The following are the answers to the Stepping stone and Challenge activities in Collins’ GCSE Home Economics (Child Development) for AQA Teacher Resource Pack. Where there is not one correct answer to a question, or where students are required to carry out research, examples and other guidance have been provided, regarding the possible content of answers.
1 Parenthood

Stepping stone 1.1 Family structures: Match descriptions

1. C. Lone-parent family
2. D. Blended family
3. A. Nuclear family
4. G. Foster family
5. B. Extended family
6. E. Same-sex family
7. F. Adoptive family

Stepping stone 1.2 Fostering and adoption: True or false?

<table>
<thead>
<tr>
<th>Statements</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Foster parents have no legal rights over the child.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>2. Adoptive parents have temporary responsibility for the child.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>3. Foster parents have personal responsibility for paying the costs of caring for the child.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>4. Adoptive parents are constantly monitored by the local authority.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>5. The local authority becomes the legal guardian of a foster child.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>6. Foster parents do not have to allow the child access to the natural parents.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>7. Foster parents must return the child to the local authority when required to do so.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>8. Adoptive parents have permanent responsibility for the child.</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

Stepping stone 1.3 Changing family relationships: Complete a table

Answers should include the following points.

<table>
<thead>
<tr>
<th>Life event</th>
<th>Effect on family relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Divorce</td>
<td>Strained relationship between mother and father. Pressurised relationships between parents and children. Children may ‘take sides’ with one parent or another.</td>
</tr>
<tr>
<td>2. Remarriage</td>
<td>Difficult relationships between step-siblings. Children may ‘take sides’ with one parent or another. Strained relationships for children visiting the birth parents.</td>
</tr>
<tr>
<td>3. Unemployment</td>
<td>Stress from reduced family income. Stress from changes in family routines with one or both parents not going out to work. May cause conflict between parents. Children and parents may be upset, angry, confused, ashamed.</td>
</tr>
<tr>
<td>4. Death of a parent</td>
<td>Children may be anxious, upset, confused, angry. Remaining parent will be grieving and possibly less able to look after the children’s needs. Stress from changes in family routine, roles and responsibilities. Adapting to new routines.</td>
</tr>
</tbody>
</table>

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**Stepping stone 1.4 Family diversity: Complete a table**

1. Answers should include the following points.

<table>
<thead>
<tr>
<th>Social change</th>
<th>Impact on family diversity</th>
</tr>
</thead>
</table>
| a) Growth in the multicultural population | i) Different ethnic communities introduce their own traditions into family life, e.g. dress, food, customs  
| | ii) Increase in the number of extended family households in some communities |
| b) Attitudes to sexuality, marriage and divorce | i) Changes in divorce laws have had an impact on family structures (resulting in reconstituted families or one-parent households)  
| | ii) Changes in attitudes to sexuality have enabled same-sex couples to engage in civil partnerships, and to adopt, foster or conceive their own children |
| c) Availability of contraception | i) Increased knowledge and ability to control when couples have children and how many they have  
| | ii) A reduction in the size of families |

2. Remind students about respect and the importance of confidentiality in their discussions.

**Stepping stone 1.5 Preparing for the baby: Create a list**

Sample answers for list, as per question 2. a)

<table>
<thead>
<tr>
<th>Clothing or equipment items</th>
<th>Reason why essential</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Nappies</td>
<td>Hygiene/cleanliness</td>
</tr>
<tr>
<td>2. Vests</td>
<td>Warmth and comfort</td>
</tr>
<tr>
<td>3. Stretch suits/babygrows</td>
<td>Warmth and comfort</td>
</tr>
<tr>
<td>4. Hats</td>
<td>Warmth (babies lose most of their body heat from the head)</td>
</tr>
<tr>
<td>5. Mittens</td>
<td>Protection (babies often scratch themselves)</td>
</tr>
<tr>
<td>6. Socks/bootees</td>
<td>Warmth and comfort</td>
</tr>
<tr>
<td>7. Pram suit/outdoor clothing</td>
<td>Warmth and protection from the weather</td>
</tr>
<tr>
<td>8. Cot</td>
<td>Safe place to sleep</td>
</tr>
<tr>
<td>9. Pram/pushchair</td>
<td>Safety and convenience for getting around</td>
</tr>
<tr>
<td>10. Bath</td>
<td>Hygiene/cleanliness</td>
</tr>
</tbody>
</table>

For questions 1 and 2. b), remind students to respect one another’s ideas.
Stepping stone 1.6 Accident prevention: Complete a table

Complete table

<table>
<thead>
<tr>
<th>Accident</th>
<th>Preventive action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Falling</td>
<td>Use safety gates at the top and bottom of stairs; use window catches; keep doors closed; ensure good lighting; teach safe way to climb and descend stairs; use harnesses in highchairs, prams and pushchairs.</td>
</tr>
<tr>
<td>2. Cuts</td>
<td>Store knives and sharp tools in a safe place; avoid leaving knives on kitchen surfaces or tables where children can reach them; use safety glass or shatterproof film on doors and windows children might fall into or break.</td>
</tr>
<tr>
<td>3. Poisoning</td>
<td>Keep all cleaning fluids in original containers in a secure safe place; keep medicines and alcohol out of child’s reach; use catches and child locks on cupboards and drawers where any chemicals or cleaning fluids are kept.</td>
</tr>
<tr>
<td>4. Drowning</td>
<td>Supervise children near any pool or in the bath; never leave them alone; use a non-slip mat to avoid slips and falls.</td>
</tr>
</tbody>
</table>

Stepping stone 1.7 Road safety: Solve a crossword

Completed crossword

1 S P E E 2 D
A I 3 A
F S 4 D C
E T R A F F I C
T A N I
Y N G D
C E E
D E R N
C A P T
7 D E A T H
Challenge 1.1 Family structures: Read three case studies

Case study 1
Answers should include the following.
1. Family structure: one-parent family
2. Family diversity: should discuss the nature of a single parent household and the role of the grandparent
3. Analysis of life events should include discussion of: mother on her own with 3 young children; relationship between mother and ageing grandmother

Case study 2
Answers should include the following.
1. Family structure: nuclear family
2. Family diversity: should discuss the differences in culture and family traditions; extended family in another country
3. Analysis of life events should include discussion of: birth of their children (one in Poland and one in the UK); moving to the UK; establishing their new life; ties to extended family back in Poland

Case study 3
Answers should include the following.
1. Family structure: reconstituted family
2. Family diversity: should discuss the nature of step-family relationships (parents and children)
3. Analysis of life events should include discussion of: impact of divorce, new partners, new family structure and relationships

Challenge 1.2 Changes in family structure: Create a graph
1. Encourage students to create a colour-coded, comparative bar graph, using ICT.
2. Answer about what the graph tells about the changing pattern of family structure between 1996 and 2006 should include the following points:
   • decrease in single father families
   • increase in single mother families
   • increase in the number of cohabiting couples
   • decrease in the number if married couple families.
3. Answer about the factors that may have contributed to these changes should include discussion of the following points:
   • changing attitudes towards marriage and divorce
   • changes in attitudes towards parental responsibilities
   • changes in lifestyle, childcare and domestic responsibilities
   • changes in employment patterns
   • changes in the social welfare system providing support for one-parent families (e.g. benefits).
Challenge 1.3  Children in foster care: Complete a table

1. Different types of foster care situations

<table>
<thead>
<tr>
<th>Type of foster care</th>
<th>What does it involve?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Long-term fostering (permanent)</td>
<td>Foster family cares for the child until they reach 18 years of age. This is an alternative to adoption, where the child has a strong bond with their birth family but is unable to live with them.</td>
</tr>
<tr>
<td>b) Short-term fostering</td>
<td>The foster family provides care for a few weeks or months while plans are made for the child’s future placement or return to his or her home.</td>
</tr>
<tr>
<td>c) Respite fostering</td>
<td>Children who live with their own family or with other foster carers are placed in another foster family to give their usual carers a break (respite). This is typically used for children with special needs or behavioural difficulties. It is also known as ‘family link’ and ‘shared care’.</td>
</tr>
<tr>
<td>d) Remand fostering</td>
<td>This is provided for young people who are ‘remanded’ by the courts in England and Wales into local authority care or placed in foster care as an alternative to secure accommodation by a Scottish court.</td>
</tr>
</tbody>
</table>

2. Answer about why foster care is thought to be a better option for children than residential care should include the following points:
   - avoids institutionalising the child and promotes his or her individual development in a family context
   - gives the child the experience of living in a supportive family structure
   - provides the child with opportunities to develop the skills needed for supportive family relationships
   - can be more focused, flexible and individualised to meet the child’s needs, rather than the more impersonal care provided in larger residential settings.

Challenge 1.4 Foster carers: Read a case study

1. Type of foster care arrangement described: respite foster care

2. Answer about the advantages and disadvantages of this foster care situation for everyone involved (James and Kimberley, Martin and Anna, Kevin and his mother) should include a discussion of the impact on:
   - all the adults and children (positive and negative)
   - Kevin (changes in environment and routine; different expectations; missing his mum; advantage of experienced foster carers with a large house and garden and near a park, facilities for playing; company of Martin and Anna)
   - James and Kimberley (having to devote more time to Kevin; possible impact on their jobs, i.e. working from home; less time to spend with their own children; the advantage of feeling good that they are helping Kevin’s mum and caring for Kevin)
   - Martin and Anna (advantage of having a different child in their family and from that experience, learning about diversity; may have an impact on the time they have for after-school activities; may feel embarrassed when with friends)
   - Kevin’s mum (advantage of having a break and having some time for herself; disadvantage of missing Kevin and worrying about him).
Challenge 1.5 Becoming a parent: Create a ‘Top five’ list

For questions 1–3, encourage students to think about the responsibilities of becoming a parent. Remind students about respect and the importance of confidentiality after having the discussions.

- The decision to have a baby is one of the most important choices a couple will ever make.
- The most important consideration is that the new baby should be welcomed into a loving, caring family and a nurturing environment.
- Parenthood has a major impact on a couple’s relationship and adds a new dimension to their lifestyle.
- There may be practical and financial issues to think about, such as whether or not the couple will have enough money or whether they will need to move to a bigger home.
- Other considerations include:
  - whether or not the couple’s relationship is secure enough to cope with the responsibility of caring for a baby
  - changes to their social life
  - dealing with sleepless nights.

Challenge 1.6 Preparing for the baby: Provide advice

Sample answers

<table>
<thead>
<tr>
<th>Item</th>
<th>Advice</th>
</tr>
</thead>
</table>
| 1. A pram | Safety: BSI Kitemark, sturdy, well balanced, secure brakes, safety harness  
|          | Practicality: weatherproof, ease of use, weight  
|          | Lifestyle: collapsible buggy or pram, match to housing environment and main means of transport  
|          | Budget: cost, value for money |
| 2. A cot  | Safety: BSI Kitemark, well-fitting mattress, bars no more than 6 cm apart  
|          | Practicality: size, adaptability (e.g. converts to a child bed for future use)  
|          | Lifestyle: cot, crib or Moses basket, adapt to environment  
|          | Budget: cost, value for money |
| 3. A car seat | Safety: BSI Kitemark, front or rear facing, safety harness  
|            | Practicality: weight, ease of use  
|            | Lifestyle: suitable for type of vehicle, (position of air bags)  
|            | Budget: cost, value for money |
Challenge 1.7 Childhood accidents: Draw a graph

1. Students should study the table on their own, in pairs, groups, or as a class.
2. Encourage students to create a bar graph using ICT to illustrate the differences. Check students’ graphs.
3. The most common cause of accidents in the home for children under 5: falls.
4. Ways in which parents of children under 5 can help to minimise accidents in the home – answers should include six ways (accept other suitable suggestions).
   ▶ Install and maintain smoke and carbon dioxide alarms.
   ▶ Keep electrical flexes out of reach of children.
   ▶ Store knives and other sharp utensils in a safe, secure place, pointy side down.
   ▶ Keep the floor dry to prevent slipping and clear of trip hazards (e.g. toys).
   ▶ Store plastic bags where children can’t find them.
   ▶ Keep cleaning fluids and household chemicals in a secure place children can’t find or reach.
   ▶ Ensure that pans, kettles and other kitchen equipment can’t be grabbed or pulled over.

Challenge 1.8 Providing a safe environment: Write an article

1. Students’ articles should be relevant to the age range 0–3 years and should include information about:
   ▶ Pets – should be well-looked after (e.g. brush regularly, de-flea pets and their bedding, clean bird or hamster cages regularly, make sure fish tanks or glass bowls are kept clean and algae free).
   ▶ Safety symbols on toys and equipment – e.g. BSI Kitemark, Lion Mark, CE symbol.
   ▶ Toys – should be age appropriate, non-toxic, have no loose parts or sharp edges which could cause injury or choking hazards.
   ▶ Prams – should be well balanced, stable and sturdy with secure brakes, a fitted safety harness and reliable collapsing mechanisms (if appropriate).
   ▶ Cots – should be sturdy with a well-fitting mattress; babies should always be put to sleep on their back in the ‘feet to foot’ position, to minimise the risk of cot death; bars no more than 6 cm apart.
   ▶ Car seats should be appropriate for the age, size and weight of the child, as follows.
      ▶ Rear-facing baby seat – a child’s first baby seat that usually also has carrying handles and can be removed from the car; designed to keep the child firmly in place; suitable for 0–9 months or up to 13 kg; must not be used in the front of the car if air bags are fitted in the car.
      ▶ Forward-facing child seat – remains in the car and is usually the child’s second seat; suitable for a child aged 9 months to 4 years or up to 18 kg; can be used in the front or back of the car.
      ▶ Booster seat – designed for children aged 4–6 years; holds the child securely and comfortably but allows him or her more movement and enables the child to look out of the window more easily.
      ▶ Booster cushion – a child’s last safety seat; designed for a child aged 6–11 years; raises the child, to be able to see out of windows while holding the child securely, using an adult seat belt.
   ▶ Causes of accidents, linked to the stages of development – are varied, but preventable if parents take responsibility of raising their own and other people’s awareness of safety risks. For example:
      ▶ Newborn and younger babies can easily roll over and fall off a bed, sofa or raised surface such as a changing table. Never leave babies alone or turn your back on them.
      ▶ As a baby grows and develops, he or she will begin to sit up and grasp objects and may put them in the mouth. Carefully supervise babies and young children to prevent them from choking on anything they may put in their mouths.
      ▶ Toddlers may fall off furniture or down stairs, grab cables or flexes, or pull objects from surfaces around the house, leading to possible injury. Parents or carers should be aware of potential dangers and sometimes, may need to reorganise the home to remove potential dangers.

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Children of 3, who can walk fairly well, have little sense of danger and may underestimate the risks if left unsupervised.

In general, babies, toddlers and young children are at risk of having accidents because they: do not understand possible consequences of their actions; are very curious; become over-excited or emotionally upset and lose focus on sources of danger; are left unsupervised in a hazardous situation; become physically tired and stop concentrating – late afternoon and early evening are danger periods for accidents; become boisterous and show off, forgetting about possible dangers; may be upset by major events or changes (e.g. illness, death, divorce, moving house) in their family and everyday environment.

Types of accidents and accident prevention – parents need to identify hazards in areas of the home, such as the kitchen, stairs and bathroom, and then try to minimise the risks these hazards pose to their child. For example, by:

- installing and maintaining smoke and carbon dioxide alarms
- keeping electrical flexes out of reach of children
- storing knives and other sharp utensils in a safe, secure place
- keeping the floor dry to prevent slipping and clear of trip hazards (e.g. toys!)
- storing plastic bags where children can’t find them
- keeping cleaning fluids and household chemicals in a secure place children can’t get to
- ensuring that pans, kettles and other kitchen equipment can’t be grabbed or pulled over
- anticipating possible accidents and then acting to prevent them before they occur.

Simple first aid treatment of minor injuries and accidents – for example:

- basic first aid box should contain a first aid manual non-allergenic plasters and adhesive tape, sterile dressings disposable gloves, assorted bandages, antiseptic wipes and tweezers¹.

<table>
<thead>
<tr>
<th>Situation</th>
<th>Treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nose bleed</td>
<td>Pinch soft part of nose for at least 10 minutes; tell child not to pick or blow nose for a few hours</td>
</tr>
<tr>
<td>Burns or scalds</td>
<td>Run cold water over burn or scald for at least 10 minutes; cover loosely with clean material (non-fluffy and non-adhesive); do not burst blisters or rub on any cream</td>
</tr>
<tr>
<td>Choking</td>
<td>Lay child over knee and slap between shoulder blades a few times</td>
</tr>
<tr>
<td>Convulsion or fit</td>
<td>Stay with child until fit has ended; check breathing and pulse; loosen any tight clothing</td>
</tr>
<tr>
<td>Cuts and grazes</td>
<td>Clean area with water; dry skin and apply clean dressing or plaster</td>
</tr>
<tr>
<td>Wasp or bee sting</td>
<td>Cool affected area with cold water or ice if possible; if child has allergic reaction to a sting, call for emergency medical help</td>
</tr>
<tr>
<td>Sunburn</td>
<td>Remove child from sun and cool affected area with cold water; give child a cool drink; do not burst blisters</td>
</tr>
<tr>
<td>Poisoning</td>
<td>Rinse mouth with water; do not make the child get sick (vomit)</td>
</tr>
</tbody>
</table>

Note: Students’ answers will vary, so accept any suitable suggestions. Refer to pages 22–28 in the textbook for more information on safety, accident prevention and basic first aid.

2. Encourage students to use their creativity when illustrating their articles.
2 Pregnancy

Stepping stone 2.1 Human reproduction: Solve a crossword

Stepping stone 2.2 Infertility: Match the statements

<table>
<thead>
<tr>
<th>Statement</th>
<th>Causes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. This can be caused by a sexually transmitted infection (STI).</td>
<td>C. Blocked Fallopian tube</td>
</tr>
<tr>
<td>2. This can be caused by treatment for testicular cancer.</td>
<td>A. Low sperm count</td>
</tr>
<tr>
<td>3. This can prevent the process of ovulation.</td>
<td>D. Hormone imbalance</td>
</tr>
<tr>
<td>4. Fertilisation of female ova with male sperm in laboratory conditions and re-implanting fertilised ova into the uterus.</td>
<td>E. In vitro fertilisation</td>
</tr>
<tr>
<td>5. Promoting ovulation by stimulation of the ovaries.</td>
<td>B. Hormone treatment (fertility drugs)</td>
</tr>
</tbody>
</table>

Stepping stone 2.3 Uniovular and binovular twins: True or false?

<table>
<thead>
<tr>
<th>Statements</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Uniovular twins are identical.</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>2. Binovular twins develop from one fertilised ovum.</td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>3. Uniovular twins share the same placenta in the uterus.</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>4. Binovular twins are always the same gender.</td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>5. Uniovular twins are also called non-identical twins.</td>
<td>✔</td>
<td></td>
</tr>
<tr>
<td>6. Binovular twins will always have the same blood group.</td>
<td></td>
<td>✔</td>
</tr>
<tr>
<td>7. Uniovular twins have the same genes.</td>
<td>✔</td>
<td></td>
</tr>
</tbody>
</table>
Stepping stone 2.4 Embryo and foetus development: Order the statements

Correct order of statements

6. The fertilised ovum embeds into the wall of the uterus.
8. Cells multiply rapidly to form the placenta, umbilical cord and amniotic sac.
5. The embryo is now referred to as a foetus.
7. Most of the major body organs are formed.
4. The pregnant woman can usually feel the foetus kicking.
1. The foetus is considered to be viable.
3. The foetus settles low in the uterus with the head engaged.
2. An average baby measures 55 cm (22 in) and weighs 3.5 kg (7lb 7oz).

Stepping stone 2.5 Pre-conceptual health and care: Solve a crossword

1. FOLIC ACID
2. LACTACIDE
3. IC
4. CHOICE
5. HIC
6. EPO
7. RUBELLA
8. GENE

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### Stepping stone 2.6 Contraception: Wordsearch

#### Diagram

<table>
<thead>
<tr>
<th>Sterilisation</th>
<th>A H L P N V</th>
</tr>
</thead>
<tbody>
<tr>
<td>W T U M P S P E R M I C I D E</td>
<td></td>
</tr>
<tr>
<td>C O N T R A C T I O N M C</td>
<td></td>
</tr>
<tr>
<td>O Y K M F X L P I M P L A N T</td>
<td></td>
</tr>
<tr>
<td>N H D M I N I P I L J P X O</td>
<td></td>
</tr>
<tr>
<td>D Z F O M V Y U F E N I D O M</td>
<td></td>
</tr>
<tr>
<td>O V P L X J A S G H J K L B Y</td>
<td></td>
</tr>
<tr>
<td>M P L K J A R S T E N T I O N</td>
<td></td>
</tr>
</tbody>
</table>

### Stepping stone 2.7 Contraception methods: Complete a table

Students should provide two each of advantages and disadvantages.

<table>
<thead>
<tr>
<th>Method</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
</table>
| 1. Natural family planning | No chemicals or equipment needed  
No side effects  
Acceptable to all faith groups | Does not protect against STIs  
Must time intercourse to avoid fertile periods  
Often ineffective without training to learn techniques |
| 2. Female condom         | Protects against STIs  
Widely available and free from some family planning clinics  
Can be inserted any time before sexual intercourse | Care should be taken to ensure that the penis enters the condom and not between the condom and the vagina  
Sexual intercourse may be interrupted to insert the condom  
They can be expensive to buy |
| 3. Intrauterine device (IUD) | Effective as soon as it is inserted  
Can stay in place for several years, therefore contraception does not have to be thought about during this time | Can cause heavier bleeding and longer periods  
Not suitable for women who have heavy periods |
| 4. Combined contraceptive pill | More than 99% effective if used as instructed  
Suitable for most healthy women who do not smoke  
Can reduce period pain and pre-menstrual tension | Must be taken regularly and on time; not effective if taken more than 12 hours late  
Can cause serious side effects like blood clots  
Vomiting, diarrhoea and some medicines may stop the pill from working |
| 5. Male sterilisation    | Relatively straightforward surgical procedure  
Provides permanent contraception | The man will no longer be fertile or able to father children  
There may be minor complications following surgery |
Stepping stone 2.8 Contraception methods: Dear Abby ...

1. The reply to Tracey should explore how sure she is about having sex with her boyfriend, and not to feel pressured. It should suggest that Tracey looks for more information at the family planning clinic or with online organisations such as BPAS. The answer should also include the facts that condoms are 98% effective as a contraception method and that they protect against STIs.

2. The reply to Kirsty should include factual information about the morning after pill, e.g. it is taken within 72 hours of sexual intercourse taking place and it prevents the fertilised ovum (egg) from implanting in the uterus (womb). The answer should also stress that it is an emergency method of contraception only, for use when unprotected sexual intercourse has taken place, or a contraception method has failed – Kirsty should not regard it as her only method of contraception.

3. The reply to Annika should explore her relationship, and how ready she is for a sexual relationship with someone she has met via the internet. The answer should also discuss the danger of STIs and that the contraceptive pill does not provide protection against STIs. The male or female condom would be the best contraception method to advise Annika to use.

4. The reply to Karl should explore the issue of not wanting any more children and permanent methods of contraception such as a vasectomy. It should discuss the advantages and disadvantages of both male and female sterilisation and the importance of the couple deciding together which method would be best.

Stepping stone 2.9 Antenatal provision: Complete a table

1. Sample answers

<table>
<thead>
<tr>
<th>Routine check</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Urine test</td>
<td>To check for protein and sugar</td>
</tr>
<tr>
<td>b) Blood pressure</td>
<td>High blood pressure is a sign of pre-eclampsia, which can be very dangerous for both mother and baby</td>
</tr>
<tr>
<td>c) Abdominal examination</td>
<td>To check the size of the uterus and the foetus</td>
</tr>
<tr>
<td></td>
<td>Monitors the growth and position of the foetus</td>
</tr>
<tr>
<td>d) Mother’s weight</td>
<td>Confirms that the baby is growing and monitors the mother’s weight gain</td>
</tr>
</tbody>
</table>

2. Answers could include any two blood tests, with reasons, from the following table.

<table>
<thead>
<tr>
<th>Test</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood group (A B O factor)</td>
<td>Recorded in case the mother needs a blood transfusion at any time (particularly during the birth)</td>
</tr>
<tr>
<td>Rhesus factor (positive or negative)</td>
<td>If the mother is Rhesus negative and the baby is Rhesus positive, the mother will need a special injection after the birth to prevent problems with future pregnancies</td>
</tr>
<tr>
<td>Rubella</td>
<td>To check the mother’s immunity to rubella (German measles), which can cause damage to the developing embryo</td>
</tr>
<tr>
<td>Haemoglobin</td>
<td>To check the level of iron in the mother’s blood (a low iron level could indicate anaemia and the mother may need a supplement)</td>
</tr>
<tr>
<td>Hepatitis B</td>
<td>To check if the mother is a carrier of the Hepatitis B virus, which can harm the developing embryo</td>
</tr>
</tbody>
</table>

3 Description of how a pregnant woman’s diet could affect the routine checks:

a) Urine test – high calorie or carbohydrate diet could contribute to diabetes in pregnancy, which would be detected in the urine test.

b) Blood pressure – too much salt in the diet can contribute to high blood pressure in pregnancy.

c) Mother’s weight – high calorie intake could lead to the mother gaining too much weight during pregnancy.
Stepping stone 2.10  Stages of labour: Identify the stages

<table>
<thead>
<tr>
<th>Statement</th>
<th>Which stage of labour (1, 2, or 3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Regular contractions that widen the cervix</td>
<td>1</td>
</tr>
<tr>
<td>b) Crowning of the baby’s head</td>
<td>2</td>
</tr>
<tr>
<td>c) Expulsion of the placenta</td>
<td>3</td>
</tr>
<tr>
<td>d) The woman is pushing with each strong contraction</td>
<td>2</td>
</tr>
<tr>
<td>e) The umbilical cord is clamped and cut</td>
<td>2</td>
</tr>
<tr>
<td>f) An injection of pethidine may be given</td>
<td>1</td>
</tr>
<tr>
<td>g) Begins when the cervix is fully dilated</td>
<td>2</td>
</tr>
</tbody>
</table>

2. Answer about methods of pain relief that may be used during labour could include: pethidine injection; entenox gas; epidural anaesthetic; TENS; alternative methods (e.g. aromatherapy, reflexology, hypnosis, acupuncture).

Stepping stone 2.11  Newborn babies: Wordsearch

Which stage of labour (1, 2, or 3)

a) Regular contractions that widen the cervix 1
b) Crowning of the baby’s head 2
c) Expulsion of the placenta 3
d) The woman is pushing with each strong contraction 2
e) The umbilical cord is clamped and cut 2
f) An injection of pethidine may be given 1
g) Begins when the cervix is fully dilated 2
Stepping stone 2.12 Reflex actions: Fill in the blanks

1. Completed table

<table>
<thead>
<tr>
<th>Name of the reflex</th>
<th>Reflex action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rooting</td>
<td>If the cheek is stroked, the baby will turn the head in that direction, as if searching for the mother’s nipple.</td>
</tr>
<tr>
<td>Falling (Moro)</td>
<td>Any sudden movements that affect the neck make the baby feel like it will be dropped. This makes the baby fling out the arms and open the hands.</td>
</tr>
<tr>
<td>Walking</td>
<td>If held upright with the feet touching a flat surface, the baby will make walking movements.</td>
</tr>
<tr>
<td>Startle</td>
<td>A baby will clench the hands and move the arms outwards if startled by a loud noise.</td>
</tr>
<tr>
<td>Grasp</td>
<td>A baby will grasp tightly onto an object placed in the hand.</td>
</tr>
</tbody>
</table>

2. Other checks made as part of the routine examination of newborn babies:
   - Eyes – to check for any infection or visual problems
   - Mouth – to check for a cleft palate (roof of the mouth not properly formed)
   - Heart – to check for any abnormal heart sounds (heart murmur)
   - Fingers and toes – to check for the correct number of each
   - Hips – to check for any dislocation of the hips (treatment may be necessary).

Stepping stone 2.13 Sudden infant death syndrome: Complete a table

Sample answers

<table>
<thead>
<tr>
<th>Factor</th>
<th>Advice from the FSID</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Sleeping position</td>
<td>Always place the baby to sleep on his or her back with the feet at the bottom of the cot (feet to foot position). Don’t use a pillow until the baby is at least 2 years of age.</td>
</tr>
<tr>
<td>2. Smoking</td>
<td>Both parents should not smoke during pregnancy or in the same room as the baby.</td>
</tr>
<tr>
<td>3. Baby’s room temperature</td>
<td>Room temperature should be between 16 and 20 °C. Do not let the baby become overheated; use layers of light bedding.</td>
</tr>
</tbody>
</table>

Stepping stone 2.14 Prematurity: Read a case study

1. Answers about the difficulties that Daisy may experience as a premature baby should include any three of the following: breathing difficulties (immature lungs and respiratory system); feeding difficulties (immature sucking reflex); maintaining her body temperature (immature temperature control system); vulnerable to infection (immature immune system).

2. Answers about some of the problems that Emma may have when caring for Daisy during the first week of her life should be related to Daisy’s small size as well as her prematurity and need for special care immediately after birth, and could include: feeding, handling, dressing, nappy changing, bathing, not wanting to let Daisy out of her sight (overprotection); there could also be attachment issues (because of the initial separation when Daisy was in SCBU).
Stepping stone 2.15 Postnatal care: Read a blog

1. Response regarding advice for the distressed new mum should include:
   - These feelings are a normal reaction in the postnatal period, and are linked to changes in hormone levels.
   - It is important that you seek advice and support from a midwife, health visitor or other professional.
   - Get out and about with the baby, and join a group for mums and new babies.
   - Communicate your feelings with your husband.
   - Seek advice from a GP if there is no improvement.

2. Answer about the role of the health visitor in supporting new mothers in the postnatal period should include:
   - Health visitors make home visits and see parents and babies in clinics, health centres or children’s centres.
   - They provide support with practical baby care such as bathing, feeding and sleeping routines.
   - They provide support and guidance about adjusting to being a new parent.
   - They can provide information about local groups and support organisations.
   - A health visitor can monitor the baby’s progress and weight, carry out health checks, developmental assessments and routine immunisations, usually in the baby clinic or health centre.

Challenge 2.1 Infertility and conception: Read a case study

1. Answer about some of the possible reasons for Polly and Tim’s difficulties in conceiving a child could include any of the following reasons:
   - hormone imbalance (Polly or Tim)
   - blocked fallopian tubes (Polly)
   - low sperm count (Tim)
   - damaged or abnormally shaped sperm (Tim)
   - side-effects of medication (Polly or Tim)
   - formation of scar tissue (Polly)
   - obstruction in sperm carrying tubes, testicular injury or disease, erection or ejaculation problems (Tim).

2. Answer about some of the treatment options that may be available to them could include:
   - fertility treatment with hormones (drug therapy) for either partner
   - surgery to improve or repair blocked fallopian tubes for Polly
   - *in vitro* fertilisation (IVF)
   - removing ova (eggs) from Polly and fertilising them with Tim’s sperm in controlled, laboratory conditions and re-implanting the fertilised ova into Polly’s uterus.

3. Answer about information and advice to give to Polly and Tim if they decide to go ahead with *in vitro* fertilisation (IVF) should include:
   - the complex nature of the procedure and dealing with the stress it can cause
   - the possibility of failure of the procedure
   - the possibility of two or more embryos developing resulting in a multiple birth
   - it may not always be available within the NHS and therefore, can be costly.
Challenge 2.2 Intrauterine development: Complete a chart

1. Sample answers

<table>
<thead>
<tr>
<th>Trimester of pregnancy</th>
<th>Milestones in growth and development of embryo and foetus</th>
</tr>
</thead>
</table>
| a) First trimester (up to 12 weeks) | i) Most of the major body organs are formed.  
ii) At 12 weeks, the average weight is 9–14 g (0.5 oz).  
iii) At 12 weeks, the average length is 6 cm (2.5 in). |
| b) Second trimester (13–24 weeks) | i) The foetus is considered to be viable.  
ii) The mother may feel the foetus kicking.  
iii) At 25 weeks, the average weight is 700 g (1.5 lb) and average length is 21 cm (8 in). |
| c) Third trimester (25–40 weeks) | i) This is a period of rapid growth.  
ii) The head becomes engaged.  
iii) At full term, the average weight is 3.5 kg (7 lb 7 oz) and the average length is 50 cm (20 in). |

2. Miscarriage can result because:
   - The embryo may not implant properly in the uterine wall.
   - Miscarriage can be the result of smoking, drinking alcohol or taking drugs during early pregnancy.
   - It may be the result of some abnormality in the embryo.

3. The answer about why the placenta is so vital for the survival of the foetus in the uterus should include:
   - The placenta provides the foetus with nutrients and oxygen directly from the mother’s bloodstream.
   - The placenta removes waste products from the foetus into the mother’s bloodstream.
   - The placenta acts as a barrier to protect the foetus against some harmful substances (although some substances, like nicotine, can pass through).

Challenge 2.3 Lucy’s diary: Read an extract

1. The answer about the positive factors supporting Lucy’s health in pregnancy should include:
   - Lucy has been getting fresh air and exercise.
   - She avoided eating brie cheese (a soft cheese, which can contain bacteria that would be harmful to the foetus).
   - She ate a healthy lunch, including protein and calcium, which are both important nutrients in pregnancy.
   - She is attending antenatal classes and seeing a midwife.
   - She is aware of the importance of folic acid (which helps to prevent spina bifida and other birth defects).
   - She has had a blood test for rubella, the German measles virus, which can cause damage to the developing foetus, such as deafness and blindness.
   - She is avoiding drinking alcohol, which is linked to foetal alcohol syndrome.
   - She is aware of the importance of getting plenty of sleep.
   - Lucy is also avoiding dealing with the cat litter tray, as contact with cat faeces can lead to toxoplasmosis, which can damage the developing embryo.
   - Lucy’s partner Garry is supporting her and attending her next antenatal appointment.
   - The couple are thinking about questions to ask the midwife and they are putting together their birth plan.
   - Garry has stopped smoking (passive smoking is linked to increasing the risk of cot death – SIDS).
2. The importance of routine antenatal care should include the following:
   ▶ importance for the health and wellbeing of the mother and the baby
   ▶ importance of routine checks for the mother (weight, blood, urine, blood pressure and abdominal examination)
   ▶ importance of specialised tests to check on the developing foetus (scans, amniocentesis)
   ▶ monitoring the growth and development of the foetus
   ▶ advice and support from the midwife and other health professionals involved in antenatal care
   ▶ opportunity for meeting other parents and attending parenting classes.

3. Outline of the role of the father or partner during pregnancy should include:
   ▶ practical support such as decorating the baby’s room
   ▶ emotional support such as being sympathetic and sharing concerns
   ▶ physical support such as attending antenatal clinic appointments together
   ▶ attending parenting classes together, helping with relaxation and breathing techniques
   ▶ discussing the birth plan and learning what to expect during labour and birth
   ▶ sharing in the responsibility of becoming a parent and caring for the new baby
   ▶ sharing in decision making about the parenting role (e.g. changes in employment patterns).

**Challenge 2.4 Genetic counselling: Read a case study**

1. Answer about the positive factors of Tom and Linda deciding to become parents should include:
   ▶ been married for four years
   ▶ both in full time employment
   ▶ own their own home
   ▶ both really want to have children.

2. Answer about why genetic counselling might be offered to Tom and Linda as part of their pre-conceptual care should include: Linda has a family history of cystic fibrosis (an inherited condition) and she has had two miscarriages.

3. Answer about some of the lifestyle choices that Tom and Linda may have to make when deciding to have a baby should include the following points.
   ▶ Decisions about who might give up work
   ▶ Part-time or job-share options
   ▶ Issues about taking parental leave
   ▶ The impact of a potential drop in income
   ▶ Questions they need to think about:
     ▶ Should Linda give up work because she has already had two miscarriages?
     ▶ Do they need to move house, and what impact might this have on their social life?
     ▶ Are they ready for the responsibility of having a baby?
Challenge 2.5 Pre-conceptual health and care: Complete a chart

Students’ answers should include the following points.

<table>
<thead>
<tr>
<th>Factor</th>
<th>Why it should be considered as part of pre-conceptual health</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Diet</td>
<td>Importance of a healthy, balanced diet for the woman’s pre-conceptual health; significance of nutrients like iron (for oxygen-carrying red blood cells); links between nutrition and increased chances of conception; developing healthy eating patterns for pregnancy</td>
</tr>
<tr>
<td>2. Smoking</td>
<td>Links between smoking and general health; establishes a healthy pattern ready for pregnancy; smoking increases the risk of miscarriage in early pregnancy; links between smoking, low birth weight, prematurity and cot death</td>
</tr>
<tr>
<td>3. Alcohol</td>
<td>Links between alcohol and general health; establishes a healthy pattern, ready for pregnancy; alcohol increases the risk of miscarriage in early pregnancy; risk of foetal alcohol syndrome</td>
</tr>
<tr>
<td>4. Medicines</td>
<td>The risk of some medicines affecting conception; links between medicines and foetal abnormalities</td>
</tr>
<tr>
<td>5. Immunity to rubella (German measles)</td>
<td>Immunity should be checked before deciding to become pregnant, then immunisation can be given if necessary; risks to the foetus from rubella, such as deafness and blindness</td>
</tr>
<tr>
<td>6. Folic acid</td>
<td>Research has shown that folic acid, taken pre-conceptually and during pregnancy can help to prevent conditions such as spina bifida</td>
</tr>
</tbody>
</table>

Challenge 2.6 Contraception methods: Complete a table

<table>
<thead>
<tr>
<th>Method of contraception</th>
<th>How it works</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Contraceptive implant</td>
<td>Contains the hormone progestogen, which is released into the woman’s body and prevents ovulation (It is a small, plastic tube, which is inserted under the skin of the woman’s upper arm. It can be effective for up to 5 years.)</td>
</tr>
<tr>
<td>b) Intrauterine device</td>
<td>A small plastic appliance, that is fitted into the woman’s uterus (womb) by a doctor; works by preventing implantation of a fertilised ovum (egg) in the uterus (Can stay in place for 3 to 10 years, depending on the type used. Women are taught how to check regularly that the device is in the correct place.)</td>
</tr>
<tr>
<td>c) Diaphragm</td>
<td>A dome-shaped device, made of flexible rubber, that fits over the woman’s cervix (neck of the womb), which must be specially measured and fitted by a doctor; should be used with spermicidal cream and acts as a barrier to prevent sperm from entering the woman’s uterus (womb); must be left in place for at least six hours after sexual intercourse</td>
</tr>
<tr>
<td>d) Vasectomy</td>
<td>A surgical procedure which involves cutting the vas deferens (sperm ducts) which prevents sperm making their journey from the testes. This means there are no sperm in the semen that is ejaculated</td>
</tr>
</tbody>
</table>

2. Examples of barrier methods of contraception are male or female condoms or the diaphragm. An advantage is that they help to prevent STIs such as HIV and gonorrhoea (but must be used correctly in order to be effective).
Challenge 2.7 Special tests during pregnancy: Complete a table

Sample answers

<table>
<thead>
<tr>
<th>Test</th>
<th>Reasons for carrying it out</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Amniocentesis</td>
<td>If there is a family history of certain conditions; can detect Down’s syndrome and other genetic conditions; can also detect if the foetus is male or female</td>
</tr>
<tr>
<td>2. Ultrasound scan</td>
<td>To check on the growth of the foetus; if there are concerns about the size of the foetus or uncertainty about the expected delivery date; can detect the precise size and position of the foetus; can also detect some conditions, e.g. spina bifida</td>
</tr>
<tr>
<td>3. Chorionic villus sampling</td>
<td>If there is a family history of certain conditions; can detect Down’s syndrome and other genetic conditions</td>
</tr>
</tbody>
</table>

Challenge 2.8 Preparing for the birth: Complete a table

1. Sample answers

<table>
<thead>
<tr>
<th>Birth plan</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Home birth</td>
<td>More natural experience</td>
<td>Specialised medical help is not immediately available if complications arise</td>
</tr>
<tr>
<td></td>
<td>More relaxing for the mother</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Other family members can be present</td>
<td></td>
</tr>
<tr>
<td>b) Hospital birth</td>
<td>Specialised medical help is immediately available if complications arise</td>
<td>More clinical experience</td>
</tr>
<tr>
<td></td>
<td>Labour is continuously monitored</td>
<td>Can be more stressful</td>
</tr>
<tr>
<td>c) Epidural pain relief</td>
<td>Provides complete pain relief from the first stage of labour onwards, (numbs sensation from the waist down)</td>
<td>Can cause some side-effects such as numbness in the legs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Can only be given in the early stages of labour</td>
</tr>
<tr>
<td>d) Pethidine pain relief</td>
<td>Provides pain relief from the first stage of labour on</td>
<td>Can only be given during the early stages of labour</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Can cause breathing difficulties for the baby immediately after birth</td>
</tr>
<tr>
<td>e) Father or partner present at the birth</td>
<td>Father or partner can share in the birth experience</td>
<td>Might find the experience stressful</td>
</tr>
<tr>
<td></td>
<td>Father or partner can support and encourage the woman during labour</td>
<td>Woman may not want the father or partner to be present</td>
</tr>
<tr>
<td></td>
<td>Can begin the attachment process with the baby from when he or she is born</td>
<td></td>
</tr>
</tbody>
</table>

2. Answer should include the following information.

a) Caesarian section

Performed as an emergency procedure if the baby has become distressed during a long or difficult labour (e.g. problems with the baby’s heart rate), or if there are any problems with the placenta or umbilical cord during birth.

Performed as an elected procedure (planned in advance) because of pre-eclampsia or other difficulties during pregnancy, because of other health problems with the mother, for the birth of twins or because the woman has had a previous Caesarian section birth.

b) Induction of labour

Performed if pregnancy continues beyond 42 weeks, because of pre-eclampsia or other difficulties during pregnancy, or because of other health problems the mother may have.
3. Example list of what would be included in ‘hand-held notes’:
   - details of all the mother’s antenatal visits, results of routine checks and special tests (e.g. blood tests, blood pressure, urine tests, ultrasound scans)
   - size and position of the foetus, and the heart rate (if recorded)
   - details of the couple’s birth plan, choices about pain relief in labour and where the delivery is to take place.

**Challenge 2.9 Amy’s baby: Read a case study**

1. Factors that might affect Amy’s developing attachment relationship with Gavin in these early days – answer should include:
   - labour induced and birth was a Caesarian section (not always able to hold or cuddle baby immediately after birth)
   - Gavin spent five days in SCBU (problems with spending regular time with the baby, difficulties handling or feeding, intrusion of machinery, equipment or incubator)
   - low birth weight and breathing difficulties (Amy may be afraid to handle him)
   - struggled to establish breastfeeding (Amy may feel inadequate as a mum)
   - no family living nearby (Amy may feel isolated and unsupported)
   - at home alone most of the day with Gavin.

2. An attachment relationship is important for babies and their main carers – answer should include: the importance of attachment for the baby’s emotional development, as baby is developing feelings of trust and security; important for new parents in developing closeness, confidence and competence with handling the new baby; developing relationships for the future.

3. Outline of how fathers or partners can help to support the mother and new baby during the postnatal period should include:
   - providing practical support such as shopping, cooking and cleaning
   - helping with the baby (e.g. getting up during the night, feeding, changing nappies)
   - providing emotional support for the mother (e.g. sharing concerns, listening)
   - sharing in the responsibility of becoming a new parent
   - developing a relationship with the baby (e.g. playing, cuddling, taking the baby for walks)
   - discussing concerns together with the midwife or health visitor.
### Challenge 2.10 Health professionals: Complete a table

Sample answers

<table>
<thead>
<tr>
<th>Health professional</th>
<th>Main role and responsibilities</th>
</tr>
</thead>
</table>
| 1. Midwife          | Provides support during the first 10 days after the birth  
Provides help with the health and wellbeing of the mother and babies  
Examines the mother to check that she is recovering physically  
Provides advice about the importance of diet, rest and sleep during the postnatal period  
Helps the mother develop confidence in feeding and handling the baby  
Provides support for breastfeeding  
Provides emotional support  
Examines the baby and monitors weight gain |
| 2. Health visitor   | Makes home visits and sees parents and babies in clinics, health centres or children’s centres  
Provides support with practical baby care such as bathing, feeding and sleeping routines  
Provides support and guidance on adjusting to being a new parent  
Provides information about local groups and support organisations  
Monitors the baby’s progress and weight  
Carries out health checks, developmental assessments and routine immunisations |
| 3. Family support worker | Is usually based in integrated children’s centres  
May be part of Sure Start provision  
Works with some new families to help them adjust to the demands of parenting  
Provides information about other local services, advice about support groups and meeting other new parents  
Runs groups at children’s centres (e.g., baby massage) |
3 Diet, health and care of the child

Stepping stone 3.1 Infant feeding: Solve a crossword

Completed crossword

<table>
<thead>
<tr>
<th>1</th>
<th>L</th>
<th>A</th>
<th>2</th>
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</table>

Stepping stone 3.2 Breast or bottle: Complete a chart

1. Sample answer, which could include any two of the following advantages and disadvantages

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Breastfeeding</td>
<td>Only the mother can feed the baby</td>
</tr>
<tr>
<td>Nutritionally balanced</td>
<td>Unable to see how much milk the baby has had</td>
</tr>
<tr>
<td>Provides antibodies to protect from infection</td>
<td>Sometimes difficult to breastfeed in public places (e.g. embarrassment, practicality)</td>
</tr>
<tr>
<td>No equipment to be sterilised, less risk of infection</td>
<td></td>
</tr>
<tr>
<td>Promotes attachment</td>
<td></td>
</tr>
<tr>
<td>Cheaper than bottle feeding</td>
<td></td>
</tr>
<tr>
<td>b) Bottle feeding</td>
<td>Equipment has to be sterilised properly</td>
</tr>
<tr>
<td>Other people can feed the baby (e.g. father or partner)</td>
<td>More expensive than breastfeeding</td>
</tr>
<tr>
<td>Sometimes easier to feed in public places</td>
<td>Feeds have to carefully measured and stored (greater risk of infection)</td>
</tr>
<tr>
<td>Easy to see how much milk the baby has had</td>
<td></td>
</tr>
</tbody>
</table>

2. Answer to explain why it is important to make up bottle feeds correctly should include the following points (accept other suitable suggestions):
- Babies have immature digestive systems and are vulnerable to infection.
- Instructions on packaging should be followed (different manufacturers, different methods).
- Measurements must be accurate to ensure feeds are not too concentrated (can be harmful for the baby).
- Feeding equipment should be handled carefully (to minimise risk of infection).
- The temperature of the milk should be checked before feeding (milk should not be too hot).
3. Important points about safe bottle feeding practice

<table>
<thead>
<tr>
<th>Do</th>
<th>Do not</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hold the baby closely when feeding.</td>
<td>Prop the bottle up against a pillow or leave the baby alone when bottle feeding.</td>
</tr>
<tr>
<td>Make sure the hole in the teat is not blocked or too large.</td>
<td>Feed the baby too quickly.</td>
</tr>
<tr>
<td>Throw away any milk that is left in the bottle at the end of the feed.</td>
<td>Reheat any formula milk that is left in the bottle after a feed.</td>
</tr>
<tr>
<td>Make up feeds one bottle at a time.</td>
<td>Use any milk feed that has been left at room temperature and not been used within 2 hours.</td>
</tr>
<tr>
<td>Store the made up bottle feed in the refrigerator (if it is not going to be used immediately).</td>
<td>Keep any milk in the refrigerator for longer than 24 hours.</td>
</tr>
<tr>
<td>Warm feeds if necessary using a bottle warmer or standing the bottle in hot water.</td>
<td>Use a microwave to warm bottle feeds.</td>
</tr>
</tbody>
</table>

Stepping stone 3.3 Weaning: True or false?

1. | Statement | True | False |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Babies should start weaning at 3 months of age.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>b) Sugar should never be added to weaning foods.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>c) Chewing is a reflex action.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>d) Babies can be given cows’ milk from 6 months of age.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>e) Baby rice is a good first weaning food.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>f) A wide variety of foods should be offered to babies during the process of weaning.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>g) Babies need about 600 ml of milk every day until they are 12 months old.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>h) Ready-prepared weaning foods (for example, packets, tins, jars) should never be given to babies under 12 months of age.</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

2. Answer about advice for the parents of a 6-month-old baby who has just started weaning could include (accept other suitable suggestions):

- Explain the importance of weaning being a gradual process, and don’t rush it.
- Start with very small amounts; use a plastic teaspoon which can be sterilised.
- Start with foods mixed to a sloppy consistency, similar to milk (e.g. baby rice).
- Offer solid food just once a day to start with, baby will still be having milk feeds.
- Gradually increase the amount and variety of different foods offered.
- Never add sugar or salt to weaning foods.
- Encourage more savoury foods rather than sweeter tastes.
- Allow the baby to handle the food and make a mess!
- Encourage the baby to hold a spoon themselves to encourage independence.

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Stepping stone 3.4 Nutrition in childhood: Match statements to terms

<table>
<thead>
<tr>
<th>Statement</th>
<th>Correct term</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Responsible for growth and repair of body tissue and found in foods like meat, fish, eggs and milk.</td>
<td>D. Protein</td>
</tr>
<tr>
<td>2. Found in fruit and vegetables, this helps digestion and helps to prevent constipation.</td>
<td>B. Fibre</td>
</tr>
<tr>
<td>3. Responsible for healthy red blood cells and found in red meat and green vegetables.</td>
<td>F. Iron</td>
</tr>
<tr>
<td>4. Helps the body to use calcium and is produced by natural sunlight on the skin.</td>
<td>I. Vitamin D</td>
</tr>
<tr>
<td>5. Meat that is ritually slaughtered and required by Muslim law.</td>
<td>C. Halal</td>
</tr>
<tr>
<td>6. Someone who does not eat any meat or animal products.</td>
<td>J. Vegan</td>
</tr>
<tr>
<td>7. Too many calories and not enough exercise can lead to this.</td>
<td>H. Obesity</td>
</tr>
<tr>
<td>8. Attention Deficit Hyperactivity Disorder (ADHD) in children is often associated with these.</td>
<td>A. Food additives</td>
</tr>
<tr>
<td>9. A reaction to a food or ingredients in a food product.</td>
<td>E. Food intolerance</td>
</tr>
<tr>
<td>10. This can be caused by high levels of sugar in a child’s diet.</td>
<td>G. Tooth decay</td>
</tr>
</tbody>
</table>

Stepping stone 3.5 Food preparation: Complete a chart

1. Sample answers

<table>
<thead>
<tr>
<th>Term</th>
<th>What does it mean?</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Gastroenteritis</td>
<td>An infection causing severe diarrhoea and vomiting</td>
</tr>
<tr>
<td></td>
<td>Often caused by not sterilising babies’ feeding equipment</td>
</tr>
<tr>
<td></td>
<td>Can cause dehydration, hospitalisation or even death</td>
</tr>
<tr>
<td>b) Cross-contamination</td>
<td>The spread of bacteria from raw, contaminated food to other food, e.g. by using the same knife to cut raw chicken and then prepare sandwiches without cleaning the knife in between</td>
</tr>
<tr>
<td>c) Toxins</td>
<td>Poisonous substances produced by bacteria, e.g. when bacteria grow and multiply to contaminate food and cause food poisoning</td>
</tr>
</tbody>
</table>

2. Answer to describe some of the ways to prevent food poisoning in young children could include:

- Always keep food covered.
- Keep fridge temperature between 0 and 5 °C.
- Always cook food thoroughly.
- Never reheat food more than once.
- Keep all food preparation surfaces clean.
- Always use clean utensils and dishcloths.
- Empty rubbish bins regularly.
- Keep pets out of the kitchen.
- Always check ‘use by’ dates on food items.
- Use separate utensils and chopping boards for raw meats and cooked foods.
- Always wash hands thoroughly when handling, preparing or cooking food and encourage young children to do the same.
Stepping stone 3.6 Clothing and footwear: Complete a table

Sample answers

<table>
<thead>
<tr>
<th>Item</th>
<th>Factors to consider</th>
</tr>
</thead>
</table>
| 1. Nappies | Disposable or reusable  
Cost  
Lifestyle or preference (e.g. environmental awareness) |
| 2. Nightwear | Safety: Non-flammable material, no long ties or ribbons  
Practicality: easy to access for nappy changing  
Style and comfort |
| 3. Outdoor wear | Suitable for the weather or season: warm, waterproof  
Practical: robust and hardwearing  
Style: all-in-one suits, should allow for movement and play, in safety |
| 4. Play clothes | Hardwearing, allow for movement and play in safety, be easy to wash, not too fancy or ‘special’ (so that the child can play freely, without having to worry too much about, e.g. getting the clothes dirty) |
| 5. Footwear | Babies do not need shoes; bootees, socks or ‘padders’ will keep the feet warm  
First shoes: when they start to walk outside  
Importance of measuring children’s feet  
Shoes: hardwearing, protect and support the child’s feet and have enough room for growth |

Stepping stone 3.7 Childhood Illness: Wordsearch

Please note that TEMPERATURE was misspelled as TEMPERTURE in the original grid. This will need to be explained to students. We apologise for this error.
Stepping stone 3.8 Immunisation: Fill in the gaps

1. Completed table

<table>
<thead>
<tr>
<th>Immunisation against</th>
<th>Vaccine given</th>
<th>Age offered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diphtheria, tetanus, pertussis, polio, HiB,</td>
<td>DTaP, IPV, HiB, PCV</td>
<td>2 months</td>
</tr>
<tr>
<td>Pneumococcal infection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria, tetanus, pertussis, polio, HiB,</td>
<td>DTaP, IPV, HiB, Men C</td>
<td>3 months</td>
</tr>
<tr>
<td>Menigitis C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diphtheria, tetanus, pertussis, polio, HiB,</td>
<td>DTaP, IPV, HiB, PCV, Men C</td>
<td>4 months</td>
</tr>
<tr>
<td>Pneumococcal infection, Menigitis C</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles, mumps and rubella</td>
<td>MMR</td>
<td>Around 13 months</td>
</tr>
</tbody>
</table>

2. Answer to describe some of the common reactions that children may experience, following routine immunisation should include: swelling and redness around the injection site, slight rise in temperature, being irritable.

3. Answer to explain why it is important for young children to be immunised should include:
   - Immunisation boosts children’s immune system by producing antibodies, which help to fight off infection.
   - It helps to reduce the incidence of infections such as measles, which can cause problems for children.
   - Routine immunisation helps to wipe out diseases (e.g. polio and diphtheria), which resulted in death many years ago.

Stepping stone 3.9 Sick children: Read two case studies

Case study 1

The answer about caring for Abdul should include:
- Control his temperature by sponging with lukewarm water, open a window or using a fan in his room; offer lots of drinks of water; provide cool, comfortable clothing; keep checking him by using a forehead strip, digital or ear thermometer.
- Prevent itching by applying calamine lotion to the spots; keep fingernails short; provide non-irritant clothing and bedding; provide activities to take his mind off the itching.
- Cheer him up with play and simple activities and games (jigsaws, colouring, stories, DVDs).
- In general, keep him clean and comfortable; observe for signs of improvement; be prepared to call the doctor if symptoms get worse (e.g. very high temperature above 39 °C, breathing difficulties, convulsions).

Case study 2

The answer about caring for Marianne should include:
- Control her temperature by sponging with lukewarm water; open a window or use a fan in her room; give her plenty of drinks of water; provide cool, comfortable clothing; keep checking her temperature by using a forehead strip, digital or ear thermometer; give medicine regularly and accurately; keep her comfortable; give her plenty to drink as she is not eating much; offer small amounts of light food (no fizzy drinks); stay with her and reassure her; read stories; make sure she has her favourite cuddly toy, etc.
- Observe for signs of improvement; be prepared to call the doctor if symptoms get worse (e.g. very high temperature above 39 °C, if her cough gets worse, breathing difficulties, convulsions).
Challenge 3.1 Nutrition in childhood: Analyse food intake

1. The nutrients in Rosie’s food intake are as follows.
   - Breakfast: carbohydrate (starch and sugar), protein, calcium, vitamin C
   - Snack at school: carbohydrate, protein, calcium
   - Lunch: protein, fat, calcium, carbohydrate (starch and sugar), vitamin D, vitamin B
   - Snack at childminder’s: carbohydrate, protein, fat, calcium, vitamin C, vitamin B
   - Tea: carbohydrate, fibre, protein, calcium, fat
   - Supper: carbohydrate (starch and sugar), calcium, protein

2. Answer to describe examples of healthy eating from Rosie’s diet yesterday could include any three from:
   - wholewheat pasta, fresh orange juice, unsweetened juice, milk, yoghurt, banana.

3. Answer to describe three ways that Rosie’s diet could have been improved yesterday should focus on the lack of fruit and vegetables and could include:
   - fruit or carrot sticks for snack at school
   - fruit instead of chocolate biscuit in packed lunch
   - wholewheat bread instead of white bread
   - water instead of chocolate milkshake
   - vegetables with the pasta (for tea at home).

Challenge 3.2 Infant feeding: Read a blog

1–2. Answer should include a full discussion of the following points.

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breastfeeding</td>
<td>Only the mother can feed the baby</td>
</tr>
<tr>
<td>Nutritionally balanced</td>
<td>Unable to see how much milk the baby has had</td>
</tr>
<tr>
<td>Provides antibodies to protect from infection</td>
<td>Sometimes difficult to breastfeed in public places (e.g. embarrassment, practicality)</td>
</tr>
<tr>
<td>No equipment to be sterilised, less risk of infection</td>
<td></td>
</tr>
<tr>
<td>Promotes attachment</td>
<td></td>
</tr>
<tr>
<td>Cheaper than bottle feeding</td>
<td></td>
</tr>
<tr>
<td>Helps uterus to contract into shape</td>
<td></td>
</tr>
<tr>
<td>Uses calories</td>
<td></td>
</tr>
</tbody>
</table>

| Bottle feeding | |
| Other people can feed the baby (e.g. father or partner) | Equipment has to be sterilised carefully |
| Sometimes easier to feed in public places | More expensive than breastfeeding |
| Easy to see how much milk the baby has had | Feeds have to carefully measured and stored (the risk of infection) |

3. Discuss your response with your class colleagues, remembering to be respectful of other’s opinions.

Challenge 3.3 Food refusal: Read a case study

1. Answer to identify and explain some of the reasons for Alex’s food refusal, could include:
   - At 26 months, Alex is becoming more independent and learning how to say ‘no’.
   - Food is not the most important thing for Alex; he would rather be playing.
   - His appetite will vary, depending on how active he has been during the day.
   - He might enjoy the attention that he gets from his mum when he refuses to eat at mealtimes.
   - He may also be learning that if he doesn’t eat his food at mealtimes, then he might get sweets and snacks from his mum.

2. Answer about advice to give Alex’s mum to help her deal with Alex’s food refusal could include:
   - Stop giving him sweets and snacks between meals.
   - Alex will not starve and it is more important to establish a healthy eating pattern, rather than allowing mealtimes to become a battleground.
   - Be patient and continue to offer him attractive, nutritious meals at mealtimes, perhaps giving him some degree of choice over what he wants to eat.
Challenge 3.4 Diet-related issues: Complete a table

1. Sample answers

<table>
<thead>
<tr>
<th>Influence</th>
<th>Foods to avoid</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Vegan</td>
<td>Any animal products, including eggs, milk, cheese, yoghurt, fish and meat</td>
</tr>
<tr>
<td>b) Jewish religion</td>
<td>Any type of meat from a pig (bacon, ham, pork)</td>
</tr>
<tr>
<td>c) Cow’s milk intolerance</td>
<td>Any food containing cows’ milk, including yoghurt, custard, rice pudding, ice cream</td>
</tr>
<tr>
<td>d) Attention Deficit Hyperactivity Disorder (ADHD)</td>
<td>Food additives, including artificial colouring, flavouring and preservatives, e.g. processed foods (such as hot dogs), fizzy drinks and sweets</td>
</tr>
</tbody>
</table>

2. Answer to explain some of the factors that can lead to obesity in childhood should include discussion of:
   - eating food that contains more calories than children use as energy
   - eating too much food, particularly foods that are high in fat and sugar, with examples
   - not being active or taking enough exercise
   - developing unhealthy patterns in both eating (particularly ‘junk’ food) and inactivity (e.g. sedentary activities such as playing computer games and watching television).

3. Answer to describe some of the long-term health-related problems that can develop as a result of obesity in childhood should include: diabetes, heart disease, high blood pressure (accept any other suitable suggestions).

Challenge 3.5 Dental health: Read a report

1. Answers about factors that could have influenced the decrease in dental decay in both 8- and 12-year-old children between 1983 and 2003 could include:
   - improvements in children’s diet (fewer sugary foods and drinks)
   - increase in children attending dentists for regular check-ups
   - improved overall dental hygiene habits among children (regular teeth brushing)
   - impact of dental health education in schools and in the media (encouraging children to take care of their teeth).

2. Answer about some of the reasons why 12 per cent of 5-year-old children needed to have fillings in their primary (‘milk’) teeth in 2003 could include:
   - too much sugar in the diet (sugary foods and drinks are a major contributor to dental decay in children)
   - poor dental hygiene habits (e.g. not brushing teeth regularly)
   - not visiting the dentist for regular check-ups
   - lack of encouragement from parents or carers
   - lack of understanding among parents and children about the causes of tooth decay.

Challenge 3.6 Immunisation: Read an extract

1. Answer about some of the reasons why parents may decide not to have their children immunised against infectious diseases could include:
   - lack of parental knowledge and understanding about some infectious diseases, which we now rarely see, such as polio and diphtheria
   - fear of reactions to immunisation and complications such as brain damage
   - reports in the media that have linked immunisation to conditions such as Autistic Spectrum Disorder
   - parental experience of another child having a reaction to an immunisation, which may influence their decisions.
2. Answer about what advice to give parents who are undecided about having their child immunised against infectious diseases should include:

- Seek advice from the GP, health visitor or other health professionals.
- Provide them with information about the seriousness of some infectious diseases, such as whooping cough, and the complications the disease can lead to.
- Advise parents that their children are much more at risk from infectious diseases than they are from immunisations.

**Challenge 3.7 Health and personal hygiene: Write a short story**

1. Instruct students to keep their stories short and simple, to use basic language and to provide straightforward messages about hygiene.
   - The text and language should be appropriate for 4-year-old children.
   - Provide some examples of relevant children's books for students to use for researching ideas.
   - Students could use ICT to produce their stories.

2. When sharing stories, remind students to listen to one another with respect.

**Challenge 3.8 Children in hospital: Read two case studies**

1. Answer to describe three toys or play experiences that might help Tom during his hospital stay, with reasons, should be age appropriate for a 5-year-old and should take into account Tom's interests and that he may regress in his play behaviour because of his illness and being in hospital. Toys and play provision should also take into account short play periods, which may be frequently interrupted for tests or investigations, and the fact that Tom has a shorter attention span than he might usually have. Examples could include:
   - construction toys to make models, e.g. building blocks, colouring books
   - 'hospital play' games or a medical kit, including toy syringes
   - DVDs or computer games
   - books and stories.

2. Answer to explain how Renee's mum could help to prepare her for the experience of going to the hospital and having an operation should include:
   - sharing books, stories or DVDs about going in to hospital
   - talking to Renee about what will happen and taking time to listen and answer her questions
   - encouraging Renee to play with small-world toys or role-play going to hospital, e.g. a medical kit
   - encouraging Renee to pack her own bag, reminding her to include her favourite comfort toys, e.g. soft toys and teddy bears.

**Challenge 3.9 When to consult a doctor: Write an article**

1. Students' articles should include the following points about when medical help should always be called if a child:
   - has a high temperature of 39 °C or above
   - has breathing difficulties
   - has a convulsion or fit
   - becomes unconscious
   - has very severe diarrhoea and/or vomiting
   - has a purple/red rash that does not fade under pressure (could be meningitis)
   - has swallowed anything dangerous such as medicine or bleach.

2. Encourage students to be creative when illustrating their articles.
4 Development of the child

Stepping stone 4.1 Milestones of physical development:
Draw a timeline

1. Students should think about the milestones of physical development in pairs, groups or as a class.

2. Timeline to represent the first five years of a child’s life: Check student’s timeline.

3. Check that student’s timeline identifies the major milestones of physical development, as follows:

| Head control | 3 months | Walks alone | 15–18 months |
| Uses a palmer grasp | 4–5 months | Turns the pages of a book | 2 years |
| Sits with support | 6–7 months | Pedals a tricycle | 3 years |
| Uses a pincer grasp | 9–10 months | Threads small beads | 4 years |
| Pulls up to standing | 10–12 months |

4. Answers about factors that can influence physical development at any age could include any three of the following:

▶ the effect of smoking, alcohol, drugs, medicines, rubella during pregnancy (can cause deafness, blindness and developmental delay)

▶ prematurity (development will be delayed)

▶ genetic conditions, e.g. Down’s syndrome (can cause problems with body coordination, developmental delay and heart problems)

▶ nutrition (can cause problems with growth and developmental delay)

▶ ill health or hospitalisation (can cause regression and developmental delay)

▶ encouragement and care, e.g. encouragement (or lack of) from parents

▶ environment, e.g. safety to move around (can affect a child's confidence in developing physical skills, can affect a child’s opportunities to practice physical skills and the possible increased risk of accidents).

Stepping stone 4.2 Physical abilities: True or false?

<table>
<thead>
<tr>
<th>Statement</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Newborn babies can see from the moment they are born.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>2. Hypothermia can develop if a baby’s body temperature falls below 38 °C.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>3. Disposable nappies cause less nappy rash than reusable nappies.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>4. All babies learn to crawl.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>5. Teeth start to grow in the gums while the foetus is in the uterus.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>6. A baby’s first set of teeth are called milk teeth.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>7. Newborn babies need a bath every day.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>8. Most 5-year-old children will use the toilet independently.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>9. At 3 months of age most babies will respond to a parent’s voice.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>10. There are 28 milk teeth in total.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>11. Newborn babies cannot regulate their own body temperature.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>12. Sitting a child on the potty from an early age will encourage the process of toilet training.</td>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>
Stepping stone 4.3 Intellectual development: Draw a timeline

1. Check that student’s timeline or table represents children’s intellectual development from birth to age 5.

2. a)–b) Timelines should indicate the milestones as follows.
   - iv) Recognise their parent or main carer by sight. birth–1 month
   - ii) Copy other people’s behaviour. 9–12 months
   - v) Respond to simple instructions. 15–18 months
   - i) Complete a simple jigsaw. 2 years
   - vi) Compare the size of different objects. 3 years
   - iii) Draw detailed pictures. 5 years

3. Description of two factors that can affect the intellectual development of young children at any age should focus on the following points.
   - Nature and genes:
     - the natural intellectual abilities inherited from their parents
     - some genetic conditions can affect intellectual development, e.g. Down’s syndrome
     - child’s temperament is inherent and will affect the disposition to learn.
   - Nurture and environment:
     - stimulation from the parents for learning
     - opportunities to develop their intellectual abilities through play activities and experiences
     - a secure relationship, to provide the child with the confidence to explore and experiment
     - a safe environment, to provide a feeling of security to allow the child to explore and experiment.

Stepping stone 4.4 Toys for early learning: Complete a table

Sample answers

<table>
<thead>
<tr>
<th>Toy</th>
<th>How it encourages intellectual development at age 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Simple jigsaw</td>
<td>Encourages colour and shape recognition, matching and sorting, memory, concentration, early problem-solving skills</td>
</tr>
<tr>
<td>2. Picture book</td>
<td>Encourages language development and new vocabulary, memory, concentration, sequencing, knowledge and understanding, curiosity and imagination</td>
</tr>
<tr>
<td>3. Finger paints</td>
<td>Encourages creativity and imagination, developing and representing ideas, notion of cause and effect, concentration, sensory experience</td>
</tr>
</tbody>
</table>

Stepping stone 4.5 Types of play: Unscramble the words

1. a) RTYOEPXLAOR: EXPLORATORY
   b) TMIGNAIVIAE: IMAGINATIVE
   c) CLIHYS: PHYSICAL
   d) VTCAERIE: CREATIVE
   e) NPLTVIEAAM: MANIPULATIVE

2. a)–b) Answer to describe two outdoor play experiences for 4-year-olds, should include an explanation of how each activity encourages knowledge and understanding, creativity and imagination, memory, concentration, sensory awareness, problem-solving skills, language and communication. For example:
   - gardening (discovery, curiosity, growing things, sensory experience, problem solving)
   - den building (problem solving, creativity and imagination, knowledge and understanding)
   - water play (sensory experience, problem solving, concentration, curiosity)
   - sand play (sensory experience, problem solving, concentration, curiosity).
Stepping stone 4.6 Language development: Order the statements

1. Correct order of statements:
   d) Crying, gurgling and cooing: birth–3 months
   c) Can use basic sounds in babbling like ‘baba’ and ‘dada’: 6–9 months
   b) Can follow simple instructions and use simple words such as ‘bye-bye’: 12–15 months
   e) Understands lots of words and uses two word sentences like ‘all gone’: 18–24 months
   f) Can repeat familiar rhymes and songs and asks numerous questions: 3 years
   a) Describe events accurately, tell jokes and hold a short conversation: 4–5 years

2. Answer about describing ways that parents can encourage their child’s language development during the first two years of life should include the importance of any three of the following points:
   ▶ talking to the child, repeating words that are new or difficult
   ▶ listening, encouraging and rewarding the child’s efforts to speak
   ▶ being patient by giving the child time to choose and say words
   ▶ answering questions simply and patiently
   ▶ reading stories, and singing nursery rhymes and songs
   ▶ providing a wide variety of experiences, indoors and outdoors, and pointing out and talking about familiar objects and sights
   ▶ not over-correcting children as they make mistakes when learning new words and figuring out how to put words together.

Stepping stone 4.7 Strategies for learning: Wordsearch

<table>
<thead>
<tr>
<th>EXPERIMENTING</th>
<th>EXPERIMENTING</th>
</tr>
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<tbody>
<tr>
<td>S R E X P L P N G R C B Q</td>
<td>S R E X P L P N G R C B Q</td>
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<tr>
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</table>
Stepping stone 4.8 Emotional development: 
Match statements to terms

<table>
<thead>
<tr>
<th>Statement</th>
<th>Term</th>
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</thead>
<tbody>
<tr>
<td>1. Going backwards to an earlier stage of development.</td>
<td>G. Regression</td>
</tr>
<tr>
<td>2. A strong emotional bond between a baby and their parents.</td>
<td>C. Attachment</td>
</tr>
<tr>
<td>3. Experiencing distress when parted from parents or main carers.</td>
<td>D. Separation anxiety</td>
</tr>
<tr>
<td>4. Jealousy between brothers and/or sisters.</td>
<td>B. Sibling rivalry</td>
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<tr>
<td>5. A sense of confidence and personal wellbeing.</td>
<td>F. Self-esteem</td>
</tr>
<tr>
<td>6. A fit of temper, usually an expression of frustration.</td>
<td>A. Tantrum</td>
</tr>
<tr>
<td>7. The ability to understand and be sensitive to the feelings of others.</td>
<td>E. Empathy</td>
</tr>
</tbody>
</table>

Stepping stone 4.9 Social development and behaviour: 
Read a case study

1. Answer to describe strategies that David’s mum could use to encourage his behaviour in a more positive way should focus on any two of the following points:
   ▶ Allow time the night before, for David to choose the clothes he wants to wear.
   ▶ Make sure clothing is as simple as possible, without complicated fastenings, to allow David to be as independent as possible.
   ▶ Set clear boundaries about how much dressing David will do himself and how much his mum might do, e.g., ‘You put on your shirt and I’ll fasten the buttons’.
   ▶ Provide David with lots of positive attention and praise for his efforts to dress himself, and try to ignore David’s tantrums.
   ▶ Suggest a reward if David dresses himself properly, and they are able to get to nursery on time.

2. The answer to explain the importance of using praise and encouragement to help young children develop good patterns of behaviour should include:
   ▶ the importance of praise and encouragement for developing children’s trust, confidence and self-esteem
   ▶ children’s need for positive parental attention and approval
   ▶ the principle of positive re-enforcement in developing acceptable behaviour patterns.
**Stepping stone 4.10 Praise and punishment: Solve a crossword**

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**Challenge 4.1 Heidi’s development: Read a case study**

1. Answer to describe Heidi’s gross motor skills should include:
   - riding a bike with stabilisers, (balance, body coordination and muscle strength)
   - throwing and catching a large ball (body coordination, spatial awareness)
   - dancing at ballet (muscle strength, stamina, balance, body coordination, spatial awareness)
   - learning to skip (balance, body coordination and muscle strength).

2. Answer to describe Heidi’s fine motor skills should include:
   - dressing herself including fastenings (manipulative skills, hand–eye coordination and maturing grasp)
   - pencil control to write her own name and colour in pictures staying within the lines (maturing grasp, hand–eye coordination, precise manipulation)
   - cutting out with scissors (manipulative skill, hand–eye coordination, maturing grasp).

3. Answer to explain how three different activities would encourage Heidi’s all round physical development at this stage could include:
   - outdoor play to encourage gross motor skills, e.g. balance, body coordination, muscle strength and stamina – playground equipment, climbing, obstacle course, races (e.g. running, skipping, hopping, jumping), ball games, (e.g. throwing, catching, kicking), skittles, dancing, gymnastics
   - creative activities to encourage fine motor skills like manipulation, hand–eye coordination and grasp – beading, macramé, sewing, painting and drawing, craft activities, construction, computer programmes and games, digital photography.

Other suitable activities at tutor’s discretion; answer could describe independent activities or combine several, e.g. creative activities to make costumes or props for a dancing performance.
Challenge 4.2 Growth and development: Complete a table

1. Sample answers

<table>
<thead>
<tr>
<th>Condition</th>
<th>Why it is important for physical growth and development</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Warmth</td>
<td>Helps children to maintain their body temperature, prevents hypothermia. Important for all-round body functioning.</td>
</tr>
<tr>
<td>b) Rest and sleep</td>
<td>Allows for the recuperation of energy. Important for all-round body functioning. Helps to maintain body defences/immune system.</td>
</tr>
<tr>
<td>c) Cleanliness</td>
<td>Helps to prevent infection and cross-infection. Protects the skin and promotes body defences.</td>
</tr>
<tr>
<td>d) Exercise</td>
<td>Important for all-round body functioning. Helps to prevent obesity. Helps to prevent constipation. Important for developing muscle strength, stamina, balance and body coordination.</td>
</tr>
</tbody>
</table>

2. Sample answers to explain the important points about meeting the specific needs of the children; in each case the answer could include any three points.

a) The importance of warmth for Taylor, aged 3 weeks:
   ▶ Very young babies cannot regulate their own body temperature.
   ▶ It is important to be warm, but not overheated (danger of cot death).
   ▶ There is a danger of becoming too cold (hypothermia).
   ▶ The baby’s environment/home/bedroom needs to be warm but not too hot (16–20 °C).
   ▶ Use layers of light bedding, rather than heavy blankets.
   ▶ Hats are important, as babies lose 80% of their body heat through the head.
   ▶ Layers of clothing are better for maintaining warmth.

b) The importance of rest and sleep for Kadisha, aged 18:
   ▶ At this age, children are becoming more mobile and active, so it is important for them to have naps during the day.
   ▶ They should have a regular bedtime (not too late, as they need plenty of sleep).
   ▶ They need a bedtime routine and bedtime story (to promote security and develop good sleeping patterns).
   ▶ It is important to remember the significance of a favourite toy, night light or leaving the bedroom door open for reassurance.

c) The importance of cleanliness for Robert, aged 3 years:
   ▶ He needs to develop good hygiene habits for the future, e.g. hand washing.
   ▶ He should be taught the importance of being clean and begin to learn about ‘germs’.
   ▶ He is starting to be more independent, so should be allowed (and encouraged) to do things for himself, e.g. brushing his own teeth.
   ▶ He needs to understand the importance of regular hygiene patterns, e.g. a daily bath or shower and the importance of personal hygiene routine.

d) The importance of exercise for Monica, aged 5 years:
   ▶ She should be aware of the need to develop regular exercise habits for the future.
   ▶ Exercise will help to maintain a healthy body weight to prevent obesity.
   ▶ Exercise will help to prevent constipation.
   ▶ Exercise is important for healthy growth, development and all-round body functioning and a healthy appetite.
   ▶ Monica should be encouraged to develop enjoyment of physical activity, with variety, e.g. swimming, dancing, gymnastics.
Challenge 4.3  Toilet training: Read a case study

1. Answer about advice to give to Mohammed’s mother to help her with Mohammed’s toilet training should include:
   - Don’t rush the process. Mohammed needs to be ready and interested in order for potty training to be successful.
   - Be very positive and give lots of praise and encouragement at Mohammed’s efforts to use the potty.
   - Expect setbacks and don’t punish Mohammed for ‘accidents’.
   - Keep the potty in the same place, where Mohammed can see it, and encourage him to use it regularly.
   - Provide a toilet step so that Mohammed can use the real toilet. (boys sometimes prefer this).
   - Dress Mohammed in clothes that are quick and easy to remove (e.g. simple, elasticated waistbands are better than complicated fastenings).

2. Answer to provide factors that can influence the process of toilet training in young children, positively and negatively, should include the following points.
   - Positive: praise and encouragement, patience and a relaxed attitude, establishing a routine, waiting until the child is ready and interested.
   - Negative: punishing the child, starting too soon (before the child is ready), not having a routine.
Challenge 4.4 Physical care and development: Write a summary

Answer should summarise the major milestones of physical development from birth to 5 years, including gross motor and fine motor skills and body functioning.

<table>
<thead>
<tr>
<th>Age</th>
<th>Gross motor skills</th>
<th>Fine motor skills</th>
<th>Body functioning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>Walking reflex</td>
<td>Grasp reflex</td>
<td>Startled by loud noises</td>
</tr>
<tr>
<td></td>
<td>No head control</td>
<td>Fists clenched</td>
<td>Focuses at short distances</td>
</tr>
<tr>
<td>3 months</td>
<td>Some head control</td>
<td>Plays with hands</td>
<td>Responds to sounds</td>
</tr>
<tr>
<td></td>
<td>Kicks legs strongly</td>
<td>Holds an object for a short time</td>
<td>Follows objects with eyes</td>
</tr>
<tr>
<td>6 months</td>
<td>Sits with some support</td>
<td>Grasps objects using the palmar grasp</td>
<td>Eyes focus together (no squint)</td>
</tr>
<tr>
<td></td>
<td>Rolls over</td>
<td>Puts objects in mouth</td>
<td>Turns towards sounds</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Teething may start</td>
</tr>
<tr>
<td>9 months</td>
<td>Pulls up to standing</td>
<td>Uses pincer grasp for small objects</td>
<td>More distant vision and acute hearing</td>
</tr>
<tr>
<td></td>
<td>Sits without support</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>May start to crawl</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 year</td>
<td>More mobile</td>
<td>Points with index finger</td>
<td>Recognises familiar people, sounds and voices</td>
</tr>
<tr>
<td></td>
<td>May walk with help</td>
<td>Claps hands together</td>
<td></td>
</tr>
<tr>
<td>18 months</td>
<td>Walks alone</td>
<td>Feeds self with a spoon</td>
<td>May indicate toilet needs</td>
</tr>
<tr>
<td></td>
<td>Walks upstairs, using two feet on each step</td>
<td>Builds a tower of three blocks</td>
<td>Listens more intently</td>
</tr>
<tr>
<td>2–3 years</td>
<td>Throws and kicks a ball</td>
<td>Turns pages of a book</td>
<td>May be dry during day</td>
</tr>
<tr>
<td></td>
<td>Runs</td>
<td>Holds pencil using a tripod grasp</td>
<td>Milk teeth usually complete</td>
</tr>
<tr>
<td></td>
<td>Walks up stairs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 years</td>
<td>Pedals a tricycle</td>
<td>Threads small beads</td>
<td>Follows the story in a book with eyes</td>
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<tr>
<td></td>
<td>Runs on tiptoe</td>
<td>Builds a tower of 10 blocks</td>
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</tr>
<tr>
<td>5 years</td>
<td>Hops and skips</td>
<td>Uses a knife and fork</td>
<td>Usually dry during the night</td>
</tr>
<tr>
<td></td>
<td>Dances with rhythm</td>
<td>Fastens and unfastens buttons</td>
<td>Vision and hearing tested at school entry</td>
</tr>
</tbody>
</table>

Stimulation should include information about the role of the adult in providing encouragement, toys and activities to promote physical development, both indoors and outdoors, with some appropriate examples at different ages.
Safety should include the provision of a safe environment, (indoors and outdoors), safety of toys and equipment, preventing accidents and injuries, road safety and safeguarding children’s personal safety, as follows.

- Newborn and younger babies are unable to sit up or control their movement, so they can easily roll off a bed, sofa or raised surface (such as a changing table). Babies should never be left alone or be out of reach in these circumstances.

- As it grows and develops, a baby will begin to sit up and grasp objects and may put them in its mouth. Babies and young children should be carefully supervised to prevent them from choking on objects placed in their mouths.

- Toddlers like to crawl and climb, and may begin trying to walk from about 9 months. As they don’t have good balance at first, toddlers may fall off furniture or down stairs, grab cables or flexes, or pull objects from surfaces around the house. All of these situations can lead to accidental injuries. Parents need to be aware of potential dangers and often reorganise the home to remove potential dangers.

- Children of 3 are likely to have fairly good balance and will be very mobile. However, they are still unlikely to have a sense of danger. They may underestimate the risk of having a fall if they climb up or come down stairs too quickly, or they may be attracted by open windows or climb onto walls or other surfaces if left unsupervised.

- A 4-year-old child is much more independent and physically capable than a baby or toddler. The child may be learning to ride a bike, might be able to swing on a rope or use the equipment at a local playground in an independent way, for example. However, a pre-school child will still not have a strong sense of danger and will need supervision and reminding to play safely.

- In general, babies, toddlers and young children are at risk of having an accident because they:
  - have less awareness of, and often don’t understand, the dangers and hazards in everyday life
  - do not understand the possible consequences of their actions
  - are very curious and sometimes get themselves into dangerous situations
  - become too excited or emotionally upset and lose focus on sources of danger
  - are left unsupervised in a hazardous situation
  - become physically tired and stop concentrating – late afternoon and early evening are danger periods for accidents
  - become too boisterous or start showing off to others, forgetting about possible dangers
  - are upset by major events or changes (e.g. illness, death, divorce, moving house) in their family and everyday environment.

**Challenge 4.5 Molly’s early days: Read a case study**

1. Answer to describe how Molly has developed intellectually from birth until 18 months of age should include both cognitive and language skills, for example:
   - responding to light and sound soon after birth
   - recognising her mum and smiling at her by 6 weeks of age
   - crying to communicate her needs (e.g. to be fed or have her nappy changed)
   - vocalising ‘dada’ at 9 months of age
   - recognising and responding to simple words by 1 year
   - saying her first words at 18 months of age
   - learning simple problem solving through playing with toys, e.g. stacking, sorting shapes and putting things into and taking them out of containers.
2. Answer to explain how Molly’s intellectual development is likely to progress over the next year should include major milestones of intellectual development from 18 months to 30 months, for example:

- develops a basic understanding of the consequences of her actions (e.g. understanding that she can do things like opening containers, turning handles)
- becomes very inquisitive about the environment
- explores and experiments with different materials
- learns new vocabulary and begins to put more words together in simple sentences (e.g. ‘all gone’; ‘good girl’, ‘me do it now’).

3. Answer to describe two toys or play experiences that would encourage Molly’s intellectual development over the next few months should be appropriate for 18 months to 2 years and should include toys or play experiences to encourage curiosity, creativity and imagination, sensory experience, problem solving, memory, concentration and language, for example:

- picture books
- simple building or construction toys
- painting with fingers or thick brushes
- sand or water play with equipment such as buckets, funnels and tubing
- simple jigsaws or inset puzzles.

**Note:** Ideally, mention should be made of both indoor and outdoor opportunities.

**Challenge 4.6 Early learning experiences: Provide examples**

1. Answer to describe examples of how babies use their movement skills to explore the world around them should relate to babies in the first year of life and could include any two of the following points:

- crawling across the floor to reach a toy
- reaching out to grasp a toy to hold and investigate
- grasping a toy and putting it into their mouth to explore it
- rolling over and over to get to another part of the room
- pulling up to a standing position to see the environment from a different perspective
- walking, using the furniture, to investigate objects or to get somewhere else
- pulling or pushing a toy to make something happen (e.g. pop-up toys)
- kicking at toys while lying on a floor mat and watching what happens
- crawling upstairs to see what’s up there.

2. Answer to explain how parents and carers can encourage babies to explore safely, in order to stimulate their learning should include the importance of:

- a safe environment indoors and outdoors, e.g. safety gates, fireguards, socket covers, covered ponds or swimming pools, locked gates
- safe toys, e.g. no small parts, no sharp edges or loose bits, BSI Kitemark approval
- by using toys such as activity centres, balls, pop-up toys and safe household objects (e.g. pots, pans, spoons, plastic ware), board book games
- safe equipment, e.g. baby walkers, car seats, BSI Kitemark approval
- safe, practical clothing that allows for freedom of movement, and the importance of suncream for babies when outdoors in warm weather
- by providing opportunities for babies to spend time on the floor, to be outdoors and by visiting different places for a wide range of types of intellectual stimulation.
3. Answer to identify three different stories or rhymes that use repetition in the wording could include, for example: The Ginger Bread Man, The Three Little Pigs, The Three Billy Goats Gruff, Row, Row, Row Your Boat, The Wheels on the Bus, Three Blind Mice, Five Little Monkeys. (Accept other suitable suggestions.)

4. a) Answer should include:
   - Repetition helps children to develop their knowledge and understanding, builds their memory and recall skills and helps concentration.
   - Familiarity aids children’s enjoyment and encourages learning

   b) Examples of activities or games could include: Pat-a-Cake, Round and round the garden, Peep-o!, books and stories, pop-up toys or Jack-in-the-Box, musical toys. (Accept other suitable suggestions.)

Challenge 4.7 Books for babies: Promote National Book Week

For questions 1–3:

When creating their advertising campaign, encourage students to think about different types of books for babies, e.g. hard cardboard books, plastic waterproof books for use in the bath, pop-up books, lift-the-flap books, tactile books, musical books.

Answer should also include the importance of picture books for babies and the importance of parents making ‘special’ time to share books with babies. Encourage students to use catalogues and online resources such as www.bookstart.org.uk.

When sharing ideas, encourage students to be respectful of one another’s opinions.

Challenge 4.8 Numeracy skills: Read a case study

1. Answer to describe the numeracy skills that Chris is developing in this play scenario could include:
   - developing an understanding of size (e.g. shoes were ‘too big’ or ‘too small’; the bag was ‘too small’)
   - understanding the concept of measuring and units of measure (‘size 9’)
   - counting skills and ordering numbers into sets (‘4 sets of shoes’)
   - the concept of numbers representing cost (the shoes cost ‘3 pounds’)
   - using a calculator.

2. Examples of two other play activities that could help to develop Chris’ numeracy skills should be relevant for the numeracy skills of a 4-year-old and could include:
   - water play, to learn the concepts of weight and size, e.g. floating and sinking different objects
   - sorting toys or objects into similar sets, e.g. counting, classifying, ordering
   - measuring, e.g. children’s heights, hands and feet (to learn concepts of size, comparing, estimating)
   - weighing different objects on scales, to learn, e.g. about size, weight, comparison, estimating
   - baking, which includes learning about, e.g. weighing and measuring, counting, volume, capacity, predicting,
**Challenge 4.9 Early emotional development: Complete a table**

1. Sample answers

<table>
<thead>
<tr>
<th>Routine care</th>
<th>How it can promote attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Bathing</td>
<td>Skin-to-skin contact (e.g. washing, soaping, drying, cuddling in a towel), eye contact, soothing verbal communication, playful interaction, soothing, sensory experience, spending time together and providing comfort</td>
</tr>
<tr>
<td>b) Bottle feeding</td>
<td>Close physical contact, nurturing handling, soothing verbal communication, eye contact, providing nourishment to meet the baby’s needs, spending time together and providing comfort</td>
</tr>
<tr>
<td>c) Nappy changing</td>
<td>Skin-to-skin contact, eye contact, providing physical care to meet the baby’s needs, soothing verbal communication, playful interaction, spending time together and providing comfort</td>
</tr>
</tbody>
</table>

2. Answer to describe some of the factors that can influence the quality of the attachment relationship between parents and their baby could include:
   - how sensitively the parent understands and responds to the baby’s needs
   - the personality of the parent or carer
   - the consistency of the care that the baby receives
   - the baby’s own temperament
   - if the baby was planned or not
   - if the baby was premature and needed a lot of special care, or needed to be in SCBU for a period of time (when it would be difficult for the mother to bond with the baby)
   - the parents’ understanding of the importance of attachment and spending ‘special time’ with their baby, cuddling and being playful.

**Challenge 4.10 Evie’s story: Read a case study**

1. Answer to identify possible reasons why Evie is behaving this way at nursery should include an understanding of separation anxiety and could include:
   - Going to nursery is a new experience which will make Evie feel insecure; she may be experiencing separation anxiety; she may never have been separated from her mum before; at 3 years old, children do not understand the concept of time and Evie will not understand that her mummy will be coming back, so she may feel abandoned and scared.

2. Answer about imagining being Evie’s nursery worker (key person), and describing ways to help Evie to settle down at the nursery should include three ways that focus on the importance of:
   - comfort and reassurance
   - acknowledging that Evie is sad and distressed
   - providing familiar, comforting activities for Evie to play with, e.g. reading a story with her, playing in the sand or water, painting a picture for her mum
   - reassuring Evie about the routine of the day and what will happen before her mum comes to collect her.

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Challenge 4.11 Sibling rivalry: Read a blog

1–2. The answer should show an understanding of sibling rivalry and could include the following points:

- the importance of spending 'special' time with Myles on his own (because he is feeling left out now that the new baby is here and he still needs to feel important)
- encouraging him to help with the new baby (small jobs that he can do, that will make him feel important)
- the importance of play activities that will help Myles to come to terms with the new experience and help him to understand what is happening, e.g. books about having a new baby in the family, small-world play with baby animals, puppets, painting pictures of families and babies.

3. Remind students to respect one another’s points of view during the discussion.

Challenge 4.12 Social development: Analyse opportunities

1. Answer about analysing Rashid’s day and listing the opportunities he had for developing his social skills could include:

- walking to school with his mum (opportunity for communication and interaction)
- socialising with others at school and special friend Hanif (interacting, co-operating, sharing, communicating, turn taking)
- lunch in the dining room at school (sharing, taking turns, social behaviour, table manners)
- socialising with others at the childminders (interacting, co-operating, sharing, communicating, turn taking)
- going to the mosque with his father (learning about his religion and culture, interacting with his father and other boys, communicating with others and in prayer).

2. Answer to describe two examples that highlight how Rashid is developing relationships with others could include: sharing snack time with his friend Hanif, playing a computer game with another child at the childminders, playing ‘the chasing game’ with other children at school.

3. Answer to describe examples of how play is helping Rashid’s social development could include any two of the following points:

- chasing game (social interaction, co-operation, communication)
- computer game (turn taking, social interaction, communication)
- board game (turn taking, sharing, social interaction, communication)
- group singing (social interaction, co-operation, enjoyment).
5  Support for the parent and child

Stepping stone 5.1  Childcare services: Wordsearch

Stepping stone 5.2  Early Years Foundation Stage: Identify the issues

1. Answer to identify and explain points in favour of the EYFS could include any two of the following points:
   - establishes clear, national standards for learning and development during the early years
   - ensures that all children have equal opportunities to develop their knowledge and learning skills before they start school
   - provides a way to monitor the performance of early years providers
   - improves opportunities and raises standards for pre-school children.

2. Answer to identify and explain criticisms of the EYFS could include any two of the following points:
   - pushes children into learning literacy and numeracy too early
   - prevents children from enjoying and experimenting with learning through play
   - imposes stressful demands on very young children
   - causes some children to have ongoing reading problems because they have an early experience of failure.

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Stepping stone 5.3 Childcare provision: Create a timetable

1. Encourage students to use ICT to create a daily timetable for the Jones family, showing the various activities of each family member.

2. Answer to explain the type of childcare provision that might work best for this family, with reasons, could focus on the following:
   - They could hire a daily or live-in nanny/au pair, who would provide care for all three children in the family’s own home. This would probably be the easiest solution, considering the various commitments of both the parents and the children.
   - A childminder is a possible alternative, if either Sheila or Robert are able to drop the children off on their way to work. The childminder would need to take Jemma to school, Liam to nursery and fetch each of them afterwards. Robert would have to pick up the children after finishing work at 4.30 pm.
   - Alternatively, Jemma could go to an after-school club (usually open until 6 pm).

Stepping stone 5.4 Early learning: Solve a crossword

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Stepping stone 5.5 Family support: Match statements to terms

<table>
<thead>
<tr>
<th>Statement</th>
<th>Term</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Government organisations responsible for the local provision of early years, social care and education services.</td>
<td>D. Local authorities</td>
</tr>
<tr>
<td>2. Services provided by law.</td>
<td>F. Statutory services</td>
</tr>
<tr>
<td>3. Large and small organisations that are independent of the government and provide services on a not-for-profit basis.</td>
<td>B. Voluntary sector</td>
</tr>
<tr>
<td>4. Services that offer ‘joined-up’ health, social care and education provision for vulnerable children and their families.</td>
<td>G. Integrated children’s services</td>
</tr>
<tr>
<td>5. An allowance paid by the government to all parents for each child until the child leaves education or is 18 years of age.</td>
<td>C. Child benefit</td>
</tr>
<tr>
<td>6. An allowance paid by the government to cover the cost of caring for a disabled child or adult who has care needs or mobility problems.</td>
<td>A. Disability living allowance</td>
</tr>
<tr>
<td>7. A payment made by the government to pregnant women who have worked for the same employer for at least 6 months.</td>
<td>E. Statutory maternity pay</td>
</tr>
<tr>
<td>8. A government initiative designed to give disadvantaged children the best start in life</td>
<td>H. Sure Start</td>
</tr>
</tbody>
</table>

Stepping stone 5.6 Children with special needs: Complete a table

1. Completed table

<table>
<thead>
<tr>
<th>Condition</th>
<th>Cause (genetic, during pregnancy or at birth)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Haemophilia</td>
<td>Genetic</td>
</tr>
<tr>
<td>b) Cerebral palsy</td>
<td>At birth</td>
</tr>
<tr>
<td>c) Foetal alcohol syndrome</td>
<td>During pregnancy</td>
</tr>
<tr>
<td>d) Muscular dystrophy</td>
<td>Genetic</td>
</tr>
<tr>
<td>e) Down’s syndrome</td>
<td>Genetic</td>
</tr>
</tbody>
</table>

2. Answer to identify and explain the risks associated with smoking in pregnancy, for both the mother and the unborn baby, could include the following information.

For the baby: low birth weight, increased risk of needing special care, increased risk of miscarriage or premature birth, increased risk of cot death, attachment problems.

For the mother: increased risk of heart disease or lung cancer, increased risk of miscarriage or premature birth (then being separated from the baby who might be on SCBU), attachment problems.

3. Answer to describe two other factors during pregnancy that can affect the developing foetus and may result in a disability could include:

- rubella (German measles) virus (can cause blindness, deafness or heart defects)
- medicines, drugs, toxoplasmosis and some foods (can cause development problems)
- genetic factors (can cause conditions like Down’s syndrome or haemophilia).
**Stepping stone 5.7 Special needs: True or false?**

<table>
<thead>
<tr>
<th>Statement</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Disability living allowance is paid for the care of children with mobility problems.</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>b) Girls are much more likely to have autism than boys.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>c) Ritalin is frequently prescribed for children with ADHD.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>d) MENCAP is a statutory organisation that provides services for children with special needs.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>e) Children with Down’s syndrome often have heart defects.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>f) Respite care for families of children with special needs is provided by voluntary organisations.</td>
<td>✓</td>
<td></td>
</tr>
<tr>
<td>g) Children with special needs have to be educated at special schools.</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

2. Answer to describe different functions of voluntary organisations in providing support for the families of children with special needs could include any three of the following:

- giving specialist information (e.g. about different conditions)
- offering practical help and support for families (e.g. transport or holidays)
- assessing needs and making referrals to statutory services
- providing support groups and day care centres
- providing respite care.

**Stepping stone 5.8 Charlotte’s story: Read a case study**

Answers about how the provision of respite care could be beneficial could include the following information.

1. Charlotte’s parents: gives them a break; allows them some time to spend with each other and with Veronica on her own; gives them time to have a holiday or socialise with friends.
2. Charlotte’s sister, Veronica: gives her some time to spend with her parents on her own; she can do special things with both her mum and/or dad; she might be able to have friends come and play or stay over.
3. Charlotte: gives Charlotte a different experience, with other people and a change of surroundings; may have specialist equipment or facilities for Charlotte to enjoy (e.g. a hydrotherapy pool, a sensory room or specialised play equipment).

**Challenge 5.1 Childcare provision: Create a graph**

1. Check students’ graphs.

2. Answer to discuss possible reasons why there is such a difference between the number of childminders in the south east of England compared to the number in inner London could include:

- wider variety of childcare provision in inner London, including nurseries and day care facilities, therefore parents have more choice
- geographical reasons; more rural locations tend to have less nursery and day care provision
- more use of informal childcare in London, particularly among ethnic minority populations
- may be fewer registered childminders in inner London.

3. Answer to describe some of the reasons why parents might choose to use a childminder to care for their child or children could include:

- Childminders generally have more flexible hours, so convenience could be a reason.
- Some parents prefer a more homely environment for their children, particularly for very young children.
- Childminders are often less expensive than day nurseries.
- Children can socialise with other children in a smaller, more supportive group and in a family environment, which some parents may prefer.

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47
Challenge 5.2 Types of childcare provision: Complete a table

1. Sample answers

<table>
<thead>
<tr>
<th>Types of provision</th>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Private day nursery</td>
<td>For the child: quality care from trained, experienced staff; a variety of activities and other children to play with; registered and monitored by Ofsted. For the parent: adaptable daytime hours and usually open all year round.</td>
<td>For the child: less individualised care; more exposed to illness from other children. For the parent: no evening or weekend care; can be expensive.</td>
</tr>
<tr>
<td>b) Voluntary playgroup</td>
<td>For the child: quality care from trained, experienced staff; a variety of activities and other children to play with; registered and monitored by Ofsted. For the parent: regular sessions every week.</td>
<td>For the child: less individualised care; more exposed to illness from other children. For the parent: available only in term time.</td>
</tr>
<tr>
<td>c) Sure Start children’s centre (statutory)</td>
<td>For the child: quality care from trained, experienced staff; a variety of activities and other children to play with; registered and monitored by Ofsted. For the parent: adaptable daytime hours and usually open all year round.</td>
<td>For the child: less individualised care; more exposed to illness from other children. For the parent: no evening or weekend care.</td>
</tr>
<tr>
<td>d) Informal care by grandparents</td>
<td>For the child: familiarity of care with relatives; child can continue with normal routine. For the parent: dependable, reliable and very flexible hours; may be no cost.</td>
<td>For the child: may be too physically demanding for older grandparents. For the parent: may have different ideas about childcare; may spoil the child; can cause family problems.</td>
</tr>
</tbody>
</table>

2. a) Three forms of out-of-school provision: breakfast clubs, after-school groups and holiday play.
   
b) Answer about who runs them: qualified play workers.

Challenge 5.3 Statutory services: Read a case study

1. Answer to identify and explain the statutory services that are providing support for Julia and her children should include the following services:
   ▶ Education services – primary school for Emily, nursery school for Jo.
   ▶ Health services – health visitor, baby clinic, GP, health centre.
   ▶ Integrated children’s services – Sure Start children’s centre, family support worker, lone parents group.

2. Answer to describe some of the financial support that may be provided for Julia and her children could include: child tax credit, child benefit, child support maintenance, income support, housing benefit, council tax benefit.
Challenge 5.4 Multi-agency working: Read a newspaper article

1. Answer to identify and explain the changes that have been made since 2002 to improve the way that health, social care and education professionals communicate with one another and provide services for vulnerable children and their families, should focus on the introduction of multi-agency and integrated working in children’s services, and could discuss the following points.

The Children Act (2004); Every Child Matters (2003); introduction of Sure Start and integrated children’s services which:
- provide a first point of contact for families
- receive and make referrals for children
- identify and monitor vulnerable children
- provide information and advice for families.

In the answer, students may also discuss the death of Victoria Climbie in 2000, which prompted the development of integrated children’s services and multi-agency working.

2. Answer to describe the benefits of professionals working in partnership (multi-agency working) in relation to children who are at risk from injury or neglect should include:
- the importance of good communication and sharing information about children and families
- professionals working together and centralising information about children who are at risk
- the concept of joined-up service provision through health, education and social care services for children and families.

Challenge 5.5 Voluntary services: Write an article

1. Students’ articles should include the following information.
- Voluntary sector services provide forms of support, early education and childcare that are not available elsewhere.
- They offer play opportunities, support, information and practical childcare assistance for parents.
- They are often run by parents, who can often respond flexibly and quickly to the needs of children and families.
- They work independently or with local authorities to provide local services.
- They have trained, employed and volunteer staff, who provide direct assistance, confidential support, and practical help.
- Examples could include NSPCC, Barnardos, The Children’s Society, The Family Welfare Association, Citizen’s Advice Bureau, Gingerbread.

Encourage students to be creative in suggesting ways that people can get involved in voluntary organisations (some may use their own experience of voluntary work).

2. Encourage students to use their creativity to illustrate their articles.
Challenge 5.6 Jack’s story: Read a case study

1. Answer to analyse some of the advantages for Jack in attending a mainstream primary school could include:
   - A mainstream primary school is more likely to be in the local area, so Jack will be attending with other children from his neighbourhood, rather than a special school, which might be out of the area.
   - Attending a mainstream school provides Jack with an equal opportunity to access education and other services, along with other children his age. This could have a positive effect on Jack’s self-esteem and confidence.
   - Jack may have a special needs support worker in primary school who would help Jack to integrate and be included in the curriculum and activities.

2. Answer to identify and explain some of the difficulties that Jack might face in attending a mainstream primary school could include:
   - Jack may become frustrated if he is not able to do the things he sees other children doing and this may affect his self-esteem and confidence.
   - Jack may not have access to a special needs support worker or other specialised services, e.g. speech therapy.
   - Staff in the mainstream school may not be experienced in caring for children with Down’s syndrome, so Jack’s individual needs may not be fully met.

Challenge 5.7 Educating special needs children: Create a bar graph

1-2. Check students’ bar graphs.

3. Answer to evaluate some of the possible reasons for the decrease in the number of children with special needs in mainstream schools could include:
   - a general decrease in the number of children with special needs in England
   - an increase in the number of children with special needs being integrated into mainstream schools, rather than attending special schools (e.g. because of parental choice, the impact of integrated assessment of children, improved facilities in schools)
   - closure of some special schools across England, resulting in more children with special needs attending mainstream schools.

4. Answer to discuss some of the advantages of attending a special school could include the following points.
   a) For special needs children:
      - access to staff with specialised training and experience, who will be better able to meet the children’s needs (e.g. speech therapy, physiotherapy)
      - access to more specialised equipment and facilities (e.g. hydrotherapy pool, sensory rooms)
      - mixing with other children who have special needs, shared difficulties and frustrations
      - specialised assessment and monitoring of children’s progress, which leads to individualised care plans and education programmes.
   b) For parents:
      - sharing experiences with other parents of children with special needs
      - confidence in the individual, specialised level of care
      - may have access to respite care, which is often provided for parents through special schools
      - can be more involved in decisions about their child’s care and education.