

Level 3 Advanced Technical Diploma in Early Years and Childcare (540) / 3605-32 Level 3 Advanced Technical Extended Diploma for the Early Years Practitioner (Early Years Educator) (1080)

Q	Acceptable answer(s)	Guidance	Max marks
1	<p>One mark for each role/responsibility identified up to a maximum of five marks. Answers may include but are not limited to:</p> <ul style="list-style-type: none"> • check play environments are clean and tidy • respond to any signs or symptoms of potential abuse • refer any concerns about the welfare of a child to the relevant people • supervise children when they are playing • make sure that no visitors are left unsupervised with the children • make sure that colleagues have suitability checks in place / anyone who does not have suitability checks in place is always supervised • follow health and safety / safeguarding / late collection / missing child/ medication / complaints policies and procedures • whistleblowing • risk assessments • maintaining confidentiality • any other appropriate response. 		5
2	<p>One mark for each procedure to follow up to maximum of three marks. Answers may include but are not limited to:</p> <ul style="list-style-type: none"> • do a search of the setting area • count children and link to register • notify manager/safeguarding/senior person • carry out an extended search to include outside of the setting • inform the police • inform the parents • notify Ofsted • complete records • review procedures • appropriate person 		3

	<ul style="list-style-type: none"> • check CCTV • any other appropriate response. 		
<p>3</p>	<p>a) One mark for each of the following environments identified:</p> <ul style="list-style-type: none"> • indoor • emotional • familiar. <p>b) One mark for each description up to a maximum of four marks. Answer may include but not be limited to:</p> <ul style="list-style-type: none"> • the key person can support Joe to manage risks appropriately / not being excessively risk averse • practitioners should respond to Joe's age / stage of development when setting up activities • practitioners should respond to Joe's needs/ interests when setting up activities • practitioners should respond to Joe's rights • set up activities for him to practice climbing that offer challenge • Set up activities that develop skills safely • complete a risk assessment • any other appropriate response. 		<p>7</p>
<p>4</p>	<p>One mark for each identification of action up to a maximum of two marks. One mark for each relevant explanation up to a maximum of two marks.</p> <p>Answer may include but not be limited to:</p> <ul style="list-style-type: none"> • the person dealing with the injured child must hold a relevant Paediatric First Aid qualification (1) in order to meet legislation (1) • comfort child (1) so they are not distressed (1) • check for bleeding and lumps / apply a cold compress to the area / seek further medical help if needed (1) for appropriate treatment of symptoms/ treat effectively (1) 		<p>4</p>

	<ul style="list-style-type: none"> • ensure other children are taken away from the area (1) to stop them feeling upset/distressed (1) • monitor child (1) to make sure they do not get confused/sleepy/vomit/ lose consciousness (1) • ring parents (1) so they can decide whether to collect child immediately (1) • record accident in the accident book, member of staff to sign the record and parent to sign on collection of child (1) to ensure procedure is followed (1) • Some settings may have a Head Bump information leaflet that they give parents (1) to inform them of what signs and symptoms to look out for (1) • Inform Ofsted if child has to go to the hospital (1) within 24 hours of the injury being sustained (1) • Any other appropriate response. 		
<p>5</p>	<p>One mark for each of the following up to a maximum of four marks. Answer may include but not be limited to:</p> <ul style="list-style-type: none"> • physical activity • common childhood illnesses • indoor/outdoor environment • immunisations programmes / vaccinations • infection and cross-contamination – use of PPE • health and hygiene routines – diet / allergy / sleep / culture • personal care needs – hand washing / use of toilet /nappy change • disability – child or parent • lack of attachment • poverty • environment/family situations • transitions • maternal health – pre-natal drugs/alcohol • any other appropriate response. 	<p>Note to marker: accept ‘abuse – physically/emotionally/sexual/neglect’ for one mark as any other relevant answer.</p> <p>Maternal health – drugs/alcohol - one mark only given</p>	<p>4</p>
<p>6</p>	<p>One mark for each of the following explanations and examples of partnership working up to a maximum of six, or, one mark maximum for a description of the role of a health visitor and</p>		<p>6</p>

	<p>five marks for examples and explaining partnership working.</p> <ul style="list-style-type: none"> • Practitioner’s will carry out the two-year progress review and share this with parents and Health Visitor (1) to identify child’s progress / strengths (1) and needs (1) to make links to the right support for the child (1). • Partnership working can include picking up physical/sight/language/hearing/behaviour/sleeping/toileting problems (1) or relationship/breastfeeding/bonding/isolation/post-natal depression (1). • Visits to setting – health promotion / ideas for diets / activities <p>Maximum one mark available for a description of a Health visitor.</p> <ul style="list-style-type: none"> • Health visitors are Qualified Registered Nurses with specialist qualifications in community health linked to child health, health promotion and education for children under 5 years old / Health visitors carry out checks for children from birth to five years and provide support for parents as well. (1) 		
<p>7</p>	<p>One mark for a description of each of the following up to a maximum of five marks:</p> <ul style="list-style-type: none"> • ask for relevant information to help identify food allergies and intolerances • provide alternative snacks/food for the child • undergo specific training such as use of Epi-pens/insulin • share menus/ list allergens to parents • carry out safe practices when preparing food • carry out correct storage of food • use PPE / correct equipment • record and display information of child allergies/intolerances for staff to see • provide recipes/information on alternative cooking to parents • be aware of signs and symptoms of possible allergies/intolerances • any other appropriate response. 		<p>9</p>

	<p>b) One mark for each of the following:</p> <ul style="list-style-type: none"> • portion control • balanced diet • food phobias • hygiene • any other appropriate response. 		
<p>8</p>	<p>One mark for each of the following points up to a maximum of three marks. Answer may include but not limited to:</p> <ul style="list-style-type: none"> • Skinner uses operant conditioning • he describes how children’s behaviour can be managed/effected through positive rewards • a child is likely to repeat the behaviour after receiving a positive reward • he describes how children’s behaviour can be managed/effected through negative rewards • if a child injures themselves, they are unlikely to repeat the same action • a child may repeat unwanted behaviour if they receive negative reward • he states ‘punishers’ do not change unwanted behaviour • any other appropriate response. 	<p>Do not award additional marks for examples of positive/negative rewards if ‘positive/negative rewards’ are generically included in the candidates’ response.</p>	<p>3</p>
<p>9</p>	<p>Candidates may be awarded a maximum of three marks for describing only one theorist. Candidates must cover both theories to achieve full marks.</p> <p>Answer may include but not be limited to:</p> <ul style="list-style-type: none"> • Piaget had a staged and aged approach to his theory (1), he believed children’s understanding was fixed at a definitive age (1) whereas Donaldson challenged the ages at which children started to understand different concepts (1). • Piaget’s research was limited as he used his own children and friend’s children to draw his conclusions (1) whereas Donaldson had a wider sample of children for her research (1). • Piaget’s research was based on an adult’s perspective of questions (1) whereas Donaldson deconstructed the question to present it for children’s understanding (1). • Both Piaget and Donaldson felt the sequence of learning was the same (1) 		<p>6</p>

	<p>but they differed in when they achieved that learning (1).</p> <ul style="list-style-type: none"> • Donaldson’s theory was an expansion/development of Piaget’s theory (1). • Donaldson’s theory recognised the importance of adult support (1) and adapting the situation to put the learning in the right context for children (1) • any other appropriate response. 		
<p>10</p>	<p>Candidates may list/describe the stages and provide explanation between theory and promotion of children’s play and learning for maximum marks, or, candidates may explain how practitioners can promote children’s play linked to Parten’s theory without listing the stages for full marks.</p> <p>Stages of play Candidates may be awarded a maximum of two marks for listing all six stages of play. Candidates may be awarded a maximum of 4 marks for listing and describing all six stages of play.</p> <p>Mildred Parten recognised six different stages of play:</p> <ul style="list-style-type: none"> • Unoccupied play – when a child is not playing or watching anything in particular • Solitary play – child play on their own and focusses on own activity to the exclusion of others • Onlooker play – child watches the play but does not join in; they may comment on the play they are seeing but do not take part in it • Parallel play – when child plays separately from but close to another child, copying their actions and sharing the toys • Associative play – child is interested in the people and the activity, but they do not coordinate their activities with the others. • Cooperative play – play is organised and all the people playing have assigned roles 		<p>6</p>

	<p>Explanation of how the stages of play can help practitioners promote children's play and learning.</p> <p>One mark for each point up to a maximum of six marks:</p> <ul style="list-style-type: none"> • Children need to learn to share / take turns (1), work and play with others (1) to develop the Personal, Social and Emotional skills (PSE) (1) required to support their further learning (1). • The first four types of play are more common with younger children (1). Knowing the stages of play helps practitioners plan activities and play experiences (1) to meet the needs and interests of children (1). • Any other appropriate response. 		
11	<p>One mark for each of the following up to a maximum of five marks. Answer may include:</p> <ul style="list-style-type: none"> • cultural • family structure • work life balance • health and wellbeing • socio-economic status • own beliefs and attitudes • Personal, social and emotional (PSE). • any other appropriate response. 		5
12	<p>One mark for each of the following up to a maximum of four marks:</p> <ul style="list-style-type: none"> • employers • line managers / head teacher • practitioners • key person/key worker • SENco • administrative staff • catering staff • safeguarding lead • health and safety officer • curriculum lead • chair of committee staff. • teaching assistant • senior leadership team (SLT) • attention officer • site team 		4

13	<p>One mark for each barrier identified up to a maximum of three marks. Candidates must identify barriers and provide an explanation of how they can be overcome to gain maximum marks.</p> <p>Potential barriers One mark for each barrier described up to a maximum of three marks:</p> <ul style="list-style-type: none"> • denial by the parent that the child has a difficulty • fear of being seen as needing help / fear of being judged • parent permission to refer child • different opinions on caring for the child • belief that practitioner or parent knows best <p>Explanation of how to overcome barriers One mark for each action and one mark for relevant expansion:</p> <ul style="list-style-type: none"> • talk with both parents (1) get the dad's views on what might have helped him / this could work against the practitioner as dad may say he was okay and so child will be too (1) • explain that each child is an individual and the planning of learning and development is to meet the individual needs of the child (1) to make sure that they progress well (1) • speak with the SENCo in the setting and ask them to observe the child too (1) their support can be used when talking with the parent (1) • provide parents with the outcomes from the foundation stage and go through them (1), to show them the expected development for a three year old (1) • share observations and assessments with the parents (1) if this could be in video form then that would be better/so they could see the child and how he reacts (1). • Speak to specialists to get information that could be passed onto parents (1) to help them understand the issues / to provide guidance for what practitioners could do to help the child in the setting (1). • Any other appropriate response. 		6
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<p>14</p>	<p>Band 1: 1 – 4 marks Basic discussion showing minimal breadth of considerations, supported with little or no analysis. Few links to individual needs, and limited understanding of transitions and impacts on learning and well-being. Made limited reference to possible support and partnership working and provided little or no justifications for these. The response lacked structure and coherency. Where facts were provided, these were sometimes incorrect.</p> <p>To access higher marks in the band the response will include some attempt of meeting the individual needs with a satisfactory range of considerations.</p> <p>Band 2: 5 – 8 marks Clear and relevant discussion which makes a reasonable attempt to cover some considerations displaying good breadth of knowledge and understanding. This was supported by some analysis. The discussion included some attempt to link individual needs, transitions and their impact on learning and development, some areas may be more detailed than other areas but will include reference to support and partnership working. Throughout the discussion recommendations and opinions were offered with some justification and the use of some examples. The overall discussion is presented in a clear format and the use of terminology is mostly appropriate. Content is factually accurate.</p> <p>To access higher marks in the band, the discussion will be mostly detailed and contain some justifications and some links to attachment/key worker theory. The overall discussion will be presented clearly and with some logical structure.</p> <p>Band 3: 9 – 12 marks Comprehensive and clear discussion showing breadth of understanding across the main considerations which were supported by</p>	<p>Indicative content:</p> <ul style="list-style-type: none"> • Barriers - family structure, Personal, social and emotional (PSE), cultural, health and wellbeing, work life balance, beliefs and attitudes • Attachment theory – linked to Oscar relationship with his mum, grandmother, new baby and his key worker. • Key worker theory - buddy system with reference to Annie • Types of transitions – new baby, different person dropping Oscar off, less attention because of the new baby, different routines • Impact – Oscar’s behaviour, learning and development, mum’s well-being • Appropriate strategies/recommendations to overcome barriers and support Oscar’s learning and development and health and wellbeing: <ul style="list-style-type: none"> ○ using a child centred approach ○ making sure his Key Person is in every time he comes in / providing a buddy for him so if his main Key Person is not in ○ carry out a home visit ○ talk with grandmother about approach and support towards Oscar’s transition ○ Home/work balance, flexibility ○ provide a daily diary of Oscar’s day to his mum ○ Partnership working – mum, dad, grandmother and colleagues 	<p>12</p>
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	<p>effective analysis and conclusions that displayed depth of understanding. A well-reasoned discussion with accurate links to individual needs, transitions, impacts on learning and development as well as attachment/key worker theories were considered. Good comparisons were made between support and partnership working. Throughout the discussion coherent recommendations and opinions were offered with good justifications, some clearly defined examples were offered. Relevant use of accurate terminology was evident. The entire discussion was relevant and factually accurate.</p> <p>To access higher marks in the band the response will be coherent, balanced and structured in a logical way. There will be a range of recommendations offered with strong links other learning and development theories which are fully justified.</p>		
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