlers can be overwhelmed by large portions and lose their appetite
  - Do not take away a refused meal and offer a completely different one in its place. A toddler will soon take advantage of this action. In the long run it is better to offer family meals and accept that the child will prefer some foods to others. Always try to offer one food at each meal that you know they will eat
  - Praise for eating – verbal

No marks for using treats as rewards

Q.7 (a) Accept any **three** of the following for **1 mark** each.

[3]

- Nightmares/not sleeping/trouble going to bed
- Clingy/clinging to the mother
- Withdrawn/unusually quiet not wanting to play
- Bed wetting/toilet problems
- Baby talk
- Thumb sucking
- Hitting/biting/kicking/bullying/pinching – aggression
- Spitting
- Rudeness
- Temper tantrums/angry
- Refusing to eat
- Symptoms of illness/stomach ache/headache
- Stutter
- Destructiveness
- Jealously/feeling left out
- Naughty to get attention/demanding more attention - someone to play with

Positive suggestions may also be credited.

No marks for upset or lonely – too vague.

Q.7 (b)

**Award 0 – 2 marks**

Candidates identify some points but little attempt to qualify, answer may resemble a list.

[5]

**Award 3 – 4 marks**

A planned and structured answer, many points identified and qualified.

**Award 5 marks**

A planned, balanced and well-structured answer, many points identified with detailed discussion qualifying points. Must refer to before baby is born.

Likely answers may include:

- Decorating/planning sleeping area/letting them help choose colours/decorations etc.
- Involve with buying of baby equipment/baby cloths/layette allowing them to look and make choices/if make choices less likely to feel jealous
- Answer questions so that the child understands/not frightened
- Discuss names so that the child feels part of process
- Look at other babies and their needs/explain needs of a baby/how it will be fed/cared for etc./understanding of a baby's needs/how could help
- Take child to clinic not shut out/isolate child
- Show scan pictures to start to understand real person
- Involve child with choice of passing down clothes/equipment if make choices less likely to feel jealous
- Look at children's books/TV programmes/videos/CD about babies
- Help children cope with a new sibling/talk through scenarios
- Explain why a baby cries so not frightened or anxious for baby
- Preparing a child about what happens when mother goes into labour/hospital so knows that mother has not abandoned the child/knows what will happen to them/knows/likes/is comfortable with whoever looks after them when mother goes into hospital
- Consistent handling/routine of older child/security
- Let child feel baby kick to realise it is a real person/talking point with friends
- Allow child to buy a present for new baby
- Make child feel important/thinking of others/tell child they are still loved/reassurance/knows is wanted/valued
- Role play/play with dolls/buy a doll/act out fears/worries/child feels like a mum

Do not accept helping after baby born e.g. bathing etc.



Q.8 (a) Accept any **two** of the following for **1 mark** each. [2]

- Going to parks/play areas
- Mother and toddler groups/after school clubs/play groups
- Child-minders/nurseries/school
- Swimming/club/pool/Leisure Centre
- Beach/zoo
- Holidays/daytrips/days out
- Invite friends/family friends over/play dates

(b) Award **1 mark** each for four valid points or **4 marks** for full response covering at least two developed responses. No marks for negative points but can be rewarded marks if a positive statement e.g. less angry if .....

All positive responses:

- Develops confidence/less shy
- Make friends
- Learn how to share/take turns
- Learn how to respect/value others
- Become independent
- Learn to communicate
- Improve social/emotional skills/manners/please and thank you
- Mix with variety of ages/play together/play cooperatively/fairly/teamwork

(c) **Award 0 – 2 marks** [6]  
Candidates identify some points but little attempt to qualify, answer may resemble a list. Little or no use of specialist vocabulary.

**Award 3 – 4 marks**

A planned and structured answer, many points identified and qualified. Some specialist language used with few errors.

**Award 5 – 6 marks**

A planned, balanced and well-structured answer using specialist language. Many points identified with detailed discussion qualifying points.

Likely answers may include:

- Set a good example – children learn by copying what others do and copy good and bad behaviour
- Praise good behaviour – children learn what is acceptable, like to please parents. Rewarding good behaviour by a hug, a smile, or by showing interest in what the child does, is more effective than by criticising bad behaviour
- Star/reward charts
- Ignore bad behaviour where possible/tantrums ignored – children often use this to get attention

Q.8 (c) (cont.)

- Mean what they say – a child will learn quickly when ‘No’ means ‘No’. If parents do not mean what they say, then the child will be confused about limits allowed. This can make the child feel insecure
- Discipline needs to be consistent/discipline each time unacceptable behaviour occurs – have clear rules, if not children will become confused and not learn what is right or wrong
- Have realistic sanction/boundaries – so that discipline is fair/in proportion to action and appropriate for age/stage of development so that the child can understand what is acceptable. A child needs time to learn, and if parents expect too much too soon it will only make them all unhappy
- Use time out/naughty step – gives child time to calm down and child learns what is acceptable
- Take away privileges/learns that actions are not acceptable
- Deal with the problem immediately – children will not be able to remember what they did so child understands/learns what is acceptable
- Avoid confrontation/stay calm – losing temper will make situation worse, use eye contact/facial expression/say ‘no’ firmly this will often stop a child before the situation gets out of hand. Be prepared to say sorry – all parents are at times short-tempered and unreasonable. If the parents can say sorry afterwards, it helps the child learn to say sorry

Q.9 **Award 0 – 2 marks**

[6]

Candidates identify some points but little attempt to qualify, answer may resemble a list. Little or no use of specialist vocabulary.

**Award 3 – 4 marks**

A restricted number of points addressed with some comparison between positive and negative points of delivery place clearly expressed. Some specialist language used with few errors.

**Award 5 – 6 marks**

A planned, balanced and well-structured answer, many points identified with detailed discussion evaluating positive and negative points of delivery place. Specialist language used and largely error free.

Likely answers may include:

**Home Birth**

**Advantages:**

- Comfort of own bed, feel more relaxed, familiar surroundings, more comfortable
- Other family members, e.g. dad, siblings can be present, hold baby, enjoy the experience
- Family members can be involved, do chores, look after the baby, good for family relationships
- Familiar midwife, reassuring for mother, can discuss her preferences, midwife prepared for birth
- Visitors can come at any time, no restrictions, mother can decide when she wants to see them

Q.9 (cont.)

- More privacy for mother, no other patients there, can set her own routines, meal times
- Baby is in routine straight away at home, may be more settled, no other babies crying
- After the birth the mother can look after the baby how she likes, without interference from midwives
- No transport needed

**Disadvantages:**

- No specialist equipment if anything goes wrong, e.g. heart monitor, incubator, operating facility of caesarean needed
- No specialist staff, e.g. obstetrician if mother has problems, paediatrician if baby ill when born/only midwife there
- No access to **range** of pain relief, e.g. no epidural as anaesthetist required/only breathing techniques, aromatherapy and maybe water birth available
- If complications arise may be delay in getting help, e.g. ambulance may be called, adds to risk for mother and baby
- No set visiting hours so mother may get little rest, may feel under pressure, responsibility of other child
- Hospital not close by, need to get ambulance, too far – endangers baby

**Hospital birth**

**Advantages:**

- Many mothers feel safest labouring at hospital
- It is the safest environment for the mother at risk for medical complications during labour
- Epidurals for pain relief can only be done in hospital
- Emergency personnel and equipment is available if the mother develops complications or needs medical attention
- It avoids the rush of a last-minute transfer to the hospital (from home or a birth centre) if medical problems arise
- It is the only option available in the event of a caesarean section is necessary as emergency specialist equipment is available
- Immediate paediatric attention is available should the new born need medical care. Baby does not need to be taken off site to be routinely examined by a paediatrician
- It has round-the-clock help from midwives for the mother and baby (food, nappy changes, medical assistance and information)
- There are other mothers with whom to talk and share experiences
- The mother has no domestic responsibilities such as cooking and cleaning etc. and should have the chance to rest and relax while the baby is asleep
- Visiting hours restrict the number of visitors so that the mother can rest

Q.9 (cont.)

**Disadvantages:**

- The parents are not on 'home ground' and do not have the same control they would at home
- Hospitals are primarily associated with illness
- Hospitals can seem impersonal and intimidating
- The mother may not know the midwife who delivers her baby
- As a large institution, the hospital has rules, policies and red tape; they are rarely altered to accommodate an individual
- Less privacy is available
- The father is often less actively involved in a hospital setting, and may feel like an 'outsider'
- The risk of infection to the mother and baby is greater among mothers who deliver in hospitals, than among those who give birth at home
- The mother is at a significantly higher risk of having an unnecessary caesarean section
- Some routine separation of the mother and baby is almost unavoidable
- Most hospitals do not allow the mother as much rest as they would get at home

Also consider the following points:

- If you have had 3 or more children, go to hospital
- Complication in previous births
- Age of mother
- Multiple births
- First child

Medical health issues of mother/baby

Q.10 (a) **Award 0 – 4 marks** [10]

Discussion reflects limited knowledge and understanding. Possible suggestions of appropriate activities with limited understanding of how music can encourage some aspects of play and development. Poor communication skills with little or no use of specialist vocabulary.

**Award 5 – 7 marks**

Discussion reflects some knowledge and understanding. Able to suggest some appropriate activities with some understanding of how music can encourage play and development, but lacking in detail. Writing is structured to communicate meaning clearly with evidence of correct use of specialist vocabulary.

**Award 8 – 10 marks**

Discussion displays understanding and application of knowledge. Able to suggest age appropriate activities with a good understanding of how music can encourage play and **all four** areas of development for maximum marks. Well balanced answer that is well structured, clearly expressed, largely error free with specialist vocabulary used appropriately.

Award a maximum of 4 marks for a bulleted list

Likely answers may include:

**Ideal for music based activities**

- Singing nursery rhymes/finder and action rhymes
- Musical activity centres
- Clapping hands to music
- Rattles
- Musical statues/bumps/chairs
- Dancing to music
- Making simple musical instruments
- Karaoke
- Listening to music
- Different containers filled with water
- Buying musical/interactive toys
- Role play activities
- Playing with pans/wooden spoons
- Dancing lessons
- Using interactive CD-ROMs

**Q.10 (a)(cont.)Area of learning and development – dependent on activity**

**Intellectual – concepts**

**Music and movement help to develop**

- Creativity through moving to different sounds and rhythms
- The imagination
- Memory and concentration skills
- Listening skills

**Making music can encourage children to:**

- Explore and experiment
- Develop numeracy skills

**Intellectual – language**

- Improves and increases vocabulary
- Develops knowledge of comparative language
- Develops non-verbal communication
- Develops voice tone, range and delivery
- Encourages communication through facial expression and body movement

**Physical**

**Action songs and dance develop**

- Gross motor skills
- Balance
- Coordination
- Spatial awareness

**Using keyboards and instruments develops**

- Fine motor skills
- Hand-eye co-ordination

**Music and movement develop the senses especially**

- Hearing
- Touch

**Music and movement improve**

- Breathing
- Muscle tone
- Singing and speaking rhythmically exercises the vocal chords

**Emotional**

**Music and movement encourage children to**

- Express and share emotions, thoughts and feelings
- Can be relaxing
- Increase confidence and self-esteem

Q.10 (a)(cont.) **Social**

**When working together with other children music and dance can encourage**

- Taking turns
- Sharing
- Consideration for others
- Music and movement from other countries and cultures can help develop understanding and respect for others

**Other areas**

- Equal opportunities – knowing about music and instruments from other cultures
- Vibrating instruments can assist with the development of children with hearing difficulties
- Music can help to calm children with special needs who respond well to it

(b) **Award 0 – 4 marks**

[10]

Discussion reflects limited knowledge and understanding. Possible suggestions of appropriate activities with limited understanding of how parents/carers can encourage language development. Poor communication skills with little or no use of specialist vocabulary.

**Award 5 – 7 marks**

Discussion reflects some knowledge and understanding. Able to suggest some appropriate activities with some understanding of how parent/carers can encourage language development, but lacking in detail. Writing is structured to communicate meaning clearly with evidence of correct use of specialist vocabulary.

**Award 8 – 10 marks**

Discussion displays understanding and application of knowledge. Able to suggest age appropriate activities with a good understanding of how parents/carers can encourage language development. Well balanced answer that is well structured, clearly expressed, largely error free with specialist vocabulary used appropriately.

Award a maximum of 4 marks for a bulleted list

Likely answers may include:

**How parents/carers could encourage their child's language development**

- All children need to be talked to/talk to child/involve/engage
- Valuing the child's contribution
- Always allow child time to speak and organise their thoughts in their head/listening/being patient
- Praise when tries/praised and encouraged

- Q.10 (b)(cont.)
- Children need to be given the chance to practice their skills, they need to be allowed to make mistakes and not be laughed at
  - Do not speak for a child or try to finish their sentence
  - Encourage conversation by using 'open' questions
  - Answering/asking child's questions
  - Speak to child using different intonation
  - Speaking clearly and slowing to a child
  - Use daily jobs such as preparing food as opportunity to talk to child and ask questions/explaining what things are/how used
  - Pointing out/naming objects both in and out of the house/different colours/shapes
  - Ensure plenty individual adult attention
  - Provide variety of settings to stimulate conversations and questions – taking out zoo/seaside/shopping/park/activities, e.g. swimming/outings
  - Read to the child/encouraging the use of books – books aid discussion, language development
  - Following the words in the book/explaining new words/pointing to pictures/letters/words
  - Providing different types of books/listening to story tapes/CDs/activity/pop-up books, etc.
  - Taking to pre-school groups/mixing with own peer group – opportunity to meet with other children/conversation/increases vocabulary
  - Playing games with the child/board games/card games/match up games/role play, etc.
  - Singing songs/nursery rhymes
  - Boosts confidence/self-esteem/encourages the child to be part of conversations
  - Using correct vocabulary/sentence development
  - Education/children's TV – discuss programmes/videos/DVDs/computer programmes – discuss what seen/heard





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