

Health and Social Care

Advanced GCE A2 H503/H703

Advanced Subsidiary GCE AS H103/H303

Mark Schemes for the Units

June 2007

H103/H303/MS/R/07

OCR (Oxford, Cambridge and RSA Examinations) is a unitary awarding body, established by the University of Cambridge Local Examinations Syndicate and the RSA Examinations Board in January 1998. OCR provides a full range of GCSE, A level, GNVQ, Key Skills and other qualifications for schools and colleges in the United Kingdom, including those previously provided by MEG and OCEAC. It is also responsible for developing new syllabuses to meet national requirements and the needs of students and teachers.

This mark scheme is published as an aid to teachers and students, to indicate the requirements of the examination. It shows the basis on which marks were awarded by Examiners. It does not indicate the details of the discussions which took place at an Examiners' meeting before marking commenced.

All Examiners are instructed that alternative correct answers and unexpected approaches in candidates' scripts must be given marks that fairly reflect the relevant knowledge and skills demonstrated.

Mark schemes should be read in conjunction with the published question papers and the Report on the Examination.

OCR will not enter into any discussion or correspondence in connection with this mark scheme.

© OCR 2007

Any enquiries about publications should be addressed to:

OCR Publications
PO Box 5050
Annesley
NOTTINGHAM
NG15 0DL

Telephone: 0870 870 6622
Facsimile: 0870 870 6621
E-mail: publications@ocr.org.uk

CONTENTS

Advanced GCE Health and Social Care (Double Award) (H703)

Advanced GCE Health and Social Care (H503)

Advanced Subsidiary GCE Health and Social Care (Double Award) (H303)

Advanced Subsidiary GCE Health and Social Care (H103)

MARK SCHEMES FOR THE UNITS

Unit	Content	Page
F910	Promoting quality care	1
F913	Health and safety in care settings	17
F918	Caring for older people	33
F920	Understanding human behaviour	51
F921	Anatomy & physiology in practice	67
F924	Social trends	87
*	Grade Thresholds	96

**Mark Scheme F910
June 2007**

INSTRUCTIONS ON MARKING SCRIPTS

All page references relate to the Instructions to Examiner booklet (revised June 2006)

For many question papers there will also be subject or paper specific instructions which supplement these general instructions. The paper specific instructions follow these generic ones.

1 Before the Standardisation Meeting

Before the Standardisation Meeting you must mark a selection of at least 10 scripts. The selection should be drawn from several Centres. The preliminary marking should be carried out **in pencil** in strict accordance with the mark scheme. In order to help identify any marking issues which might subsequently be encountered in carrying out your duties, **the marked scripts must be brought to the meeting.** (*Section 5c, page 6*)

2 After the Standardisation Meeting

- a) Scripts must be marked in **red**, including those initially marked in pencil for the Standardisation Meeting.
- b) All scripts must be marked in accordance with the version of the mark scheme agreed at the Standardisation Meeting.
- c) **Annotation of scripts**

The purpose of annotation is to enable examiners to indicate clearly where a mark is earned or why it has not been awarded. Annotation can, therefore, help examiners, checkers, and those remarking scripts to understand how the script has been marked.

Annotation consists of:

- the use of ticks and crosses against responses to show where marks have been earned or not earned;
- the use of specific words or phrases as agreed at standardisation and as contained in the final mark scheme either to confirm why a mark has been earned or indicate why a mark has not been earned (eg indicate an omission);
- the use of standard abbreviations eg for follow through, special case etc.

Scripts may be returned to Centres. Therefore, any comments should be kept to a minimum and should always be specifically related to the award of a mark or marks and be taken (if appropriate) from statements in the mark scheme. General comments on a candidate's work must be avoided.

Where annotations are put onto the candidates' script evidence, it should normally be recorded in the body of the answer or in the margin immediately adjacent to the point where the decision is made to award or not award the mark.

d) **Recording of marking: the scripts**

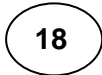


- i) Marked scripts must give a clear indication of how marks have been awarded, as instructed in the mark scheme.
- ii) All numerical marks for responses to part questions should be recorded unringed in the right-hand margin. The total for each question (or, in specified cases, for each page) should be shown as a single ringed mark in the right-hand margin at the end of each question.
- iii) The ringed totals should be transferred to the front page of the script, where they should be totalled.
- iv) Every page of a script on which the candidate has made a response should show evidence that the work has been seen.
- v) Every blank page should be crossed through to indicate that it has been seen. (*Section 8a – d, page 8*)

e) **Handling of unexpected answers**

The Standardisation Meeting will include a discussion of marking issues, including:

- a full consideration of the mark scheme in the context of achieving a clear and common understanding of the range of acceptable responses and the marks appropriate to them, and comparable marking standards for optional questions;
- the handling of unexpected, yet acceptable answers. (*Section 6a, bullet point 5, page 6*)

There will be times when you may not be clear how the mark scheme should be applied to a particular response. In these circumstances, a telephone call to the Team Leader should produce a speedy resolution to the problem. (*Appendix 5, para 17, page 26*)

4	The marks awarded for an individual answer (e.g. 1(a)) should be placed in the margin alongside the printed maximum mark available.
	Total mark for whole question. Should be placed in the margin alongside the printed total mark available (DO NOT circle marks for individual parts of questions).
R	Repetition (i.e. mark awarded for first appearance of answer, but not for repetitious response). <i>Placed in the margin.</i>
✓	Correct Answer
✗	Wrong Answer
^	Omission
	Some relevance, but not sufficient to warrant a mark.
L+mark M+mark H+mark	Examiner's first impression from reading a banded response answer. Once decision made as to the correct band (Low, Middle or High), look for additional evidence to determine the mark within the band.
Seen	If response is not worthy of any marks, put at bottom of page (right hand side) to indicate that the answer(s) been seen .
	Put a line through blank pages/where entire answer space(s) left blank.
(s) (w) (e) etc	Plus any additional symbols as agreed with the PE – generally used in banded responses to indicate presence of a specific point, e.g. (s) for <i>strength</i> .
BoD	Benefit of Doubt

Question	Answer	Mark	Total
2(a)	<p>One mark for each, TWO required</p> <ul style="list-style-type: none"> • isolation/lonely • depression • withdrawn • poor health/illness • poverty • family breakdown • unemployment/poor job prospects • disempowered • low self-esteem • low self-confidence • homeless/poor housing • devalued <p><i>Accept any other suitable effect.</i></p>	2x1	[2]
(b)	<p>One mark for barrier, THREE required One mark for each appropriate example, THREE required</p> <p>Identification – example</p> <p>(P) Physical barriers - lack of facilities, adaptations for access (Ps) Psychological barriers - fear, stigma, mental health problems (F) Financial barriers - charges and fees, lack of funding/cost of treatment. (L) Language - English as a second language (C) Cultural barriers – values and beliefs (G) Location/geographical barriers - rural/urban, lack of transport, 'postcode lottery'</p> <p><i>Plus any other acceptable example.</i></p>	3x1 3x1	[6]

Question	Answer	Mark	Total
2(c)	<p>Level 3 [6 -7 marks] There will be at least two ways service providers could facilitate access to their services, these will be developed logically and there will be evidence of synthesis within the work. Answers will be factually accurate, using appropriate terminology. There will be few errors of grammar, punctuation and spelling.</p> <p>Level 2 [4 - 5 marks] They will include a brief explanation of at least one way service providers could facilitate access to their services. Answers will be factually correct. There will be some noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 [0-3 marks] There may be evidence of at least one way service providers could facilitate access. Answers are likely to be muddled and lack technical detail. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p> <p>Knowledge requirements:</p> <ul style="list-style-type: none"> a adaptation of premises and facilities to improve access for disabled b provide transport/volunteer drivers because of financial/ rural location reasons c campaigns to raise awareness and change attitudes d promotion of self-advocacy to give individuals a 'voice' e funding – identifying additional sources f joint planning and funding between services to increase efficiency/ensure better coverage g leaflets/information in a variety of languages/formats so that it's accessible by all h translators to break down language barriers i range of staff (e.g. genders, religions, cultures) j outreach services available, e.g. home visits k flexible opening times to allow workers access 		[7]

Question	Answer	Mark	Total
3(a)	<p data-bbox="347 237 1147 293">One mark for each early years care value, FOUR required from</p> <ul data-bbox="347 338 1147 752" style="list-style-type: none"><li data-bbox="347 338 932 371">• making the welfare of the child paramount<li data-bbox="347 371 1054 427">• keeping the children safe and maintaining a healthy environment<li data-bbox="347 439 948 472">• working in partnership with parents/families<li data-bbox="347 472 1118 573">• making sure children are offered a range of experiences and activities that support all aspects of their development<li data-bbox="347 584 592 618">• valuing diversity<li data-bbox="347 618 1086 651">• equality of opportunity and anti-discriminatory practice<li data-bbox="347 651 719 685">• maintaining confidentiality<li data-bbox="347 685 636 719">• working with others<li data-bbox="347 719 671 752">• reflective practitioners <p data-bbox="347 786 639 819"><i>Accept similar wording</i></p>	4x1	[4]

Question	Answer	Mark	Total
3(b)	<p>Level 3 [8-10 marks] Three ways well explained. These will be developed logically and there will be evidence of synthesis within the work. Answers will be factually accurate, using appropriate terminology. There will be few errors of grammar, punctuation and spelling.</p> <p>Level 2 [5-7 marks] Two or three ways care values are applied will be well explained Answers will be factually correct. There will be noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 [0-4 marks] One or two ways care values are applied are discussed Errors of grammar, punctuation and spelling will be noticeable and intrusive. List like answers to be placed at this level</p> <p>Knowledge</p> <ul style="list-style-type: none"> a making the welfare of the child paramount – <i>having a child centred approach</i> b keeping the children safe and maintaining a healthy environment – <i>safety procedure/ID/locked gates</i> c working in partnership with parents/families – <i>involving parents and families, inviting them in, parents evening, daily book to take home</i> d making sure children are offered a range of experiences/ choices and activities that support all aspects of their development - <i>a well planned curriculum, adhering to policies, ensure all areas/resources are fully accessible</i> e valuing diversity – <i>displays/toys/resources reflect equal opportunities – celebrate festivals – different foods</i> f equality of opportunity and anti-discriminatory practice – <i>training, good practice, being strong/positive role models – challenging discriminatory behaviour. Meeting individual needs</i> g maintaining confidentiality – <i>need to know basis, have information about children kept in a secure place</i> h working with others – <i>working with other agencies that support children</i> i reflective practitioners – <i>staff training, feedback, staff meetings to share ideas and reflect on how things have been</i> <p><i>Accept any other practical examples of how these can be applied.</i></p> <p>Note: no requirement to repeat/list care values</p>		[10]

Question	Answer	Mark	Total
3(c)	<p>Level 3 [5 - 6 marks] There will be at least two ways organisations can ensure interviewing procedures promote equal opportunities. These will be developed logically and there will be evidence of synthesis within the work. Answers will be factually accurate, using appropriate terminology. There will be few errors of grammar, punctuation and spelling.</p> <p>Level 2 [3 - 4 marks] They will include a brief description of at least one way organisations can ensure interviewing procedures promote equal opportunities. Answers will be factually correct. There will be some noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 [0 – 2 marks] There may be evidence at least one way organisations can ensure interviewing procedures promote equal opportunities. List-like answers should be placed in this band. Answers are likely to be muddled and lack technical detail. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p> <p>Knowledge requirements:</p> <ul style="list-style-type: none"> a non-discriminatory questions b same questions to all c no personal questions d mixed panel e ensure times are varied to allow for parents/carers to attend/festivals f ensure the venue is accessible to all g follow EO legislation/policies h short-list/appoint on merit i monitor applications 		[6]

Question	Answer	Mark	Total
4(a)	Children Act	1 x1	[1]
(b)	<p>Level 2 [3-4 marks] Candidates are able to outline at least two aspects of the Children Act. Answers will be factually correct. There will be some noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 [0-2 mark] Candidates can identify at least one aspect of the Children Act. List-like answers should be placed in this band. Answers are likely to be muddled and lack technical detail. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p> <p>Knowledge requirements:</p> <ul style="list-style-type: none"> a paramountacy principle b children consulted wherever possible/gives children the right to speak out/have a voice/to be heard c stay with wider family circle d issues determined as soon as possible e working in multidisciplinary teams f children with Special needs are categorised as 'children in need' g aims to protect children from abuse/discrimination h gives children rights i care orders/emergency protection orders 		[4]

Question	Answer	Mark	Total
4(c)	<p>Level 3 [8 – 10 marks] There will be at least two benefits to service users and two benefits to service providers. Must address both to be in this level. These will be developed logically and there will be evidence of synthesis within the work. Answers will be factually accurate, using appropriate terminology. There will be few errors of grammar, punctuation and spelling.</p> <p>Level 2 [5 – 7 marks] They will include a brief explanation of at least one benefit to service users and/or service providers of the Act. Answers will be factually correct. There will be some noticeable errors of grammar, punctuation and spelling. Sub max 5 if only reference to one group.</p> <p>Level 1 [0 – 4 marks] There may be evidence of at least one benefit to service users and/or service providers. One way of how it benefits may be given but answers are likely to be an outline. Answers are likely to be list-like, muddled and lack technical detail. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p> <p>Knowledge requirements:</p> <p>Benefits to service users U1 aims to reduce discrimination/abuse U2 aims to ensure children are listened to U3 aims to keep children safe U4 gives them legal protection U5 minimal disruption on their lives/keeps families together if possible U6 gives them a voice U7 gives them rights U8 raises awareness U9 raises the standards of care</p> <p>Benefits to service providers P1 clear guidelines to follow P2 system of redress/safety if challenged/legal protection P3 gives consistency of care P4 benefits of a multi disciplinary approach P5 raises awareness P6 raises the standards of care</p>		[10]

Question	Answer	Mark	Total
5(a)	<p>One mark for each, THREE required</p> <ul style="list-style-type: none"> • at risk of harming others • at risk of harming themselves • at risk of being hurt (abuse) • at risk of a serious offence being carried out 	3x1	[3]
(b)	<p>Level 3 [5 – 6 marks] There will be a minimum of two purposes of a confidentiality policy. At this level there must be reference to both service users and service providers (at least one purpose for each). This will be developed logically and there will be evidence of synthesis within the work. Answers will be factually accurate, using appropriate terminology. There will be few errors of grammar, punctuation and spelling.</p> <p>Level 2 [3 – 4 marks] They will include a description of at least one purpose of a confidentiality policy for service users and care workers. Answers will be factually correct. There will be some noticeable errors of grammar, punctuation and spelling. Sub max 3 if only reference to one group.</p> <p>Level 1 [0 –2 marks] There may be evidence of at least one purpose of a confidentiality policy for service users and/or care workers. Answers are likely to be list-like, muddled and lack technical detail. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p> <p>Knowledge requirements:</p> <p>Service users</p> <p>U1 service users feel that they can trust staff U2 empowers service users U3 follows the care values – better care U4 system of redress U5 creates a better atmosphere U6 keep their information secure U7 service users feel safe and secure U8 raises confidence U9 know what to expect</p> <p>Care workers</p> <p>W1 staff know their boundaries W2 protects them in cases of redress W3 know how to behave/what is expected of them/ guidance W4 improves standard of care</p>		[6]

Question	Answer	Mark	Total
5(c)	<p>One mark for identifying the way and one mark for an explanation, ONE required from</p> <ul style="list-style-type: none"> • commitment from senior management and staff to take responsibility and be in charge of implementation. • a named person to oversee and be responsible for the policy • training staff on the policy so they are aware of its implications • meetings to ensure policy is communicated 	2x1	[2]
(d)	<p>One mark for identifying the way, TWO required One mark for an explanation, TWO required from:</p> <ul style="list-style-type: none"> • collection of statistical data to monitor changes • feedback from service users and care workers on how effective the policy is – using methods such as a questionnaire/comments box • staff training to get feedback and share concerns/ideas • inspection to see how it is working/look for problems/strengths, staff observation • staff observation schemes to see how staff are using the policy/see if it is working • peer observation schemes see how staff are using the policy/see if it is working • meetings to discuss concerns/raise issues • appraisal to review and target performance 	2x1 2x1	[4]

Question	Answer	Mark	Total
6(a)	<p>Level 3 [7 – 8 marks] There will be at least two features of the SDA. These will be developed logically and there will be evidence of synthesis within the work. Answers will be factually accurate, using appropriate terminology. There will be few errors of grammar, punctuation and spelling.</p> <p>Level 2 [4 – 6 marks] They will include a brief outline of at least one feature of the SDA. Answers will be factually correct. There will be some noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 [0 –3 marks] At least one feature of the SDA will be identified. List-like answers should be placed in this band. Answers are likely to be muddled and lack technical detail. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p> <p>Knowledge requirements:</p> <ul style="list-style-type: none"> a makes sex discrimination illegal b covers both direct and indirect c set up EOC d gives people rights e prohibits sex discrimination in education, employment, access to goods and services, management of premises, housing f protects married people g protects from victimisation/harassment <p>Note: Northern Ireland differences</p>		[8]

Question	Answer	Mark	Total
6(b)	<p>Level 3 [9 -12 marks] A well-balanced evaluation of at least two strengths and two weaknesses. These will be developed logically and there will be evidence of synthesis within the work. A judgement/conclusion will be placed at the top of this band. Answers will be factually accurate, using appropriate terminology. There will be few errors of grammar, punctuation and spelling.</p> <p>Level 2 [5- 8 marks] Sound understanding of at least one strength and one weakness shown. There will be noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 [0-4 marks] At least one strength and/or weakness identified but not clearly discussed. Likely to focus on strengths or weaknesses. Answers in this band are likely to be list-like, muddled and lack technical detail. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p> <p>Knowledge requirements:</p> <p>Strengths</p> <p>Sa helped raise awareness Sb has helped to reduce discrimination Sc closed pay differentials to an extent Sd more equality in terms of job opportunities Se high profile cases have been won and made employees think differently. Sf school curriculum more equality and encouragement to partake in range of subjects Girls now outperform boys in every subject Sg system of redress/court</p> <p>Weaknesses</p> <p>Wa still big differences in pay between men and women Wb top positions in business and politics still held by men Wc gender stereotyping still very influential e.g. influence of the family/media Wd cost/emotional stress and time to take cases to court We many people unaware of/don't understand their rights Wf hard to change attitudes Wg glass ceiling effect still exists Wh drawbridge effect Wi hard to prove Wj fear of victimisation Wk discrimination still exists</p>		[12]

**Mark Scheme F913
June 2007**

INSTRUCTIONS ON MARKING SCRIPTS

All page references relate to the Instructions to Examiner booklet (revised June 2006)

For many question papers there will also be subject or paper specific instructions which supplement these general instructions. The paper specific instructions follow these generic ones.

1 Before the Standardisation Meeting

Before the Standardisation Meeting you must mark a selection of at least 10 scripts.

The selection should be drawn from several Centres. The preliminary marking should be carried out **in pencil** in strict accordance with the mark scheme. In order to help identify any marking issues which might subsequently be encountered in carrying out your duties, **the marked scripts must be brought to the meeting.** (*Section 5c, page 6*)

2 After the standardisation meeting

a) Scripts must be marked in **red**, including those initially marked in pencil for the Standardisation Meeting.

b) All scripts must be marked in accordance with the version of the mark scheme agreed at the Standardisation Meeting.

d) **Annotation of scripts**

The purpose of annotation is to enable examiners to indicate clearly where a mark is earned or why it has not been awarded. Annotation can, therefore, help examiners, checkers, and those remarking scripts to understand how the script has been marked.

d) **Recording of marking: the scripts**

i) Marked scripts must give a clear indication of how marks have been awarded as instructed in the mark scheme.

ii) All numerical marks for responses to part questions should be recorded unringed in the right-hand margin. The total for each question (or, in specified cases, for each page or section) should be shown as a single ringed mark in the right-hand margin at the end of the question.

iii) The ringed totals should be transferred to the front page of the script, where they should be totalled.

iv) Every page of a script on which the candidate has made a response should show evidence that the work has been seen.

v) Every blank page should be crossed through to indicate that it has been seen. (*Section 8a – d, page 7*)

e) **Handling of unexpected answers**

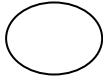


The standardisation meeting will include a discussion of marking issues, including:

- a full consideration of the mark scheme with the objective of achieving a clear and common understanding of the range of acceptable responses and the marks appropriate to them, and comparable marking standards for optional questions;
- the handling of unexpected, yet acceptable answers.

(Section 6a, bullet point 5, page 6)

There will be times when you may not be clear how the mark scheme should be applied to a particular response. In these circumstances, a telephone call to the Team Leader should produce a speedy resolution to the problem.

(Appendix 5, para 19, page 25)

4	The marks awarded for an individual answer (e.g. 1(a)) should be placed in the margin alongside the printed maximum mark available.
	Total mark for whole question. Should be placed in the margin alongside the printed total mark available (DO NOT circle marks for individual parts of questions).
R	Repetition (i.e. mark awarded for first appearance of answer, but not for repetitious response). <i>Placed in the margin.</i>
✓	Correct Answer
✗	Wrong Answer
^	Omission
	Some relevance, but not sufficient to warrant a mark.
L+mark M+mark H+mark	Examiner's first impression from reading a banded response answer. Once decision made as to the correct band (Low , Middle or High), look for additional evidence to determine the mark within the band.
Seen	If response is not worthy of any marks, put at bottom of page (right hand side) to indicate that the answer(s) been seen .
	Put a line through blank pages/where entire answer space(s) left blank.
(s) (w) (e) etc	Plus any additional symbols as agreed with the PE – generally used in banded responses to indicate presence of a specific point, e.g. (s) for <i>strength</i> .

Question	Expected Answer	Mark	Total
1 (a)	<p>One mark for ONE from (dates not required)</p> <ul style="list-style-type: none"> • Health and Safety at Work Act (1974) • The Management of Health and Safety at Work Regulations (1992) • Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995) – accept RIDDOR • Control of Substances Hazardous to Health (1999) Regulations – accept COSHH • Health and Safety (signs and signals) Regulations (1996) • The Fire Precautions (workplace) (amended) Regulations (1997) • Manual Handling Operations Regulations (1992, revised 1998) • Lifting Operations and Lifting Equipment Regulations (1998) – accept LOLER 	1x1	[1]
(b) (i)	Health and Safety Executive – accept HSE	1x1	[1]
(b) (ii)	<p>One mark for ONE from</p> <ul style="list-style-type: none"> • offer guidance and advice on Health and Safety • publish leaflets etc about Health and Safety 	1x1	[1]
(c)	<p>One mark for each identified, THREE required from</p> <ul style="list-style-type: none"> • name of employee representative (if there is one) • name of the manager representative • the contact details of the enforcing authority • competent person appointed • trade union or other safety representative • employment Medical Advisory Service 	3x1	[3]

Question	Expected Answer	Mark	Total
1 (d)	<p>One mark for each key feature, NINE required from:</p> <p>RIDDOR</p> <ul style="list-style-type: none"> • ensures that dangerous occurrences are reported • ensures that dangerous occurrences are investigated • so that improvements can be made if necessary • ensures standards are maintained by employers • protects workers from unsafe situations • ensures notifiable diseases reported • ensures relevant injuries reported <p>COSHH</p> <ul style="list-style-type: none"> • regulates storage of dangerous substances • regulates handling of dangerous substances • regulates industrial processes to ensure best practice • removes toxic substances from unsafe use in general • protects employee from handling substances incorrectly • provides redress for employee not given correct info • protects public from dangerous substances (eg asbestos) • informs of correct labelling that must be used <p>Manual Handling Regulations</p> <ul style="list-style-type: none"> • regulates equipment that can be used • regulates training requirements • regulates maintenance requirements • protects employees from harm (back injury etc) from incorrect handling • protects service users from damage (falls etc) 	3x1 3x1 3x1	[9]

Question	Expected Answer	Mark	Total
2 (a) (i)	Health and Safety (signs and signals) Regulations 1996 – <i>date not required</i>	1x1	[3]
(ii)	<ul style="list-style-type: none"> • the purpose is to ensure that consistent/clear/known signs are used • reduces risk by making people aware of hazards/ensure people can avoid hazard/gives information or wtte 	2x1	
(b)	<p>One mark for identification of sign/symbol, FOUR required One mark for explanation of how risk is reduced, FOUR required from</p> <p>A – No entry</p> <ul style="list-style-type: none"> • warns people to avoid dangerous area • prevents collisions in crowded areas etc <p>B – Toxic (accept poison) is dangerous to swallow</p> <ul style="list-style-type: none"> • tells people that chemical may harm them • advises that special precautions/care/protective clothing required <p>C – Fire exit (direction of)</p> <ul style="list-style-type: none"> • ensures no delay in escaping fire • informs people of nearest exit/prevents confusion in case of fire <p>D – Eye protection (should be worn/required)</p> <ul style="list-style-type: none"> • tells employees that special care needed • prevents damage to eyes of workers 	4x1 4x1	[8]
(c)	<p>One mark for ways, TWO required One for explanation, TWO required</p> <ul style="list-style-type: none"> • wear gloves when dealing with instruments – prevents accidental contact with sharp edge • place used sharps in container IMMEDIATELY after use – reduces opportunities for accidents • never walk with any sharp instrument – could slip and injure self or others • arrange instruments so that all handles face in same direction – don't touch blade by accident • place dirty instruments into disinfectant/sealed container immediately after use – reduce contamination from body fluids • use correct coloured/labelled bags for disposal of soiled dressings etc - prevent cross contamination • wear gloves - prevents contamination by bacteria etc on dressings etc • wear masks in high risk areas of infection - prevents infection by inhalation • wear aprons when dealing with waste etc. – prevents contamination of clothes / spread of infection etc 	2x1 2x1	[4]

Question	Expected Answer	Mark	Total
3 (a)	<p>One mark for appropriate equipment/action, THREE required</p> <p>One mark for reduction, THREE required from</p> <ul style="list-style-type: none"> • smoke alarm – give early warning of smouldering before fire start • flammable liquids stored appropriately – reduces risk of spontaneous outbreak • no storage in corridors, stairwells etc of flammable materials – reduces fire risk in communal areas • sprinkler system –will put out fires early –stop spread • door closures – slows spread • fire blankets/extinguishers – use to put out (small) fires before can spread • training – so staff can extinguish fires / know what to do in event of fire • soft furnishings fire resistant – stops spread • risk assessment – awareness and reduction of risk 	3x1 3x1	[6]
(b)	<p>One mark for each correctly identified procedure, THREE required</p> <p>One mark for explanation of reason for procedure, THREE required from</p> <ul style="list-style-type: none"> • raise the alarm – alert others, allow people to escape • close windows and doors – removes oxygen from fire and reduces spread • move (swiftly) to the nearest fire exit / evacuate the building – reduce risk of becoming injured or trapped • do not stop to collect belongings – ensure not trapped or overcome by smoke • walk don't run – reduce risk of accidents or falls • gather in the designated area – place is safe and away from building and everyone knows where to go • take a register to ensure everyone is out – in case need to look for/rescue anyone • do not return until given clearance – smouldering fires may re-ignite for some time • do not use lifts – may become unsafe/electrical supply may fail/lift shafts act like chimneys 	3x1 3x1	[6]

Question	Expected Answer	Mark	Total
3 (c)	<p>Level 3 response: 7-8 marks Detailed response showing sound awareness of benefits to service users and care workers. Answers given will be clearly relevant and linked to care setting(s).</p> <p>Level 2 response: 4-6 marks Responses will show evidence of some understanding of the benefits to service users. They may discuss individual points in some detail but may have limited understanding of the benefits to staff of such a policy.</p> <p>Level 1 response: 0-3 marks Responses may be superficial and may state one or two points that might be expected to be present in such a policy. They are unlikely to consider benefits to care workers as well as service users.</p> <p>Knowledge:</p> <ul style="list-style-type: none"> • policy ensures current/best practice followed – people have confidence/ feel safe – reduced risk of fatalities because best practice being followed • service users in residential care will feel secure and safe – • understand procedures and know that their best interests will be followed. • if no policy then practice may vary – inconsistencies are confusing and potentially dangerous • may not have regular drills/no checking of extinguishers etc - increased risk of error • new staff will know what to do - no delay in implementation • because policy published awareness is increased in all - reduces risk of accidents - increases likelihood of good practice • review built into policy statement - procedures likely to be current • monitoring strategies part of policy – regular checks and updates – problem spotted and changes implemented speedily <p><i>Examples which illustrate benefits of having a policy or disadvantages of not having one are acceptable, as many candidates are unlikely to use the appropriate conceptual terminology.</i></p>		[8]

Question	Expected Answer	Mark	Total
4 (a)	<p data-bbox="338 264 1155 297">One mark for each stage given in the correct order</p> <ol data-bbox="338 331 1155 499" style="list-style-type: none"><li data-bbox="338 331 1155 365">1 look for hazards<li data-bbox="338 365 1155 398">2 assess who may be harmed<li data-bbox="338 398 1155 432">3 consider the risks – whether precautions are adequate<li data-bbox="338 432 1155 465">4 document the findings<li data-bbox="338 465 1155 499">5 review the assessment and revise it if necessary <p data-bbox="338 533 1155 600"><i>Note: if one stage given out of order, does not preclude candidate from accessing other marks.</i></p>	5x1	[5]

Question	Expected Answer	Mark	Total
4 (b)	<p>Level 3 response: 12-15 marks Candidates make detailed and well argued judgements showing clear links between the hazards, the service users and/or care workers and indicate consideration of precautions that are already in place. <i>Candidates must have two groups of 1, 2 and 3 statements related to specific hazards to attain the higher mark band.</i></p> <p>Level 2 response: 6-11 marks Candidates identify hazards and make sound links between the service users (and possibly care workers) and the risks. They will show some consideration of precautions already in place. <i>Candidates must have two linked statements 1 and 2 to attain the middle band.</i></p> <p>Level 1 response: 0-5 marks Candidates identify hazards but make few links between the service users and the specific risks. The work may consist of a simple list of hazards with little awareness shown of the precautions already in place.</p> <p><i>Knowledge requirements:</i></p> <ul style="list-style-type: none"> • overcrowded seating area – so people may slip/trip • ramp impeded by seating – so service users with mobility problems may slip/fall • service users must go outside to use ramps between waiting area and play area/pharmacy – so get cold etc – or may attempt stairs instead with potential for falls etc • no ramps to access consulting rooms – risk of falls etc • play area close to main door – children may get out of building – toys may cause obstacles on floor to other users • hot drinks etc close to play area – children may collide – drinks may spill and burn children • pharmacy close to play area – children may access pharmacy- danger from medications • no toilet – obvious problems with children • one first aid box – in pharmacy – inadequate for number of potential accident sites • one fire extinguisher in reception – not adequate for number of rooms – can't be accessed quickly enough • bookcase – may fall and hurt children if pull/climb on it if not fastened to wall <p>Marking Notation: First hazard identified =A, second = B etc A1 means hazard identified for first situation A2 means person at risk has been assessed A3 means consideration given to adequacy of precautions</p> <p>There may be more than one symbol awarded for points 2 or 3 for any one hazard depending on the detail of the answer given.</p>		[15]

Question	Expected Answer	Mark	Total
5 (a)	<p>One mark for each piece of information, THREE required One mark for reason, THREE required from:</p> <ul style="list-style-type: none"> • details of the person injured – name, address, age – to record in case of serious damage/investigation/law suit / notifying family etc • the nature of the injury – needed as a legal record / in case of sueing / in case of HSE investigation • the cause of the accident - location, equipment, witnesses, special conditions – to have full details particularly in cases where further action is needed / to encourage prevention in future • what treatment/action carried out – first aid given, by whom, hospitalisation – in case of investigation , check that first aider carried out correct procedure • date and time of accident – for complete record, to check if RIDDOR comes into force, in case of legal action etc 	3x1 3x1	[6]

Question	Expected Answer	Mark	Total
5 (b)	<p>Level 3 response: 8-9 marks Candidates demonstrate sound understanding of the links between specific items of protective clothing and the control of infection. Clear logical connections are made (often involving three steps) between the actions and the ways in which infection spreads. Some mention must be made of at least one negative aspect of the use of protective clothing.</p> <p>Level 2 response: 4-7 marks Candidates demonstrate some understanding of the links between the control of infection and how this may be prevented/reduced by the use of protective clothing. The links may be partial (probably only two-step) with limited understanding of modes of infection spread.</p> <p>Level 1 response: 0-3 marks Candidates show limited understanding of the links between protective clothing and control of infection. They may produce little more than a list of protective clothing with little indication as to how contamination is prevented. There is unlikely to be understanding shown of modes of transmission of infection</p> <p>Knowledge requirements: Positive</p> <p>P1 reduce risk of contamination /transfer of body fluids/microbes (or specified types) so reduces infection risk to staff and service users alike</p> <p>P2 detailed description of any specified item of equipment with link to transference eg gloves will protect care worker from an infected wound – so no contamination of care worker by microbes – gloves disposed of before treat next service user, so no transfer of microbes and infection to other service user.</p> <p>P3 reduction of contagious outbreaks within care settings (specified – particularly helpful as often service users are particularly vulnerable)</p> <p>P4 Maintenance of sterile environment – use of masks and overshoes in operating theatres – so reduces risk of hospital-acquired infections into open wounds</p> <p>Any other reasonable specified example</p> <p>Negative:</p> <p>N1 masks uncomfortable/steam up glasses – difficult to communicate well – may frighten small children reducing their cooperation</p> <p>N2 takes time to change gloves, aprons – reduces time available for working with service user</p> <p>N3 increases costs so less money for other things</p> <p>N4 disposal safely means lots of hazardous waste bins around the setting – possibility of confused or very young service users accessing these inappropriately and becoming infected</p>		[9]

Question	Expected Answer	Mark	Total
6 (a)	<p>Level 3 response: 5 marks Candidates will describe in detail legal requirements for first aid including one point about special situations. Answers will be factually accurate, using appropriate terminology. There will be few errors of grammar, punctuation and spelling</p> <p>Level 2 response: 3-4marks Candidates will describe first aid requirements with little detail. Answers will be factually correct. There will be some noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 response: 0-2 marks Candidates will identify one or two requirements with no detail. Answers are likely to be muddled and lack technical detail. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p> <p>Knowledge requirements:</p> <ul style="list-style-type: none"> • must be first aid box • there must be a notice stating location of first aid box • first aid box must be clearly labelled • must be notice stating who is the approved person to take charge in an emergency • if workplace has special hazards there must be a trained first-aider • if workplace has special hazards there must be a first-aid room • there must be an accident book • there must be a notice stating location of accident book • information saying how to use the accident book 		[5]
(b)	<p>Level 3 response: 8-10 marks Detailed response showing a clear awareness of specific factors that must be considered in relation to drawing up policy for the care setting chosen. Detailed consideration is given to the factors, and well-reasoned judgements are included showing the effect that the nature of the client group should have on the structure of the final policy</p> <p>Level 2 response: 5-7marks The Responses indicate some understanding of the specific needs of the care setting, but examples lack depth of discussion and are superficial in places.</p> <p>Level 1 response: 0-4 marks Responses may simply list problems related to the care settings and policy options rather generically, but will not make significant links between the two. Answers are likely to be muddled and lack technical detail. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p>		[10]

Question	Expected Answer	Mark	Total
6(b) cont.	<p>Knowledge requirements:</p> <p>Residential Home</p> <ul style="list-style-type: none"> (a) residents may be confused or have impaired memory function so effective monitoring of comings and goings essential (b) residents themselves may need to be restricted in their movements if they are a danger to themselves (c) dangerous areas such as kitchens may need to be 'exclusion zones' to protect residents from harm (d) residents may be too trusting of visitors or staff so some control may have to be taken of, say, their money centrally to protect them from theft or fraud (e) residents may have memory impairment so systems need to be of high level as they may themselves be unable to recall any violations of their rights <p><i>Candidates discussing privacy for residents must be given credit for these answers as this falls within the overall heading of security within the specification. They will not be penalised if they do not deal with this area.</i></p> <p>Nursery</p> <ul style="list-style-type: none"> (a) children unaware of many dangers so need adults to take responsibility for their security (b) they may be trusting of relative strangers so nursery must have system in place to vet/check anyone collecting children and also anyone working or volunteering to help the children (c) young children may do unexpected things with no warning, so must prepare for this (d) children naturally adventurous so need eg high or secure door fasteners that they cannot use to open external doors (e) safety catches on windows similarly to prevent 'escape' to exciting new unexplored areas (f) need staff awareness of child protection issues and procedures to follow if they have grounds to suspect child abuse i.e. infringement of child's security when away from the nursery (g) close supervision of children, especially those with tendencies towards inappropriate behaviour in order to safeguard the security of other children with whom they are playing etc 		

**Mark Scheme F918
June 2007**

INSTRUCTIONS ON MARKING SCRIPTS

All page references relate to the Instructions to Examiner booklet (revised June 2006)

For many question papers there will also be subject or paper specific instructions which supplement these general instructions. The paper specific instructions follow these generic ones.

1 Before the Standardisation Meeting

Before the Standardisation Meeting you must mark a selection of at least 10 scripts.

The selection should be drawn from several Centres. The preliminary marking should be carried out **in pencil** in strict accordance with the mark scheme. In order to help identify any marking issues which might subsequently be encountered in carrying out your duties, **the marked scripts must be brought to the meeting.** (*Section 5c, page 6*)

2 After the standardisation meeting

a) Scripts must be marked in **red**, including those initially marked in pencil for the Standardisation Meeting.

b) All scripts must be marked in accordance with the version of the mark scheme agreed at the Standardisation Meeting.

e) **Annotation of scripts**

The purpose of annotation is to enable examiners to indicate clearly where a mark is earned or why it has not been awarded. Annotation can, therefore, help examiners, checkers, and those remarking scripts to understand how the script has been marked.

d) **Recording of marking: the scripts**

i) Marked scripts must give a clear indication of how marks have been awarded as instructed in the mark scheme.

ii) All numerical marks for responses to part questions should be recorded unringed in the right-hand margin. The total for each question (or, in specified cases, for each page or section) should be shown as a single ringed mark in the right-hand margin at the end of the question.

iii) The ringed totals should be transferred to the front page of the script, where they should be totalled.

iv) Every page of a script on which the candidate has made a response should show evidence that the work has been seen.

v) Every blank page should be crossed through to indicate that it has been seen. (*Section 8a – d, page 7*)

e) **Handling of unexpected answers**

The standardisation meeting will include a discussion of marking issues, including:



- a full consideration of the mark scheme with the objective of achieving a clear and common understanding of the range of acceptable responses and the marks appropriate to them, and comparable marking standards for optional questions;
- the handling of unexpected, yet acceptable answers.

(*Section 6a, bullet point 5, page 6*)

There will be times when you may not be clear how the mark scheme should be applied to a particular response. In these circumstances, a telephone call to the Team Leader should produce a speedy resolution to the problem.
(Appendix 5, para 19, page 25)

Annotation consists of:

18

4	The marks awarded for an individual answer (e.g. 1(a)) should be placed in the margin alongside the printed maximum mark available.
	Total mark for whole question. Should be placed in the margin alongside the printed total mark available (DO NOT circle marks for individual parts of questions).
R	Repetition (i.e. mark awarded for first appearance of answer, but not for repetitious response). <i>Placed in the margin.</i>
✓	Correct Answer
✗	Wrong Answer
^	Omission
	Some relevance, but not sufficient to warrant a mark.
L1 L2 L3 L4	Examiner's first impression from reading a Levels response answer. Once decision made as to the correct Level (L1, L2, L3, L4), look for additional evidence to determine the mark within the Level.
(s) (w) (e) etc	Plus any additional symbols as agreed with the PE – generally used in Levels responses to indicate presence of a specific point, e.g. (s) for <i>strength</i> .
Seen	If response is not worthy of any marks, put at bottom of page (right hand side) to indicate that the answer(s) been seen .
	Put a line through blank pages/where entire answer space(s) left blank.
BOD	Benefit of doubt awarded.

Question	Answer	Mark	Total
1 (a)	<p>One mark for each, THREE required from</p> <ul style="list-style-type: none"> • irritable bowel syndrome • ulcerative colitis • Crohn's Disease • chronic constipation • cancer of the bowel / stomach • (diverticulitis) 	3x1	[3]
(b)	<p>One mark for each physical effect, FIVE required from</p> <ul style="list-style-type: none"> • unable to eat a normal diet / loss of appetite • weaker stomach muscles • weak muscles in digestive tract • dehydration • weak muscles in the rectum • diarrhoea • tiredness / lack of energy • bloating • severe wind • piles • loss of weight • anaemia • lack of essential nutrients • pain in digestive system / cramps • blood in stools 	5x1	[5]
(c)	<p>One mark each for describing FOUR coping strategies from</p> <ul style="list-style-type: none"> • talk to professionals • follow advice given • take prescribed medication regularly • eat a balanced diet • take food / vitamin / mineral supplements • plan outings / journeys knowing where the toilets are • join a support group • share experiences with others who have similar disorders • research the illness themselves • drink plenty of water to prevent dehydration • wear protective underwear / pads <p><i>Note: sub-max of 2 for identification only.</i></p>	4x1	[4]
(d)	<p>One mark for each professional care worker, THREE required from</p> <ul style="list-style-type: none"> • GP • physiotherapist • occupational therapist • home care assistant • district / community nurse • dietician • complementary therapist • continence nurse • health visitor 	3x1	[3]

Question	Answer	Mark	Total
2 (a)	<p data-bbox="336 264 1107 297">One mark for each economic change, FOUR required from</p> <ul data-bbox="336 331 1031 1037" style="list-style-type: none"> • no income from work • increased income from lump sum on retirement / insurance policies mature • less income to rely on • rely on pension • have to budget carefully • may get benefits • mortgage paid off • less / more debts • may not be able to afford to go on holiday / leisure activities • may use retirement money to go on holiday • less money for luxuries / can afford luxuries • may need to buy economy foods / poorer diet • may not be able to treat grandchildren • less money for presents • no travelling expenses to work • downsizing of house • may not be able to run car • may not be able to afford bills <p data-bbox="336 1070 871 1104"><i>Note: sub-max of 2 for identification only.</i></p>	4x1	[4]

Question	Answer	Mark	Total
2 (b)	<p>Level 3 [6-7 marks] Candidates will clearly explain how at least two lifestyle changes could affect his roles. Accurate links will be made between the lifestyle changes and roles. Answers will be factually accurate, using appropriate terminology. There will be evidence of synthesis within the answers. There will be few errors of grammar, punctuation and spelling.</p> <p>Level 2 [4-5 marks] Candidates will basically explain how two lifestyle changes could affect his roles. Accurate links will be made between the lifestyle changes and the roles. Answers will be factually accurate using appropriate terminology. There will be evidence of coherence within the answers. There will be noticeable errors of grammar, punctuation and spelling.</p> <p>Note: Sub-max of four for one done well.</p> <p>Level 1 [0-3 marks] Candidates will identify one / two lifestyle changes and / or roles. Superficial links may be made between the lifestyle changes and roles. Answers will be factually accurate, using appropriate terminology. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p> <p>Knowledge requirements: Lifestyle changes: a no longer in routine b increased ability to participate in community activities c increased leisure time d no longer see work colleagues e spend more time together f see more of family g make new friends h take up new hobbies / leisure activities i freedom to choose what he does j could experience health problems k realisation that time is passing by / closer to death l no longer working m dependent on family</p> <p>Roles: R1 no longer employee R2 pensioner R3 voluntary worker R4 role within family R5 role within marriage / with wife R6 role in the community</p>		[7]

Question	Answer	Mark	Total
2 (c)	<p>Two marks for each explanation, TWO required from</p> <ul style="list-style-type: none"> • feel valued / proud • feel needed / wanted • raised / lowered self esteem / self worth • raised / lowered confidence • improved motivation • learning new skills • meet new people / make new friends • embarrassed / ashamed • happy / sad / upset • lonely / isolated • depressed / stress <p><i>[Effects will be linked to the new roles identified]</i> <i>[Explanation of each effect will be relevant and valid]</i></p> <p><i>Note: sub-max of 2 if no explanation.</i></p>	2x2	[4]

Question	Answer	Mark	Total
3 (a)	<p>One mark for ONE disorder from</p> <ul style="list-style-type: none"> • damage caused by a stroke • senile dementia • multiple sclerosis • (Parkinson's' disease) 	1x1	[1]
(b)	<p>One mark for each identification of emotional effect, THREE required One mark for each explanation of emotional effect, THREE required from</p> <ul style="list-style-type: none"> • loss of confidence <i>because</i> they feel insecure • loss of self esteem <i>because</i> they feel useless • feeling worthless • anger <i>because</i> they have to cope with such a disorder • upset <i>because</i> they are no loner able to be independent • frustration / depressed <i>because</i> they can no longer look after themselves • learned helplessness <i>because</i> people keep doing things for them • self-fulfilling prophecy <i>because</i> they believe they are no longer useful in society • no longer feel valued <i>because</i> their ability to perform their role within society has been removed • feel insecure / anxious <i>because</i> condition could get worse <p><i>[Effects will be linked to the disorders of the nervous system]</i> <i>[Explanation of each effect will be relevant and valid]</i> <i>Note: sub-max of 3 if no explanation.</i></p>	3x1 3x1	[6]
(c)	<p>Two marks for each explanation, THREE required from</p> <ul style="list-style-type: none"> • respect older person's wishes for information to be kept private • do not talk about older person's care to those who do not need to know • do not leave notes lying around for others to read • explain who will have access to his information • do not give information over the telephone unless identity of caller can be proven • not leaving personal notes on the computer screen so that others can read them • having a password to access computer records • not talking about older person by name in public so that he can be identified • sharing information on a 'need to know' basis only • keeping personal files / notes in a locked filing cabinet <p><i>Note: sub-max of 3 if no explanation.</i></p>	3x2	[6]

Question	Answer	AO	Mark
3 (d)	<p>Level 3 [6-7 marks] Candidates will clearly explain at least two reasons why an older person with a disorder of the nervous system could feel isolated. Answers will be factually accurate, using appropriate terminology. There will be evidence of synthesis within the answers. There will be few errors of grammar, punctuation and spelling.</p> <p>Level 2 [4-5 marks] Candidates will explain two reasons why an older person with a disorder of the nervous system could feel isolated. . Answers will be factually accurate. There will be evidence of coherence within the answers. There will be noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 [0-3 marks] Candidates will identify reasons why an older person with a disorder of the nervous system could feel isolated. Candidates may give minimal description and show limited understanding. Answers are likely to be muddled, demonstrating little knowledge or understanding. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p> <p>Knowledge requirements:</p> <ul style="list-style-type: none"> a afraid to go out because they may get lost / peoples reactions to them b unsure of strangers c people's negative reactions to them d lack of visitors because people do not know how to react around them e lose friends f family embarrassed because of their speech / paralysis g get confused easily and not know where they are or who people are h loss of memory and forget their way home / who people are i like to stay in their own routine because they feel safe j people may be scared of them and give a negative reaction k unusual behaviour patterns which can offend people l unable to carry out daily living tasks eg feed themselves m appearance may have altered and they may be seen as different n unable to communicate due to paralysis / nerve functioning impaired / slurred speech o lack of confidence so do not want to go out p not able to take part in activities q mobility affected so increased risks of accidents r dependent on others 		[7]

Question	Answer	Mark	Total
4 (a)	<p>One mark for ONE muscular-skeletal disorder from</p> <ul style="list-style-type: none"> • osteoporosis • rheumatoid arthritis • rheumatism • (osteo-arthritis) 	1x1	[1]
(b)	<p>One mark for each for identifying THREE effects of the muscular-skeletal disorder identified</p> <p>One mark each for explanation linked directly to each effect identified, THREE required from</p> <ul style="list-style-type: none"> • poor mobility • isolation • decreased social activities • decreased motivation • increased dependency • increased health needs • increased care needs • increased likelihood of potential dangers • inability to cope • changes in lifestyle • lower self-esteem • angry / upset / frustrated <p>Accept specific effects linked directly to the muscular-skeletal disorder identified.</p> <p><i>Note: sub-max of 3 if no explanation.</i></p>	3x1 3x1	[6]

Question	Answer	Mark	Total
4 (c)	<p>Level 3 [7-8 marks] Candidates will clearly analyse ways the Care Standards Act 2000 would ensure Pamela receives quality care in the residential home. Answers will be factually accurate, using appropriate terminology. There will be evidence of synthesis within the answers. There will be few errors of grammar, punctuation and spelling.</p> <p>Level 2 [4-6 marks] Candidates will describe ways the Care Standards Act 2000 would ensure Pamela receives quality care in the residential home. . Answers will be factually accurate. There will be noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 [0-3 marks] Candidates will identify features of the Care Standards Act 2000. Candidates may give minimal description and show limited understanding. Answers are likely to be muddled, demonstrating little knowledge or understanding. There will be evidence of coherence within the answers. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p> <p>Knowledge Requirements:</p> <p>Care Standards Act 2000</p> <ul style="list-style-type: none"> a National Care Standards Commission inspect home b minimum standards of care have to be provided c residential home will have to be registered d regulations have to be applied consistently e focus on service users f meeting assessed needs g choice of home h health and personal care i daily life and social activities j complaints and protection k environment of the home l staffing at the home / quality workforce m management and administration of the home n independent supervision maintains standards 		[8]

Question	Answer	Mark	Total																				
5 (a)	<p>One mark for each care need, THREE required from</p> <ul style="list-style-type: none"> • more dependent at first • able to do more for himself after recovery • need reassurance • will have mobility problems • may find it hard to adjust • lack of confidence • lack of self-esteem • will need formal support straight after operation 	3x1	[3]																				
(b)	<p>One mark for identifying professional care worker, TWO required</p> <p>One mark for explaining how the professional care worker identified would support Imran, TWO required from</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><i>Professional Care Workers</i></th> <th style="text-align: left;"><i>Support provided</i></th> </tr> </thead> <tbody> <tr> <td>a social worker</td> <td>assess needs</td> </tr> <tr> <td>b key worker / care manager</td> <td>monitor care provision / give advice and guidance</td> </tr> <tr> <td>c occupational therapist</td> <td>assess home for aids and adaptations</td> </tr> <tr> <td>d physiotherapist</td> <td>design a programme of exercises to improve mobility</td> </tr> <tr> <td>e counsellor</td> <td>listen to concerns</td> </tr> <tr> <td>f health visitor</td> <td>advise about diet / health</td> </tr> <tr> <td>g home care assistant</td> <td>provide personal care</td> </tr> <tr> <td>h community nurse</td> <td>take blood pressure</td> </tr> <tr> <td>i GP</td> <td>visit at home to check progress</td> </tr> </tbody> </table> <p>Note: Answers must link directly. Sub-max of 2 if no explanation.</p>	<i>Professional Care Workers</i>	<i>Support provided</i>	a social worker	assess needs	b key worker / care manager	monitor care provision / give advice and guidance	c occupational therapist	assess home for aids and adaptations	d physiotherapist	design a programme of exercises to improve mobility	e counsellor	listen to concerns	f health visitor	advise about diet / health	g home care assistant	provide personal care	h community nurse	take blood pressure	i GP	visit at home to check progress	2x1 2x1	[4]
<i>Professional Care Workers</i>	<i>Support provided</i>																						
a social worker	assess needs																						
b key worker / care manager	monitor care provision / give advice and guidance																						
c occupational therapist	assess home for aids and adaptations																						
d physiotherapist	design a programme of exercises to improve mobility																						
e counsellor	listen to concerns																						
f health visitor	advise about diet / health																						
g home care assistant	provide personal care																						
h community nurse	take blood pressure																						
i GP	visit at home to check progress																						

Question	Answer	Mark	Total
5 (c)	<p>Level 3 [7-8 marks] Candidates will thoroughly analyse at least two ways community care workers would promote individual rights and beliefs. Candidates will demonstrate clear understanding. Answers will be factually accurate, using appropriate terminology. There will be evidence of synthesis within the answers. There will be few errors of grammar, punctuation and spelling.</p> <p>Level 2 [4-6 marks] Candidates will describe at least two ways community care workers would promote individual rights and beliefs. Answers will be factually accurate. There will be evidence of coherence within the answers. There will be noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 [0-3 marks] Candidates will identify one or two basic ways community care workers would promote individual rights and beliefs. Limited understanding will be shown. Answers are likely to be muddled, demonstrating little knowledge or understanding. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p> <p>Knowledge requirements:</p> <p>Promote individual rights and beliefs:</p> <ul style="list-style-type: none"> a encourage Imran to be independent b allow Imran to have choices about his care and treatment c ask Imran what he needs and wishes d provide equipment so that Imran can do more for himself e make sure all care is carried out safely f providing a safe environment g treat Imran with dignity and respect h recognise Imran's beliefs i enable Imran to maintain his identity j encourage Imran to express his preferences k raise awareness of how to complain l being aware of Imran's cultural needs m being aware of Imran's religious needs n addressing Imran correctly / calling him the name he prefers o provide him with information / explain treatment before it is carried out p assessing his needs fully q providing the care required to meet his needs r use effective communication 		8

Question	Answer	Mark	Total
6 (a)	<p>Level 3 [7 - 8 marks] Candidates will thoroughly describe the effects of a circulatory disorder on Doris covering at least three areas of PIES. A thorough understanding of factors relating to muscular-skeletal disorders will be demonstrated. Answers will be factually accurate, using appropriate terminology. There will be evidence of synthesis within the answers. There will be few errors of grammar, punctuation and spelling.</p> <p>Level 2 [4 - 6 marks] Candidates will basically describe the effects of a circulatory disorder on Doris. Covering at least two areas of PIES. A limited understanding of factors relating to muscular-skeletal disorders will be demonstrated. Answers will be factually accurate. There will be evidence of coherence within the work. There will be noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 [0 - 3 marks] Candidates will identify effects of a circulatory disorder on Doris. Answers are likely to be muddled, demonstrating little knowledge or understanding. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p> <p>Knowledge requirements:</p> <p>Physical</p> <ul style="list-style-type: none"> p risk of heart attack / stroke p poor circulation p special diet required p personal care can be difficult p need to use aids for daily living tasks p may need adaptations to the home p side effects of medication p unable to lift heavy weights p lack of motivation p may need transport provided p unable to exercise / decreased exercise <p>Intellectual</p> <ul style="list-style-type: none"> i less motivation i lack of concentration <p>Emotional</p> <ul style="list-style-type: none"> e angry / upset e fear factor e lack of confidence e low self-esteem e learned helplessness / self-fulfilling prophecy e depressed <p>Social</p> <ul style="list-style-type: none"> s lack of social life s increased isolation s limited participation in hobbies and interests s unable to meet friends 		8

Question	Answer	Mark	Total
6 (b)	<p>Level 3 [9 - 12 marks] Candidates will clearly evaluate the effects of moving into sheltered accommodation on Doris. Both positive and negative effects will be considered at a superficial level. Judgements will be sound and link directly to the impact on Doris. Answers will be factually accurate, using appropriate terminology. There will be evidence of synthesis within the work. Answers will be factually accurate, using appropriate terminology. There will be few errors of grammar, punctuation and spelling.</p> <p>Level 2 [5 – 8 marks] Candidates will make a limited evaluation of the effects of moving into sheltered accommodation on Doris. Positive and negative effects will be considered at a superficial level. Answers will be factually accurate. There will be evidence of coherence within the answers. There will be noticeable errors of grammar, punctuation and spelling.</p> <p>Note: Sub-max of 6 if only positive or negative</p> <p>Level 1 [0 - 4 marks] Candidates may identify effects of moving into sheltered accommodation on Doris. Consideration of positive or negative effects. Evaluation will be lacking. Understanding will be superficial. Answers are likely to be muddled, demonstrating little knowledge or understanding. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p> <p>Knowledge requirements:</p> <p>Positive Effects P1 increased safety / security P2 warden on call in emergency P3 support available P4 make new friends P5 increased social life P6 raised confidence P7 raised self-esteem P8 move active P9 excursions / trips arranged P10 regular visits from warden / care manager P11 less stressful</p> <p>Negative Effects N1 feel upset to leave her old home N2 feel inadequate N3 dependent on others N4 lose old friends N5 loss of self esteem N6 depression N7 feel she is losing control of her life N8 lack of confidence</p>		[12]

**Mark Scheme F920
June 2007**

INSTRUCTIONS ON MARKING SCRIPTS

All page references relate to the Instructions to Examiner booklet (revised June 2006)

For many question papers there will also be subject or paper specific instructions which supplement these general instructions. The paper specific instructions follow these generic ones.

1 Before the Standardisation Meeting

Before the Standardisation Meeting you must mark a selection of at least 10 scripts.

The selection should be drawn from several Centres. The preliminary marking should be carried out **in pencil** in strict accordance with the mark scheme. In order to help identify any marking issues which might subsequently be encountered in carrying out your duties, **the marked scripts must be brought to the meeting.** (*Section 5c, page 6*)

2 After the standardisation meeting

- a) Scripts must be marked in **red**, including those initially marked in pencil for the Standardisation Meeting.
- b) All scripts must be marked in accordance with the version of the mark scheme agreed at the Standardisation Meeting.

f) Annotation of scripts

The purpose of annotation is to enable examiners to indicate clearly where a mark is earned or why it has not been awarded. Annotation can, therefore, help examiners, checkers, and those remarking scripts to understand how the script has been marked.

Annotation consists of:

- the use of ticks and crosses against responses to show where marks have been earned or not earned;
- the use of specific words or phrases as agreed at standardisation and as contained in the final mark scheme either to confirm why a mark has been earned or indicate why a mark has not been earned (eg indicate an omission);
- the use of standard abbreviations eg for follow through, special case etc.

Scripts may be returned to Centres. Therefore, any comments should be kept to a minimum and should always be specifically related to the award of a mark or marks and be taken (if appropriate) from statements in the mark scheme. General comments on a candidate's work must be avoided.

Where annotations are put onto the candidates' script evidence, it should normally be recorded in the body of the answer or in the margin immediately adjacent to the point where the decision is made to award or not award the mark.

d) **Recording of marking: the scripts**

- i) Marked scripts must give a clear indication of how marks have been awarded, as instructed in the mark scheme.
- ii) All numerical marks for responses to part questions should be recorded unringed in the right-hand margin. The total for each question (or, in specified cases, for each page) should be shown as a single ringed mark in the right-hand margin at the end of each question.

- iii) The ringed totals should be transferred to the front page of the script, where they should be totalled.
- iv) Every page of a script on which the candidate has made a response should show evidence that the work has been seen.
- v) Every blank page should be crossed through to indicate that it has been seen. (Section 8a – d, page 8)



e) **Handling of unexpected answers**

The Standardisation Meeting will include a discussion of marking issues, including:

- a full consideration of the mark scheme in the context of achieving a clear and common understanding of the range of acceptable responses and the marks appropriate to them, and comparable marking standards for optional questions;
- the handling of unexpected, yet acceptable answers. (Section 6a, bullet point 5, page 6)

There will be times when you may not be clear how the mark scheme should be applied to a particular response. In these circumstances, a telephone call to the Team Leader should produce a speedy resolution to the problem. (Appendix 5, para 17, page 26)

Annotation consists of:

4	The marks awarded for an individual answer (e.g. 1(a)) should be placed in the margin alongside the printed maximum mark available.
18	Total mark for whole question. Should be placed in the margin alongside the printed total mark available (DO NOT circle marks for individual parts of questions).
R	Repetition (i.e. mark awarded for first appearance of answer, but not for repetitious response). <i>Placed in the margin.</i>
✓	Correct Answer
✗	Wrong Answer
^	Omission
	Some relevance, but not sufficient to warrant a mark.
L1 L2 L3 L4	Examiner's first impression from reading a Levels response answer. Once decision made as to the correct Level (L1, L2, L3, L4), look for additional evidence to determine the mark within the Level.
(s) (w) (e) etc	Plus any additional symbols as agreed with the PE – generally used in Levels responses to indicate presence of a specific point, e.g. (s) for <i>strength</i> .
Seen	If response is not worthy of any marks, put at bottom of page (right hand side) to indicate that the answer(s) been seen .
	Put a line through blank pages/where entire answer space(s) left blank.
BOD	Benefit of doubt awarded.

Question	Expected Answer	Mark	Total
1 (a)	<p>One mark for each correct response, ONE required from</p> <ul style="list-style-type: none"> • Tajfel • Latane • Bandura 	1x1	[1]
(b)	<p>One mark for each full description of feature, THREE required from</p> <p>Bandura</p> <ul style="list-style-type: none"> (a) observation and modelling rather than stimuli (b) imitation -will copy behaviour they have observed (may use bobo doll experiment to describe this) (c) role models - will choose similar to/more powerful (d) rewards/vicarious reinforcement often intrinsic (e) must be observed by imitator in order to be copied (f) imitator's behaviour decreased if punishment observed (g) low self esteem can lead to greater imitation (h) will choose own role models which they can identify with <p>Tajfel</p> <ul style="list-style-type: none"> (a) those with low self esteem especially will identify with a group with positive self image (b) the stronger the positive image will result in a more positive social identity and in turn social image (c) the need for identity as superior or 'in group' is very strong (d) may result in some groups being rejected <p>Latane</p> <ul style="list-style-type: none"> (a) social impact - more impact the greater the source's, immediacy and importance- this helps us to understand obedience and conformity (b) presence of others affects behaviour – more likely to wait for guidance, shared responsibility (c) bystander effect - the more that are present the fewer that will help (d) individuals put in less effort when working as a group <p><i>Note: sub-max of 3 for identification only.</i></p>	3x2	[6]

Question	Expected Answer	Mark	Total
1(c)	<p>Level 3 [7-8 marks] Candidate has presented a planned and logical answer which clearly uses knowledge of the theory to explain children's behaviour (<i>application</i>). Answer is supported by at least one appropriate example(s) or opinion(s) of others. Sentences and paragraphs are relevant with accurate use of appropriate terminology. There may be occasional errors of grammar, punctuation and spelling.</p> <p>Level 2 [4-6 marks] Candidate has demonstrated limited ability to organise an answer, although candidates will be able to link the theory to how children learn behaviour. These may or may not be backed up with evidence. Sentences and paragraphs are generally relevant but may have minor inaccuracies or lack clarity and depth of understanding. There may be noticeable errors of grammar, punctuation and spelling.</p> <p>Note: candidates who 'change' theories after naming theorist can achieve half marks. However, MUST be linked to named perspective.</p> <p>Level 1 [0-3 marks] Candidate has described how children learn behaviour with limited link(s) to theory. The candidate has shown limited ability to organise the relevant material, using some appropriate health, social care and early years terminology. Sentences and paragraphs are not always relevant, with the material presented in a way that does not always address the question. There may be noticeable errors of grammar, punctuation and spelling.</p> <p>Knowledge requirements:</p> <p>(a) e.g. if child observes behaviour of child who generally shares well and takes turns they will notice that this behaviour is rewarded by being popular. The child will then copy this behaviour and in turn will internalise it and it will then take on that behaviour as normal.</p> <p>(b) e.g. will identify with in group and so adopt their behaviour. If not part of it will feel rejected and this could also influence their behaviour</p> <p>(c) e.g. if working within a group that are generally conforming - likely to succumb to this</p>		[8]

Question	Expected Answer	Mark	Total
2 (a)	Freud or Erikson	1x1	[1]
(b)	<p>One mark for each feature of psychodynamic theory, THREE required</p> <p>Note: candidates who 'change' theories after naming theorist can achieve half marks. However, MUST be linked to named perspective.</p> <p>Freud</p> <ul style="list-style-type: none"> a) founder of modern PSYCHO ANALYTICAL theory - a mix of biological and some learning motivating SOCIAL and EMOTIONAL development/personality b) psycho sexual - early years follows 3 phases, often overlapping - oral, anal and phallic. Followed by latency and genital (5 stages) c) mind consisted of conscious, pre conscious and unconscious d) emotions and behaviour driven by id, ego and super ego e) early experiences within first 4 years of family life greatly influence personality development / Oedipus and Electra complexes f) as basic needs are satisfied - biological drives (influence of carer) pleasure occurs and so becomes basic principle of life g) suppression/too much focus can be dangerous to healthy development of personality h) may explain any of following terms – regressions, repression, denial, displacement, projection, sublimation, rationalisation, fixation and defense mechanisms (<i>accept these terms individually</i>) i) generally pessimistic (early development and 'that's it') <p>Erikson</p> <ul style="list-style-type: none"> a) social and personality development but less emphasis on sexual drives more focus on psycho social b) must take on and resolve stages/crises/dilemmas which are linked to changing social demands c) may describe any of following stages to make the point that it is a stage theory d) people continue to develop and change throughout life e) each stage is described in terms of the positive or the negative outcomes that may happen following the developmental stage f) early experiences provide a foundation for later development g) generally optimistic (development throughout life) 	3 x 2	[6]

Question	Expected Answer	Mark	Total
	AGE CRISIS	OUTCOMES	INFLUENCES
	0-1 trust v mistrust	hope v insecurity	main carer
	1-2 autonomy v shame/doubt	willpower/self esteem v shame/ doubt	parents
	3-5 initiative v guilt	sense of purpose v guilt over feelings	Family
	6 industry v puberty inferiority	confidence/ competence v inadequacy	neighbourhood/ school
	adolescence - 12/18 identity v role confusion	trustworthy/reliable v insecure/ suspicious	peers
	20's intimacy v isolation	feel love (d) v unsuccessful relationships/ loneliness	sex partners colleagues
	20-50's generativity v stagnation	care/compassion v boredom/ self obsession	household/ society
	50+ integrity v despair	wisdom/ satisfaction/ acceptance of death v regret/fear of death	Mankind

Question	Expected Answer	Mark	Total
2(c)	<p>Level 3 [7-8 marks] Candidate has explained at least one criticism well, relating it to a practitioner. Has presented answer in a planned and logical sequence, using appropriate health, social care and early years terminology accurately. Sentences and paragraphs are for the most part relevant, with the material presented in a balanced, logical and coherent manner which addresses the question; there may be occasional errors of grammar, punctuation and spelling.</p> <p>Level 2 [4-6 marks] Candidate has described at least one criticism well in a logical and coherent structure or has given a number of valid criticisms but without clear justifications. Sentences and paragraphs may contain irrelevancies or may not always address main focus of question. There may be noticeable errors of grammar, punctuation and spelling.</p> <p>Note: candidates who ‘change’ theories after naming theorist can achieve half marks. However, MUST be linked to named perspective.</p> <p>Level 1 [0-3 marks] Candidate has identified at least one criticism but will contain some inaccuracies or lack justification/ example. Sentences and paragraphs have limited coherence and structure indicating a superficial knowledge of the theory. Little relevance to the main focus of the question. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <p>Knowledge requirements:</p> <p>Freud</p> <ul style="list-style-type: none"> ✓ much of theory based on work as therapist with mostly middle class, middle aged female clients ✓ unscientific – lack of evidence and cannot be proved ✓ sees child as being passive - no active role ✓ focuses on people’s thoughts, feelings rather than behaviour <p>Erikson</p> <ul style="list-style-type: none"> ✓ based on Freud so same limitations ✓ non-medical background ✓ any reasonable comment backed up with example, opinion - this may include comparisons 		[8]

Question	Expected Answer	Mark	Total
3 (a)	Maslow or Rogers	1x1	[1]
(b)	<p>Two marks for describing needs, TWO required</p> <p>Maslow</p> <ul style="list-style-type: none"> • physical/physiological needs (<i>not psychological</i>) • safety/security needs – freedom from threat, danger, intimidation • sense of belonging and love needs • self-esteem needs need to be recognised and acknowledged • cognitive needs - to understand and have knowledge • aesthetic needs - experience beauty • self actualisation needs - self fulfilment <p>Rogers</p> <ul style="list-style-type: none"> • self actualisation needs - physical, intellectual and basic needs through to creativity and independence • positive regard from others leading to positive regard of self • conditions of worth end up distorting many people's concepts of themselves • when people live with distorted sense of self they may cease to value themselves • people living with distorted sense of self are likely to experience a wide range of psychological difficulties • rewards terms conditions of worth, actualising tendency, conditional positive regard, unconditional positive regard, self-concept <p>Note: candidates who 'change' theories after naming theorist can achieve half marks. However, MUST be linked to named perspective.</p>	2x2	[4]

Question	Expected Answer	Mark	Total
3 (c)	<p>Level 3 [8-10 marks] Descriptions link two care needs of older people who live in residential care, with at least two appropriate examples (one for each need). Has used appropriate health, social care and early years terminology accurately. Sentences and paragraphs are for the most part relevant, with the material presented in a balanced, logical and coherent manner which addresses the question; there may be occasional errors of grammar, punctuation and spelling.</p> <p>Level 2 [5-7 marks] Candidates use at least one example to describe how needs (at least one) of older people in residential care are met. Answer is organised and uses some appropriate terminology. Sentences and paragraphs may contain some irrelevancies but indicate a sound understanding of theory and care needs of the elderly. There may be noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 [0-4 marks] Candidate has identified at least one way in which one need may be met using some appropriate terminology. Sentences and paragraphs have little coherence and structure, with limited relevance to main focus of question. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <p>Knowledge requirements:</p> <ul style="list-style-type: none"> (a) application of care values - promoting equality and diversity all clients still need to have needs such as self esteem cognitive etc met despite age, so if care worker is carefully applying these values, these needs should be met (b) promoting rights and beliefs, remember that although may have to follow strict routines, also encourage to make decisions for themselves where possible etc (c) confidentiality - v important for trust building and so meet sense of belonging, self esteem etc (d) general understanding of roles of care workers – focus often on meeting basic physical care needs but need also to focus on sense of belonging especially as no longer in own home, self esteem could be low as loss of independence, therefore need to be aware of this (e) any appropriate examples given for basic care needs (f) aesthetic/creativity - could look at visits/painting classes etc (g) positive regard from others - remember to listen and show care and respect etc - perhaps between clients too 		[10]

Question	Expected Answer	Mark	Total
4 (a)	<p>Level 3 [7-8 marks] Candidates assess (<i>positive and negative, can be positive for one, negative for another</i>) at least one social and at least one economic factor which could have an effect on the physical development of young children. Has used appropriate health, social care and early years terminology accurately. Sentences and paragraphs are for the most part relevant, with the material presented in a balanced, logical and coherent manner which addresses the question; there may be occasional errors of grammar, punctuation and spelling.</p> <p>Level 2 [4-6 marks] Candidates describe/explain at least one social and at least one economic factor. Sentences and paragraphs may contain some irrelevancies but indicate a sound understanding of how socio-economic factors can affect the physical development of young children. There may be noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 [0-3 marks] Candidates identify/describe at least one way in which one socio-economic factor can affect physical development of young children using some appropriate terminology. Sentences and paragraphs have little coherence and structure, with limited relevance to main focus of question. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <p>Knowledge requirements: F = family E = education H = housing C = culture A = access to health services N = nutrition/diet I = income differences</p> <p><i>(accept social class, gender and discipline only if applied correctly)</i></p>		[8]

Question	Expected Answer	Mark	Total
4 (b)	<p>Level 3 [9-12 marks] Candidates analyse at least two environmental influences could affect the development of children. At least three aspects of PIES are covered in a planned and logical sequence using appropriate health, social care and early years terminology accurately. Sentences and paragraphs are for the most part relevant, with the material presented in a balanced and coherent manner which addresses the question, there may be occasional errors of grammar, punctuation and spelling.</p> <p>Level 2 (5-8 marks) Candidates describe at least two environmental influences relating to at least two aspects of PIES. An attempt will be made to link influences to development of children. Answer is organised and uses some appropriate terminology. Sentences and paragraphs may contain some irrelevancies but indicate a sound understanding of the question. There may be noticeable errors of grammar punctuation and spelling. <i>One aspect of PIES done very well can achieve up to half marks.</i></p> <p>Level 1 [0-4 marks] Candidate has identified at least one way in which environmental influences could influence development using some appropriate terminology. May only look at one area of PIES. Sentences and paragraphs have limited coherence and structure, with limited relevance to main focus of question. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <p>Knowledge requirements:</p> <ul style="list-style-type: none"> (a) Air pollution examples asthma/respiratory infections and consequences on physical development. Positive factors -good environment - playing out in clean, safe community - social, emotional and physical development (b) Water pollution examples could include physical health - impact on physical development may be knock on effects of being ill and missing school(intellectual) (c) Noise pollution - concentration - intellectual. Emotional strain etc (d) Location – including housing, access to facilities, public transport (e) Social exclusion – including crime (as victims/drawn into early offending) (f) Nurture (side of nature/nurture debate) – quality of environment, care they receive, housing, etc. <p>P = Physical I = Intellectual E = Emotional S = Social</p>		[12]

Question	Expected Answer	Mark	Total
5	<p><i>Level 3 [12-15 marks]</i> Candidates analyse at least two inherited factors that could influence human development. At least three aspects of PIES are covered. Has presented answer in a planned and logical sequence, using appropriate health, social care and early years terminology accurately. Sentences and paragraphs are for the most part relevant, with the material presented in a balanced, logical and coherent manner which addresses the question, there may be occasional errors of grammar, punctuation and spelling.</p> <p><i>Level 2 [7-11 marks]</i> Candidates describe at least two inherited factors that could influence human development, using at least two areas of PIES. It may mention one area of PIES or has minor inaccuracy. Answer is organised and uses some appropriate sentences and paragraphs may contain some irrelevancies. There may be noticeable errors of grammar, punctuation and spelling. <i>One aspect of PIES done very well can achieve up to half marks.</i></p> <p><i>Level 1 [0-6 marks]</i> Candidates give a brief description of one or two inherited factors, with little information as to how these factors influence human development. There will be little or no reference to PIES. Sentences and paragraphs have limited coherence and structure, with limited relevance to main focus of question. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <p>Knowledge requirements:</p> <ul style="list-style-type: none"> • diseases/illnesses - some cancers, cystic fibrosis etc, likely to link to physical development in terms of sports/exercise etc affecting acquisition of skills • may discuss missing school - intellectual • missing out on social gatherings and emotional impact on self image etc • characteristics - growth and therefore physical development, intellect? Personality? • race • appearance • resentment of those who pass on genes – ‘blame their parents’ • a feeling of closeness as a result of physical similarities • pre-disposition towards (<i>quality indicator</i>) <p>P = Physical I = Intellectual E = Emotional S = Social</p>		[15]

Question	Expected Answer	Mark	Total
6	<p>Level 4 [16-20 marks] Candidate has identified either Piaget or Vygotsky and demonstrated clear understanding of their theory, applying their knowledge to explain how children reach their full potential. There is clear application of knowledge in candidates' explanations. The answer has a clearly defined structure, using appropriate health, social care and early years terminology confidently and accurately. Sentences and paragraphs, consistently relevant, are well structured in a way that addresses the question. There will be few, if any, errors of grammar, punctuation and spelling.</p> <p>Level 3 [11-15 marks] Candidate has identified either Piaget or Vygotsky and demonstrated some understanding of their theory, with some attempt to explain how children reach their full potential. There is an attempt at application of knowledge in candidates' explanations. The answer is relevant in a well-planned and logical sequence, using appropriate health, social care and early years terminology accurately. Sentences and paragraph are used to address the question. There may be occasional errors of grammar, punctuation and spelling.</p> <p>Level 2 [6-10 marks] Candidate identifies and describes appropriate theory with little application of knowledge. Little attempt has been made to apply their knowledge to explain how children can reach their full potential. There is a limited ability to organise relevant material, using some appropriate health, social care and early years terminology. Sentences and paragraphs are not always relevant, with the material presented in a way that does not fully address the question. There may be noticeable errors of grammar, punctuation and spelling. <i>Note: candidates to fully analyse a theory, with little or no application, maximum of 8 marks.</i></p> <p>Level 1 [0-5 marks] Candidate identifies a theory and makes some attempt to describe/apply knowledge of this theory. Generally list-like in nature, there is little use of health, social care and early years terminology. Sentences and paragraphs have limited coherence and structure often being doubtful in relevance to the main focus of the question. There may be noticeable errors of grammar, punctuation and spelling.</p>		[20]

Question	Expected Answer	Mark	Total
	<p>PIAGET DESCRIPTION/GENERAL COMMENTS</p> <p>(a) STAGES of development (b) maturation process (c) assimilation, accommodation, equilibration/schemas (d) linked to intellectual development (e) interactionist - with environment (f) children must master learning dilemmas before being able to develop (g) reaction to events will be influenced by the child's personal constructions of world (h) importance of free play</p> <p>JUDGEMENTS/OPINIONS/APPLICATIONS</p> <ul style="list-style-type: none"> • theory has recognised importance in early years and special needs education • based on detailed observations of own children- limitations • underestimations of intellectual/abilities of young children but broad outline still used • focuses on average child - <i>although all may be in same stage but cognitive ability may well be affected by their intelligence and social environment</i> • providing range of learning experiences - child can do more - stretch the child • better if questioned in natural environment/situation rather than lab. • baseline assessments of children - help CCEW give appropriate activities to promote and extend learning <p>VYGOTSKY</p> <p>(a) importance of child's social and cultural factors - access to early years settings of obvious benefit (b) learning can come first and even cause development - try to give activities which they are unfamiliar with so they reach potential (c) zone of proximal development - distance between actual and potential learning - teaching is far enough ahead to be a challenge but not impossible - also important to assess each child's capabilities accurately (d) thinking, memory, perception and language strongly influenced by culture - provide wide and varied cultural experiences to promote these skills (e) understanding comes from interaction with peers and adults as well as environment - interaction very important also groups work to interact with each other (f) child will internalise social interaction (g) PLAY – planned to enable them to enact real life situations emphasises importance of skilled adult/teacher – teacher's role is very significant so important to get it right</p> <p><i>Allow any other reasonable comment.</i></p>		

Supporting information for PIAGET

STAGES

Sensory motor stage (0-2)

- S1 gains knowledge of the world through basic senses. THEREFORE PLENTY OF SENSORY ACTIVITIES - LIGHT ROOMS
- S2 development of schemas - *allows child to make sense of world- cannot yet organise info*
- S3 egocentric- *will not understand things from others view*
- S4 process information visually as images – *use visual props*
- S5 object permanence
- S6 begins to learn through trial and error - *give plenty of opportunities for this, child care and early years worker can judge level of child by their mistakes*
- S7 spatial awareness e.g. feeding bottle unrecognisable from wrong end

Pre operational (2-7)

- S8 lack of conservation only see things as they appear to be
- S9 intuitive
- S10 moral realism - *simple understanding of right and wrong - important applications in behaviour management, Reversibility*
- S11 animism - believes every object has a consciousness
- S12 development of language abilities enabling processing of information - *ideas to develop and use emerging language skills*
- S13 symbolic representation - more complex play-using one object to represent another - *lots of games activities appropriate here*
- S14 still egocentric
- S15 increasing use of hearing as a means of gathering information - *relevant examples*

Concrete Operations Stage (7-11)

- S16 beginning to use logic and complex reasoning but needs concrete objects to base it on - *enjoy simple puzzles*
- S17 becoming able to decentre and see things from others point of view
- S18 conservation - things are not always as they look

Formal Operations Stage (11+)

- S19 use hypothetical deductions and logical thought - able to conduct thought processes in mind - no need for aids abstract thinking - no need for aids eg being able to think 'out of the box'/use imagination

**Mark Scheme F921
June 2007**

INSTRUCTIONS ON MARKING SCRIPTS

All page references relate to the Instructions to Examiner booklet (revised June 2006)

For many question papers there will also be subject or paper specific instructions which supplement these general instructions. The paper specific instructions follow these generic ones.

1 Before the Standardisation Meeting

Before the Standardisation Meeting you must mark a selection of at least 10 scripts.

The selection should be drawn from several Centres. The preliminary marking should be carried out **in pencil** in strict accordance with the mark scheme. In order to help identify any marking issues which might subsequently be encountered in carrying out your duties, **the marked scripts must be brought to the meeting.** (*Section 5c, page 6*)

2 After the standardisation meeting

- a) Scripts must be marked in **red**, including those initially marked in pencil for the Standardisation Meeting.
- b) All scripts must be marked in accordance with the version of the mark scheme agreed at the Standardisation Meeting.
- g) **Annotation of scripts**

The purpose of annotation is to enable examiners to indicate clearly where a mark is earned or why it has not been awarded. Annotation can, therefore, help examiners, checkers, and those remarking scripts to understand how the script has been marked.

Annotation consists of:

- the use of ticks and crosses against responses to show where marks have been earned or not earned;
- the use of specific words or phrases as agreed at standardisation and as contained in the final mark scheme either to confirm why a mark has been earned or indicate why a mark has not been earned (eg indicate an omission);
- the use of standard abbreviations eg for follow through, special case etc.

Scripts may be returned to Centres. Therefore, any comments should be kept to a minimum and should always be specifically related to the award of a mark or marks and be taken (if appropriate) from statements in the mark scheme. General comments on a candidate's work must be avoided.

Where annotations are put onto the candidates' script evidence, it should normally be recorded in the body of the answer or in the margin immediately adjacent to the point where the decision is made to award or not award the mark.

d) **Recording of marking: the scripts**

- i) Marked scripts must give a clear indication of how marks have been awarded, as instructed in the mark scheme.
- ii) All numerical marks for responses to part questions should be recorded unringed in the right-hand margin. The total for each question (or, in specified cases, for each page) should be shown as a single ringed mark in the right-hand margin at the end of each question.

- iii) The ringed totals should be transferred to the front page of the script, where they should be totalled.
- iv) Every page of a script on which the candidate has made a response should show evidence that the work has been seen.
- v) Every blank page should be crossed through to indicate that it has been seen.
(Section 8a – d, page 8)



e) **Handling of unexpected answers**

The Standardisation Meeting will include a discussion of marking issues, including:

- a full consideration of the mark scheme in the context of achieving a clear and common understanding of the range of acceptable responses and the marks appropriate to them, and comparable marking standards for optional questions;
- the handling of unexpected, yet acceptable answers.
(Section 6a, bullet point 5, page 6)

There will be times when you may not be clear how the mark scheme should be applied to a particular response. In these circumstances, a telephone call to the Team Leader should produce a speedy resolution to the problem.
(Appendix 5, para 17, page 26)

Annotation consists of:

4	The marks awarded for an individual answer (e.g. 1(a)) should be placed in the margin alongside the printed maximum mark available.
18	Total mark for whole question. Should be placed in the margin alongside the printed total mark available (DO NOT circle marks for individual parts of questions).
R	Repetition (i.e. mark awarded for first appearance of answer, but not for repetitious response). <i>Placed in the margin.</i>
✓	Correct Answer
✗	Wrong Answer
^	Omission
	Some relevance, but not sufficient to warrant a mark.
L1 L2 L3 L4	Examiner's first impression from reading a Levels response answer. Once decision made as to the correct Level (L1, L2, L3, L4), look for additional evidence to determine the mark within the Level.
(s) (w) (e) etc	Plus any additional symbols as agreed with the PE – generally used in Levels responses to indicate presence of a specific point, e.g. (s) for <i>strength</i> .
Seen	If response is not worthy of any marks, put at bottom of page (right hand side) to indicate that the answer(s) been seen .
	Put a line through blank pages/where entire answer space(s) left blank.
BOD	Benefit of doubt awarded.

Question	Expected Answer	Mark	Total
1 (a)	<p>One mark for each correct response. Seven required from:</p> <ol style="list-style-type: none"> 1 pharynx / throat 2 trachea / ring of cartilage / windpipe 3 lung 4 pleura / lung membrane 5 larynx 6 bifurcation / bronchus / bronchi 7 bronchus / bronchiole 	7x1	[7]
(b)	<p>One mark for each correct function, TWO required for each from</p> <p>Trachea</p> <ul style="list-style-type: none"> • flexible fibro elastic and muscular structure to allow movement of the neck • connects the larynx with the bronchi • allows the transport of air to the lungs • cleaning air / traps dust • cartilage to keep trachea open • transport of CO_2 / O_2 from lungs <p>Ciliated Lining</p> <ul style="list-style-type: none"> • a collection of fine hairs that cover the inside of the trachea • they help to trap small particle and foreign bodies and move in waves in one direction back up towards the head • goblet cells / mucus moving, wafting <p>Alveoli</p> <ul style="list-style-type: none"> • small air sacs that allow the diffusion of oxygen across their membrane into red blood cells in the surrounding capillaries • they also allow the diffusion of carbon dioxide from the blood plasma to diffuse back into the alveoli • elasticised tissue to allow expansion • large surface area • moist to assist diffusion • one cell thick <p>Diaphragm</p> <ul style="list-style-type: none"> • a large dome shaped muscle that contracts and relaxes causing the chest cavity to increase and decrease in volume allowing the lungs to expand and contract (breathing) • it also forms the division between the abdomen and the thoracic cavity keeping the abdominal organs in their correct place • changing pressure / maintains pressure 	8x1	[8]

Question	Expected Answer	Mark	Total
2 (a)	<p><i>Level 3 [8-10 marks]</i> Candidates will provide a fully developed description that includes accurate terminology and follows a logical sequence. Answer is supported by use of appropriate examples or opinions. Sentences and paragraphs are relevant with accurate use of appropriate terminology. There may be occasional errors of grammar, punctuation and spelling. <i>Must be a logical progress for top marks.</i></p> <p><i>Level 2 [5-7 marks]</i> Candidates will provide a fully developed description that includes accurate terminology. Description of function will be accurate. Sentences and paragraphs are generally relevant but may have minor inaccuracies or lack clarity and depth of understanding. There may be noticeable errors of grammar, punctuation and spelling.</p> <p><i>Level 1 [0-4 marks]</i> Candidates' will provide an identification / simple description of at least one function (two functions for the top of this level). Their use of appropriate terminology will be limited. Description of function may be limited. Sentences and paragraphs are not always relevant, with the material presented in a way that does not always address the question. There may be noticeable errors of grammar, punctuation and spelling.</p> <p>Knowledge requirements:</p> <p>(a) blood is filtered in the <i>glomeruli (Bowman's capsule)</i> in the <i>cortex</i> of the kidney where <i>waste products (urea and electrolytes)</i> and <i>excess water</i> are filtered out under pressure</p> <p>(b) the <i>urine</i> produced collects in <i>the calyces</i> and drains into <i>the pelvis of the kidney</i></p> <p>(c) <i>Peristaltic waves</i> transfer the urine down the <i>ureter without reflux</i> and into the <i>bladder which is a large muscular sac</i>. when the bladder is full, nerve sensations cause <i>the bladder to contract under voluntary control</i> forcing the <i>urine through the urethra</i> and out of the body</p> <p>(d) urine travel is in <i>one direction only</i>; system is designed not <i>to reflux</i> back</p> <p>(e) homeostasis, water balance processes as blood travels through <i>enthrone</i></p> <p><i>Note: reward candidates who produce annotated diagram.</i></p>		[10]

Question	Expected Answer	Mark	Total
2 (b)	<p><i>Level 3 [8-10 marks]</i> Candidates will provide a fully developed explanation that includes accurate terminology. Development of the answer shows a logical sequence and clear understanding of the treatment. Answer is supported by use of appropriate examples or opinions. Sentences and paragraphs are relevant with accurate use of appropriate terminology. There may be occasional errors of grammar, punctuation and spelling.</p> <p><i>Level 2 [5-7 marks]</i> Candidates will provide an accurate explanation that includes some accurate terminology. Principles of the treatment may be accurate. These may or may not be backed up with evidence. Sentences and paragraphs are generally relevant but may have minor inaccuracies or lack clarity and depth of understanding. There may be noticeable errors of grammar, punctuation and spelling.</p> <p><i>Level 1 [0-4 marks]</i> Candidate will provide a simple explanation. Their use of appropriate terminology will be limited. Principles of the treatment may be limited. The candidate has shown limited ability to organise the relevant material. Sentences and paragraphs are not always relevant, with the material presented in a way that does not always address the question. There may be noticeable errors of grammar, punctuation and spelling.</p> <p>Peritoneal dialysis</p> <ul style="list-style-type: none"> (a) uses the person's peritoneal membrane to act as a dialysis mechanism (b) it involves filling the abdominal cavity via a catheter with a dialysate solution in a closed system (c) waste products from the blood then diffuse across the peritoneal membrane (d) this may take several hours (e) the fluid is then drained back into the bag (f) this is replaced by a fresh bag of dialysate and the process is carried out again. <p>Haemodialysis</p> <ul style="list-style-type: none"> (a) involves filtering the blood through an artificial kidney called a dialyser (b) the patient has a semi-permanent arterio-venous shunt inserted into the vessels of their wrist so they can connect to the machine via an artery (c) inside the dialyser the blood is run through tubes or across a semi-permeable membrane on the other side of which is the dialysate (d) this allows waste products to be continuously removed as the dialysate is being constantly changed (e) the cleaned (dialysed) blood enters the body through the shunt via a vein in the wrist 		[10]

Question	Expected Answer	Mark	Total
	<p>Renal transplant</p> <ul style="list-style-type: none"> (a) the operation lasts about four hours and is carried out under a general anaesthetic (b) a donor kidney that has been cross matched for acceptability is removed from the donor (c) the surgeon will make an incision in the abdomen either on the right or left side depending on where to insert the kidney (d) they do not usually remove failed kidneys unless they are causing problems (e) the new kidney will be placed above the pelvic brim and connected to the iliac vessels so that the kidney is supplied with blood (f) the ureter is then connected to the bladder so that urine can drain away (g) a stent (plastic tube) may be inserted to stop the ureter blocking (h) the kidney usually starts functioning immediately (i) anti-rejection drugs are taken by the patient to reduce the risk of rejection <p>Drug therapy</p> <ul style="list-style-type: none"> (a) treatment will be relative to the dysfunction chosen. eg the use of imuno-suppressant drugs with transplant patients or the use of anti-coagulants on dialysis patients etc 		

Question	Expected Answer	Mark	Total
3 (a)	<p>One mark for each structure identified FIVE required from</p> <ol style="list-style-type: none"> 1 small bowel / intestine, ileum, jejunum 2 large colon / caecum, intestine 3 appendix / vermiform appendix 4 rectum / anus / sigmoid colon 5 Pancreas / accept omentum / stomach (all of which can occupy this area). 	5x1	[5]
(b)	<p><i>Level 3 [8-10 marks]</i> Candidates will identify one dysfunction of the digestive system and describe how their daily routines and life style are affected. The description will show full understanding and link directly to the dysfunction. They will demonstrate the ability to present their answer in a planned and logical sequence using appropriate and accurate terminology. Sentences and paragraphs are for the most part relevant and material will be presented in a balanced, logical and coherent manner that addresses the question. There may be occasional errors in the use of grammar, punctuation and spelling.</p> <p><i>Level 2 [5-7 marks]</i> Candidates will identify one form of dysfunction of the digestive system and describe how their daily routines or life style are affected. They will demonstrate limited ability to organise their answer, using some appropriate terminology. Sentences and paragraphs will not always be relevant and material will be presented in a way that does not always address the question. There may be noticeable errors of grammar, punctuation and spelling.</p> <p><i>Level 1 [0-4 marks]</i> Candidates will identify one dysfunction of the digestive system and identify possible ways in which their daily routines or life style are affected. The identification / description will be limited with little evidence of the use of appropriate terminology. Sentences and paragraphs have limited coherence and structure, with little relevance to the main focus of the question. Errors in the use of grammar, punctuation and spelling may be noticeable and obtrusive.</p> <p>Dysfunctions:</p> <p>IBS</p> <ol style="list-style-type: none"> (b) symptoms include: abdominal cramps, spasms, bloating and abnormal bowel function (c) loose motions and explosive diarrhoea / hard motions and (d) difficulty in passing (e) feeling of urgency (f) pain and sensitivity in the lower bowel 		[10]

Question	Expected Answer	Mark	Total
	<p>Daily routines and lifestyle</p> <ul style="list-style-type: none"> • availability of lavatory facilities, worry about use of same • social interaction can become limited due to the problem with bowel movement • removal of certain items from the diet eg tea, coffee, alcohol dairy products and wheat • travel becomes difficult, as would employment in certain circumstances • isolation • lack of self-esteem / confidence • financial problems <p><i>Accept other relevant related lifestyle or daily routine changes.</i></p> <p>Ulcers (gastric)</p> <ul style="list-style-type: none"> (a) pain in upper abdomen (b) relieved by food and antacids (c) vomiting (d) loss of appetite (e) bleeding (f) haematemesis / vomiting blood (g) left untreated can become Neoplastic (h) risk of perforation and acute abdomen / infection, peritonitis <p>Ulcers (duodenal)</p> <ul style="list-style-type: none"> (a) pain in upper abdomen (b) relieved by food and antacids (c) vomiting (d) loss of appetite (e) (heavy) bleeding into the small bowel (f) malena / blackened stools (g) small bowel obstruction (h) risk of perforation and acute abdomen / infection, peritonitis (i) anaemia (j) occasional vomiting <p>Daily routines and lifestyle</p> <ul style="list-style-type: none"> • limitations to diet, no spicy food • loss of appetite • loss of weight • change of bowel habit may cause social problems • not being able to eat and drink normally may reduce social activity <p><i>Accept other relevant related lifestyle or daily routine changes.</i></p>		

Question	Expected Answer	Mark	Total
	<p>Gall stones</p> <ul style="list-style-type: none"> (a) inflammation of the gall bladder (b) (intense) upper right quadrant abdomen pain (c) nausea, vomiting (d) indigestion, flatulence and heartburn (e) biliary obstruction (f) jaundice (g) fever (h) non-functioning gall bladder leading to necrosis (i) perforation and peritonitis (j) obstructive pancreatitis <p>Daily routines and lifestyle</p> <ul style="list-style-type: none"> • inability to tolerate fat in the diet • pallid stools / steatorrhea. • jaundice yellows the whites of the eyes making the person look ill • limited social interaction due to pain and vomiting • loss of appetite • loss of weight • change of bowel habit may cause social problems <p>Emotional and Social effects:</p> <ul style="list-style-type: none"> • <i>effects on mobility, daily living tasks, personal hygiene</i> • <i>socialising, personal relationships etc</i> <p><i>Accept other relevant related lifestyle or daily routine changes.</i></p> <p>Note: reward celiac disease, chrons, ulcerative colitis.</p>		

Question	Expected Answer	Mark	Total
4 (a)	<p>One mark for each correct response. Five required from:</p> <ol style="list-style-type: none"> 1 bladder 2 prostate 3 testicle / testes / gonad 4 epididymus 5 urethra 	5 x 1	[5]
4 (b) (i)	<p><i>Level 3 [5 marks]</i> Candidates will provide a fully developed description of the chosen treatment that includes accurate terminology.</p> <p><i>Level 2 [3-4 marks]</i> Candidates will provide a good general description of the chosen treatment that includes some accurate terminology.</p> <p><i>Level 1 [0-2 marks]</i> Candidates will provide an identification / simple description of the chosen treatment. Their use of appropriate terminology will be limited.</p> <p>Impotence</p> <ul style="list-style-type: none"> • the inability to maintain an erection of the penis which prevents the successful engagement in sexual intercourse - it can occur at any age and can be either temporary or long lasting • impotence can be psychological in origin caused by stress anxiety and depression or marital conflict • it can also be caused by physical problems such as stroke, atherosclerosis, diabetes, alcoholism, smoking • brief bouts may follow illness such as flu or taking medication or drugs (pain killers and heavy analgesics) • it can be a side effect of surgery such as bladder surgery, prostatectomy or spinal canal surgery <p>Infertility</p> <ul style="list-style-type: none"> • male infertility may be caused by the failure of the testes to produce viable sperm (azoospermia) • sperm may be weak and unable to complete the journey or fail to negotiate the cervix • they may also be low in number, fewer than 20 million per millilitre • the tubes of the vas deferens may be blocked or damaged by physical injury • problems may be caused by disease, a varicocele, mumps, cancer - also excessive alcohol and smoking • treatments such as cytotoxic drugs, radiation treatment or occupational exposure or working with certain chemicals such as solvents can cause infertility • insufficient nutrient secretions from the prostate may also cause infertility 		[5]

Question	Expected Answer	Mark	Total
4 (b)(ii)	<p>One mark for diagnostic technique. One mark for treatment. One - three marks for description of treatment.</p> <p>Impotence</p> <ul style="list-style-type: none"> • self diagnosis • clinical assessment • clinical electronic nerve stimulation • psychological assessment <p>Treatment</p> <ul style="list-style-type: none"> • psychological assessment and assessment of causes such as stress, relaxation therapy such as Yoga • therapy often focuses on complications surrounding performance anxiety, dysfunctional relationships, loss of a partner, psychotic disorders, substance abuse, etc • marriage guidance sessions to rebuild relationship where appropriate • implantation surgery, inflatable prosthetic bag inserted into the penis • three forms of penile prosthesis are currently available flexible, malleable and inflatable • flexible or malleable rods consist of two semi-rigid, flexible rods that make the penis firm enough for intercourse • needle injection therapy uses a hypodermic needle to inject medication that is a mixture of papaverine, phentolamine and prostaglandin into the side of the penis • the medication relaxes the smooth muscle tissue of the penis allowing for an erection • vacuum cup devices, works by placing a cylinder with an attached pump over the penis • the pump creates a vacuum in the cylinder, which pulls blood into the penis to create an erection • drug therapy such as sildenafil Cialis Levitra Uprima Viagra • the physiologic mechanism of erection of the penis involves release of nitric oxide (NO) in the corpus cavernosum during sexual stimulation • NO then activates the enzyme guanylate cyclase, which results in increased levels of cyclic guanosine monophosphate (cGMP), producing smooth muscle relaxation in the corpus cavernosum and allowing inflow of blood • treatment of vascular problems to increase blood flow, may involve both the arterial and venous systems • venous ligation has been reported to be effective in patients with venous leakage • Muse Urethral Insert consists of a disposable applicator, small enough to fit into the urethra - the applicator is inserted into the urethra approximately one inch and the prostaglandin E-1 medication is released 	<p>1x1 1x1 3x1</p>	<p>[5]</p>

Question	Expected Answer	Mark	Total
	<p>Infertility</p> <ul style="list-style-type: none"> • sperm count • clinical assessment prior to surgery • assessment of sperm motility • blood test to assess hormone levels <p>Treatment</p> <ul style="list-style-type: none"> • micro-surgical intervention to unblock tubes in the vas deferens or removal of obstruction such as a varicocele • re-connection after vasectomy • vitamin therapy, lose clothing and cold baths • gonadotrophin and chemical treatments (clomid, srephe) to improve sperm motility and production • surgical dilatation treatment for retrograde ejaculation involving the prostatic urethra <p>Accept: 'sperm donor' 'IVF' but must be described from male perspective</p>		

Question	Expected Answer	Mark	Total
5 (a)	<p>Two marks for each description of the main functions, THREE required from</p> <ul style="list-style-type: none"> • Support is provided by the muscles and the skeleton allow the body to have posture and form and to hold organs and body systems in place • Protection is provided by the muscles and the skeleton allowing delicate organs and structures to remain undamaged • Movement is provided by muscles and skeleton in that the muscles contract and relax using various bones as levers and fulcrums and the action of muscles to allow the flow of liquids by peristalsis, contraction and dilation <p><i>Candidates may use examples such as the skull protecting the brain etc.</i> <i>One mark can be given for the example the remaining mark for the description. Or two marks for an appropriate description.</i> <i>Sub-max of three for identification only.</i></p>	3 x 2	[6]
(b)(i)	<p>One mark for musculo-skeletal dysfunction ONE required Two marks for explanation of effects (physiological and / or PIES effects), TWO required from</p> <p>Dysfunctions</p> <ul style="list-style-type: none"> • arthritis, rheumatoid or osteo • osteoporosis • Parkinson's disease • multiple sclerosis <p>Arthritis</p> <ul style="list-style-type: none"> • inflammation of one or more joints causing redness, swelling, pain and loss of joint mobility • may be caused by wear and tear or may be a symptom of a generalised disease • swelling can be due to fluid collections • osteoarthritis is the gradual destruction of weight bearing joints and sometimes the hands, it cannot be reversed • rheumatoid arthritis affects hands, knees, shoulders, ankles and can produce painless round rheumatoid nodules under the skin • can cause damage to tissue throughout the body unlike osteoarthritis <p>Osteoporosis</p> <ul style="list-style-type: none"> • bones lose their density, worse with age and more common in women, fractures are common in hip wrist and spine with associated nerve damage • the bones lose calcium, phosphate and the matrix breaks down • lack of oestrogen in menopause, factors that attribute 	1 x 1 2 x 2	[5]

Question	Expected Answer	Mark	Total
	<p>and accelerate it are diet, lack of exercise, smoking, excessive alcohol and prolonged bed rest</p> <ul style="list-style-type: none"> • other effects could include anorexia, thyroid hormone change and corticosteroids <p>Parkinson's</p> <ul style="list-style-type: none"> • disease of the central nervous system giving gradual, progressive muscle tremors, rigidity and clumsiness • a mask like expression awkward, shuffling walk with a stooped posture, slow monotonous voice • walking, talking and tasks become progressively difficult • later stages mental deterioration and dementia occur <p>Multiple sclerosis</p> <ul style="list-style-type: none"> • progressive and debilitating CNS disease involving on going destruction of the myelin sheaths of nerves • this effectively causes short circuits in the system and disrupts signals • therefore all systems can be affected in some way • cause or trigger is said to be viral, auto immune response that T cells target myelin as foreign 		
5 (b)(ii)	<p>One mark for diagnostic technique. One mark for treatment. One - two marks for description of treatment.</p> <p>Arthritis Diagnosis: Plain x-rays, CAT / MRI scanning, blood tests</p> <ul style="list-style-type: none"> • can be exacerbated by acidic diet • treated by NSAID's steroids and surgical intervention eg joint replacement, arthrodesis, injections of gold salts, D-penicillamine and chloroquine <p>Osteoporosis Diagnosis: Bone densitometry, x-ray, CAT scan, blood test.</p> <ul style="list-style-type: none"> • treatment includes HRT vitamin D and calcium supplements • calcitonin injections may help • preventative lifestyle changes prove most effective when started young <p>Parkinson's Diagnosis: mainly clinical observation</p> <ul style="list-style-type: none"> • treatments include levodopa and carbidopa to decrease tremors and rigidity • surgical grafting of dopamine secreting neurones or surgery to destroy certain nerve pathways (ablation) • use of canaboids to reduce symptoms <p>Multiple Sclerosis Diagnosis: neurological tests, blood test</p> <ul style="list-style-type: none"> • no cure but various drug treatments are available to suppress symptoms and effects • rest and support until periods of remission 	1x1 1x1 2x1	[5]

Question	Expected Answer	Mark	Total
	<p>General:</p> <ul style="list-style-type: none">• pain killers• anti-inflammatories• physiotherapy – non-weight-bearing exercises eg swimming• surgery• complementary therapies• alternative diets		

Question	Expected Answer	Mark	Total
6	<p><i>Level 4 [16-20 marks]</i> Candidates will explain two form of physiological effect on the cardio-vascular system and effects on two other body systems (<i>although one may be more detailed than another towards the lower end of this level</i>). They will demonstrate the ability to present their answer in a well-planned and logical manner, with a clearly defined structure. They will use appropriate terminology confidently and accurately. Sentences and paragraphs will directly address the question in a consistent, relevant and well-structured way. There will be few, if any, errors in the use of grammar, punctuation and spelling.</p> <p><i>Level 3 [11-15 marks]</i> Candidates will explain at least one form of physiological effect on the cardio-vascular system and at least two other effects on other body systems, or vice versa. They will demonstrate the ability to present their answer in a planned and logical sequence using appropriate and accurate terminology. Sentences and paragraphs are for the most part relevant and material will be presented in a balanced, logical and coherent manner that addresses the question. There may be occasional errors in the use of grammar, punctuation and spelling.</p> <p><i>Level 2 [6-10 marks]</i> Candidates will describe one effect on the cardio-vascular system and one other effect on another body system. They will demonstrate limited ability to organise their answer, using some appropriate terminology. Sentences and paragraphs will not always be relevant and material will be presented in a way that does not always address the question. There may be noticeable errors of grammar, punctuation and spelling.</p> <p><i>Level 1 [0-5 marks]</i> Candidates will identify / describe one form of general effect on the cardio-vascular system and / or one other effect on another body system. The description will be limited with little evidence of the use of appropriate terminology. Sentences and paragraphs have limited coherence and structure, with little relevance to the main focus of the question. Errors in the use of grammar, punctuation and spelling may be noticeable and obtrusive.</p>		[20]

Question	Expected Answer	Mark	Total
	<p>Physiological effects on:</p> <p>(S1) Cardio-vascular effects</p> <ul style="list-style-type: none"> • cardiomyopathy / heart is weakened and destroyed, fails to pump • enlarged left ventricle / cardiomegalopathy • high blood pressure / hypertension / stroke / heart attack • arteriosclerosis / hardening of the arteries • dilates blood vessels – loss of heat • cardiac muscle damage • heart rhythm irregularities <p>(S2) Digestive effects</p> <ul style="list-style-type: none"> • acute / chronic pancreatitis • cirrhosis / liver damage, fatty deposits • liver / mouth / throat / larynx / oesophagus cancer • oesophageal irritation leading to oesophagitis, cancer, reflux, heartburn • gastritis • pancreatic cancer • effects relating to mineral and vitamin deficiency eg slow healing due to lack of vitamin C / Anaemia due to lack of iron - both due to poor diet • gallstones • alcoholic hepatitis • enlarged liver • peptic ulcer • oesophageal varices <p>(S3) Renal effects</p> <ul style="list-style-type: none"> • increased urine output • bladder cancer • increased kidney infections • kidney failure due to hypertension <p>(S4) Reproductive effects</p> <ul style="list-style-type: none"> • impotence • spontaneous abortion • stillbirths • congenital malformation • growth retardation • loss of libido • non-ovulation • amenorrhoea • low sperm counts • foetal alcoholic syndrome • damage to foetus <p>(S5) Respiratory effects</p> <ul style="list-style-type: none"> • increased infections due to reduced overall immunity 		

Question	Expected Answer	Mark	Total
	<p>(S6) Neurological effects</p> <ul style="list-style-type: none"> • acts as a sedative / sedation • polyneuropathy / inflammation of the peripheral nerves • dementia, loss of mental capability • delirium tremens, tremors / the shakes • hallucinations • Wernicke-Korsakoff syndrome (unlikely answer) / B1 deficiency • brain cell destruction • impairs judgement • impairs co-ordination • reduced reaction time <p>(S7) Musculo-skeletal effects</p> <ul style="list-style-type: none"> • effects energy supply – decreases the use of glucose and amino acids by skeletal muscles <p>Accept immediate effects:</p> <ul style="list-style-type: none"> • impaired speech • loss of consciousness • ‘interference with temperature control’ mechanisms <p>Accept appropriate psychological effects.</p>		

**Mark Scheme F924
June 2007**

INSTRUCTIONS ON MARKING SCRIPTS

All page references relate to the Instructions to Examiner booklet (revised June 2006)

For many question papers there will also be subject or paper specific instructions which supplement these general instructions. The paper specific instructions follow these generic ones.

1 Before the Standardisation Meeting

Before the Standardisation Meeting you must mark a selection of at least 10 scripts.

The selection should be drawn from several Centres. The preliminary marking should be carried out **in pencil** in strict accordance with the mark scheme. In order to help identify any marking issues which might subsequently be encountered in carrying out your duties, **the marked scripts must be brought to the meeting.** (*Section 5c, page 6*)

2 After the standardisation meeting

- a) Scripts must be marked in **red**, including those initially marked in pencil for the Standardisation Meeting.
- b) All scripts must be marked in accordance with the version of the mark scheme agreed at the Standardisation Meeting.

h) Annotation of scripts

The purpose of annotation is to enable examiners to indicate clearly where a mark is earned or why it has not been awarded. Annotation can, therefore, help examiners, checkers, and those remarking scripts to understand how the script has been marked.

Annotation consists of:

- the use of ticks and crosses against responses to show where marks have been earned or not earned;
- the use of specific words or phrases as agreed at standardisation and as contained in the final mark scheme either to confirm why a mark has been earned or indicate why a mark has not been earned (eg indicate an omission);
- the use of standard abbreviations eg for follow through, special case etc.

Scripts may be returned to Centres. Therefore, any comments should be kept to a minimum and should always be specifically related to the award of a mark or marks and be taken (if appropriate) from statements in the mark scheme. General comments on a candidate's work must be avoided.

Where annotations are put onto the candidates' script evidence, it should normally be recorded in the body of the answer or in the margin immediately adjacent to the point where the decision is made to award or not award the mark.

d) Recording of marking: the scripts

- i) Marked scripts must give a clear indication of how marks have been awarded, as instructed in the mark scheme.
- ii) All numerical marks for responses to part questions should be recorded unringed in the right-hand margin. The total for each question (or, in specified cases, for each page) should be shown as a single ringed mark in the right-hand margin at the end of each question.

- iii) The ringed totals should be transferred to the front page of the script, where they should be totalled.
- iv) Every page of a script on which the candidate has made a response should show evidence that the work has been seen.
- v) Every blank page should be crossed through to indicate that it has been seen.
(Section 8a – d, page 8)



e) **Handling of unexpected answers**

The Standardisation Meeting will include a discussion of marking issues, including:

- a full consideration of the mark scheme in the context of achieving a clear and common understanding of the range of acceptable responses and the marks appropriate to them, and comparable marking standards for optional questions;
- the handling of unexpected, yet acceptable answers.
(Section 6a, bullet point 5, page 6)

There will be times when you may not be clear how the mark scheme should be applied to a particular response. In these circumstances, a telephone call to the Team Leader should produce a speedy resolution to the problem.
(Appendix 5, para 17, page 26)

Annotation consists of:

4	The marks awarded for an individual answer (e.g. 1(a)) should be placed in the margin alongside the printed maximum mark available.
18	Total mark for whole question. Should be placed in the margin alongside the printed total mark available (DO NOT circle marks for individual parts of questions).
R	Repetition (i.e. mark awarded for first appearance of answer, but not for repetitious response). <i>Placed in the margin.</i>
✓	Correct Answer
✗	Wrong Answer
^	Omission
	Some relevance, but not sufficient to warrant a mark.
L1 L2 L3 L4	Examiner's first impression from reading a Levels response answer. Once decision made as to the correct Level (L1, L2, L3, L4), look for additional evidence to determine the mark within the Level.
(s) (w) (e) etc	Plus any additional symbols as agreed with the PE – generally used in Levels responses to indicate presence of a specific point, e.g. (s) for <i>strength</i> .
Seen	If response is not worthy of any marks, put at bottom of page (right hand side) to indicate that the answer(s) been seen .
	Put a line through blank pages/where entire answer space(s) left blank.
BOD	Benefit of doubt awarded.

Question	Expected Answer	Mark	Total
1 (a)	<p>One mark for each correct trend THREE required from</p> <ul style="list-style-type: none"> • more males receive no help than females at both ages • daughters give more help than sons for both males and females 75 and over • paid help increases dramatically for the 75 and over age group • big increase in help provided by wives for husbands 75 and over <p><i>Accept any trend but it must be more than just a transcription of the data.</i></p>	3x1	[3]
(b)	<p>One mark for each correct example THREE required from</p> <ul style="list-style-type: none"> • charities • neighbours • friends • voluntary groups/organisations • community service volunteers • other relatives not included in the table <p><i>Accept three examples of voluntary organisations.</i></p>	3x1	[3]

Question	Expected Answer	Mark	Total
1 (c)	<p>Level 3 response: 8-9 marks Candidates can give a detailed explanation of at least two reasons why daughters are more likely than sons to give help to parents. The answer will be written in an essay format and the reasons given will be related to two different situations women find themselves in eg family, workplace. There must be some understanding that women have been socialised into this role and it is not just that women are naturally more caring. The answer will be developed logically and there will be evidence of synthesis within the work. There will be few errors of spelling, punctuation and grammar.</p> <p>Level 2 response: 4-7 marks Candidates can give a basic explanation of at least one reason. It will be explained and not just identified. There will be noticeable errors of grammar, punctuation and spelling. Sentences and paragraphs not always relevant with the material presented in a way that does not always address the question.</p> <p>Level 1 response: 0-3 marks Candidates can describe at least one reason but it is likely to be identified and not contextualised. Errors of grammar, punctuation and spelling will be noticeable and intrusive. Sentences and paragraphs have limited coherence and structure often being of doubtful relevance to the main focus of the question.</p> <p>Knowledge requirements:</p> <ul style="list-style-type: none"> (a) women socialised into caring role through the media and other agencies of socialisation (b) women/daughters cope better with intimate/emotional forms of care (c) social norm in our society (d) social expectation (e) daughters are more likely to fit in paid employment around domestic responsibilities (f) daughters live longer than sons 		[9]

Question	Expected Answer	Mark	Total
2	<p>Level 3 response: 11-15 marks Candidates will refer to at least two ways service provision needs to adapt. They will refer to all three types of service and show a clear understanding of the differences between them. They will clearly show the need to adjust provision in the light of an ageing population and the possible impact upon other services. At the upper end candidates will show an awareness of the move away from statutory provision towards private care. Analysis of the changes is essential for this level. Conclusions will be drawn. Discussion will be developed logically and there will be evidence of synthesis within the work. There will be few errors of spelling, punctuation and grammar.</p> <p>Level 2 response: 6-10 marks Candidate will explain at least one way service provision need to adapt. They will refer to at least two of the services and some attempt will be made to analyse the changes required/or give a detailed description of how the services in general will need to adapt. This may be implied rather than being explicit. Discussion will be developed coherently. There will be noticeable errors of grammar, punctuation and spelling. Sentences and paragraphs are not always relevant with the material presented in a way that does not always address the question.</p> <p>Level 1 response: 0-5 marks Candidates will describe one change required and they are likely to refer to just one type of service. Answers will read like common sense statements such as we will need to spend more money looking after old people. Errors of grammar, punctuation and spelling will be noticeable and intrusive. Sentences and paragraphs have limited coherence and structure often being of doubtful relevance to the main focus of the question. <i>List-like responses limited to level 1.</i></p> <p>Knowledge requirements:</p> <ul style="list-style-type: none"> (a) expansion of private care because of the inability of state provision to cope with the problem (b) voluntary provision will become more important to cope with those people who will increasingly slip through the safety net (c) statutory provision will need to divert resources from other sectors to elderly provision or find additional ways of funding the service (d) move away from the social democrat model of care post-Beveridge towards a New right individualised position which has increasingly influenced government policy in the last 25 years <p>The state will need to encourage people to save more money for the post work period of their lives. The burden of care will increasingly fall upon the voluntary services particularly relatives.</p> <ul style="list-style-type: none"> • costs/charging of mechanisms may need to change • accessibility e.g. hours of opening may change • training of staff may change to meet demands e.g. dual training 		[15]

Question	Expected Answer	Mark	Total
3 (a)	<p>Two marks for correct reason explained, TWO required One mark for <i>identification only</i>, sub-max of two.</p> <ul style="list-style-type: none"> • women are more likely to head a lone family • men more likely to abdicate their responsibility • women are more likely to be exposed to poverty as a result of separation or divorce • the growth of an underclass in which lone mothers often feature more than other groups • women with dependent children tend to be more likely to be welfare dependent/unemployed • women leaving abusive relationships • teenager with child – no family support? • women earn less than men and with one income will struggle to meet housing costs 	2x2	[4]
(b)	<p>Two marks for correct reason explained, TWO required One mark for <i>identification only</i>, sub-max of two.</p> <ul style="list-style-type: none"> • statistical data fails to give insight eg age, ethnicity - superficial • much of the homeless problem is hidden and will not feature in the data • only represents a broad picture and lacks depth • quantitative not qualitative data • figures may reflect changes in the patterns of homelessness from one source of data to another <p><i>Do not accept 'dated'.</i></p>	2x2	[4]
(c)	<p>One mark for correct answer, TWO required</p> <ul style="list-style-type: none"> • target needs of those living in temporary accommodation seeking permanent housing • pressure central and local government to prioritise resources • promote the problems of the homeless to the wider community through campaigns etc • predictions/projections <p><i>Accept two practical ways eg provide advice, provide more accommodation</i></p>	2x1	[2]

Question	Expected Answer	Mark	Total
3 (d) (i)	<p>Level 3 response: 7-8 marks Candidates can give a detailed outline of one appropriate primary qualitative research method. At least two features will be covered in detail. The answer will be written in an essay format and reasons given will be related to the issue of homelessness. The answer will be developed logically and there will be evidence of synthesis within the work. There will be few errors of spelling, punctuation and grammar.</p> <p>Level 2 response: 4-6 marks Candidates can give an accurate outline of one primary qualitative research method. At least two features will be covered. The answer will be written in an essay format and some attempt will be made to link to the issue of homelessness. There will be noticeable errors of grammar, punctuation and spelling. Sentences and paragraphs not always relevant with the material presented in a way that does not always address the question.</p> <p>Level 1 response: 0-3 marks Candidates can identify one research method and at least one feature of the method is required for 2/3 marks. The answer is likely to be list-like in nature, with the emphasis on identification/bullet-point type answers; there will be little or no evidence of linking the research to the issue of homelessness. Errors of grammar, punctuation and spelling will be noticeable and intrusive. Sentences and paragraphs have limited coherence and structure often being of doubtful relevance to the main focus of the question.</p> <p>Method chosen should be either observation or informal interviews or questionnaires which consist of open questions seeking insight or perception. <i>Accept 'interview' if it is clear that informal nature is implied.</i></p> <p>Description may refer to:</p> <ul style="list-style-type: none"> (a) sampling and type of sample (b) access to the group (c) exit from the group if observation is used (d) recording the information (e) acceptance by the group (f) relevant aims/hypotheses (g) ethical issues (h) type of questions (i) pilot 		[8]

Question	Expected Answer	Mark	Total
3 (d) (ii)	<p>Level 4 response 10-12 marks Candidates will discuss at least two strengths and two weaknesses. Reference will be made to validity and reliability. Explicit reference will be made to research into the homeless and ethical issues will be considered either explicitly or implicitly. Candidates will present the material in a well planned and logical sequence with a clearly defined structure using appropriate terminology confidently and accurately. Sentences and paragraphs consistently relevant and well structured in a way that directly addresses the question. There will be a few if any errors of grammar, punctuation and spelling.</p> <p>Level 3 response 7-9 marks) Candidates will discuss at least one strength and one weakness. Some reference will be made to the difficulty of researching into the homeless and the points made must be explicitly related to the homeless. Ability to present relevant materials in a planned and logical sequence, using appropriate and logical terminology accurately. Sentences and paragraphs, for the most part relevant, with the material presented in a balanced, logical and coherent manner which address the question. There may be occasional errors of grammar, punctuation and spelling.</p> <p>Level 2 response 4-6 marks One strength and/or weakness will be discussed. No attempt at assessment will be made. Little or no specific reference will be made to the homeless. Limited ability to organise relevant material using some appropriate terminology. Sentences and paragraphs not always relevant with the material presented in a way that does not always address the question. There may be noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 response 0-3 marks Candidates will present one or two points relating to primary research and the answer may be a series of bullet points that do not relate to research into the homeless. Sentences and paragraphs have limited coherence and structure often being of doubtful relevance to the main focus of the question. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p>		[12]

Question	Expected Answer	Mark	Total
	<p>Knowledge requirements:</p> <p>Strengths</p> <p>S1 should provide real insight S2 high in validity S3 micro research S4 looking at the problem from the subjects' viewpoint S5 depth S6 compare their findings – triangulation S7 used by other services, eg government S8 ethical issues</p> <p>Weaknesses</p> <p>W1 small scale - cannot generalise W2 remaining objective W3 going native W4 not reliable W5 ethical issues W6 not likely to lead to official support from government agencies, subjectivity W7 time-consuming</p> <p><i>Note: some points can be both strengths and weaknesses, depending on the focus of candidate's response.</i></p>		

Question	Expected Answer	Mark	Total
4 (a)	<p>Two marks for each trend THREE required One mark for <i>partial description/identification, sub-max of three</i></p> <ul style="list-style-type: none"> • overall decline in all marriages following an increase between 1960 and 1970 • increase in remarriages particularly after 1970 but a levelling off since 1980 • large decrease in first marriages since the late 1960's following a slight increase between 1950 and the mid 1960's 	3x2	[6]
(b)	<p>Two marks for each description TWO required One mark for <i>identification only, sub-max of two</i></p> <ul style="list-style-type: none"> • couple counselling • sexual relations therapy • coping with breakdowns in relationships • helping families with young children • pressure governments to help break links between poverty and relationship breakdowns • to provide information linked to other services who work with family breakdown • help reduce divorce rate • amicable result 	2x2	[4]

Question	Expected Answer	Mark	Total
4 (c)	<p>Level 3 response 8-10 marks Candidates will be able to analyse at least two possible reasons for the increase in divorce. They will focus upon changes since 1970 only and will include both legislative changes and societal changes. They will attempt to comment, upon <i>the relative significance of the changes and will clearly show they are not just the result of making divorce easier to obtain</i>. Analysis will be developed logically and there will be evidence of synthesis within the work. There will be few errors of spelling, punctuation and grammar.</p> <p>Level 2 response 5-7 marks Candidates will be able to outline at least two possible reasons. They must include changes in government policy as well as changes within the wider society. Analysis will be developed coherently. There will be noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 response 0-4 marks Candidates will identify at least one reason for the increase in divorce and it is likely to focus upon changes in the law - divorce is now easier to obtain. There will be an attempt to put the answer in a wider context. Errors of grammar, punctuation and spelling will be noticeable and intrusive. <i>List-like answers to be placed in level 1.</i></p> <p>Knowledge requirements:</p> <ul style="list-style-type: none"> (a) 1969 Divorce Reform Act 1984, Matrimonial and Family Proceedings Act, 1996 Family Law Act (b) secularisation of marriage (c) changes in the economic status of women/men (d) changes in men's and women's expectations of marriage (e) greater acceptance of divorce (f) individualised nature of society (g) decline in religious influence in the wider society (h) greater awareness of domestic abuse (i) easier to get a divorce (j) awareness of benefits available (k) higher expectations of marriage (l) higher life expectancy (m) role of media – role models 		[10]

Question	Expected Answer	Mark	Total
5	<p>Level 4 response 16-20marks Candidates will refer to at least two possible reasons to suggest that marriage is less valued and two possible reasons why marriage is still regarded as important. They will produce a balanced answer that shows an explicit awareness that marriage as an institution has evolved and changed. Ability to present relevant material in a well planned and logical sequence with a clearly defined structure, using appropriate terminology confidently and accurately. Sentences and paragraphs consistently relevant are well structured in a way that directly addresses the question. There will be few if any errors of grammar, punctuation and spelling.</p> <p>Level 3 response 11-15 marks Candidates will refer to at least two possible reasons for and against the view that marriage is less valued today. The responses will be more descriptive and the discussion is likely to be implied. There must be an attempt to provide a balanced response but the answer is likely to suggest that marriage is less valued today. Ability to present material in a planned and logical sequence using appropriate and logical terminology accurately. Sentences and paragraphs for the most part relevant with the material presented in a balanced logical and coherent manner which addresses the question. There may be occasional errors of grammar, punctuation and spelling.</p> <p>Level 2 response 6-10 marks Candidates will refer to at least one possible reason for changes in attitude towards marriage and the answer will be descriptive and unbalanced. The answer is likely to make comments about the decline in marriage only. Limited ability to organise relevant material using some appropriate terminology. Sentences and paragraphs not always relevant with the material presented in a way that does not always address the question. There may be noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 response 0-5 marks Candidates will make one or two points in a list-like format, relating to marriage but will not attempt to answer the question. The answer is likely to be 'common sense' in nature. Sentences and paragraphs have limited coherence and structure often being of doubtful relevance to the main focus of the question. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p>		[20]

Question	Expected Answer	Mark	Total
	<p>Knowledge requirements:</p> <p>Marriage is still valued</p> <p>+1 high rate of marriage/re-marriage suggests marriage as an institution is still valued</p> <p>+2 most people do regard marriage as more than just a piece of paper</p> <p>+3 most young people aspire to being married</p> <p>+4 people have higher expectations from marriage than in the past</p> <p>+5 people have more relationship choices now but marriage is high on the list for most people</p> <p>+6 cohabitation is often a trial marriage not a rejection of marriage</p> <p>+7 cultural issues</p> <p>Marriage is less valued</p> <p>-1 high level of divorce</p> <p>-2 no social pressure to marry</p> <p>-3 cynical view of marriage by many people</p> <p>-4 young people whose parents have divorced are less likely to value marriage</p> <p>-5 fewer role models in the media to support the importance of monogamous relationships</p> <p>-6 threat to marriage from many alternatives</p> <p>-7 post modern society, more choice and diversity available for people</p> <p>+/- civil partnerships/marriages not religious but available <i>can be both positive and negative, depending on application)</i></p>		

**Applied GCE (xxxxxxx) (spec code)
January 2007 Assessment Series**

Advanced Subsidiary GCE Coursework Unit Threshold Marks

Unit		Maximum Mark	a	b	c	d	e	u
F911	Raw	50	41	36	31	26	21	0
	UMS	100	80	70	60	50	40	0
F912	Raw	50	41	36	31	26	21	0
	UMS	100	80	70	60	50	40	0
F914	Raw	50	41	36	31	26	21	0
	UMS	100	80	70	60	50	40	0
F915	Raw	50	42	37	32	27	22	0
	UMS	100	80	70	60	50	40	0
F916	Raw	50	41	36	31	26	21	0
	UMS	100	80	70	60	50	40	0
F917	Raw	50	41	36	31	26	21	0
	UMS	100	80	70	60	50	40	0

Advanced Subsidiary GCE Examined Unit Threshold Marks

Unit		Maximum Mark	a	b	c	d	e	u
F910	Raw	100	79	69	59	49	40	0
	UMS	100	80	70	60	50	40	0
F913	Raw	100	80	72	64	56	48	0
	UMS	100	80	70	60	50	40	0
F918	Raw	100	76	66	57	48	39	0
	UMS	100	80	70	60	50	40	0

Advanced GCE Coursework Unit Threshold Marks

Unit		Maximum Mark	a	b	c	d	e	u
F919	Raw	50	41	36	31	26	21	0
	UMS	100	80	70	60	50	40	0
F922	Raw	50	42	37	32	27	22	0
	UMS	100	80	70	60	50	40	0
F923	Raw	50	42	37	32	27	22	0
	UMS	100	80	70	60	50	40	0
F925	Raw	50	42	37	32	27	22	0
	UMS	100	80	70	60	50	40	0

Advanced GCE Examined Unit Threshold Marks

Unit		Maximum Mark	a	b	c	d	e	u
F920	Raw	100	80	70	60	50	40	0
	UMS	100	80	70	60	50	40	0
F921	Raw	100	81	71	61	51	42	0
	UMS	100	80	70	60	50	40	0
F924	Raw	100	79	69	59	49	40	0
	UMS	100	80	70	60	50	40	0

Specification Aggregation Results

Uniform marks correspond to overall grades as follows:

Advanced Subsidiary GCE (Single Award) (H103):

Overall Grade	A	B	C	D	E
UMS (max 300)	8.9	24.1	46.6	67.8	86.6

There were 2851 candidates aggregating in June 2007.

Advanced Subsidiary GCE (Double Award) (H303):

Overall Grade	AA	AB	BB	BC	CC	CD	DD	DE	EE
UMS (max 600)	4.1	10.0	18.2	30.1	41.6	56.0	68.9	80.1	88.9

There were 1480 candidates aggregating in June 2007.

Cumulative Percentage in Grade

Advanced GCE (Single Award) (H503):

A	B	C	D	E	U
9.5	29.5	55.6	79.7	94.4	100.0

There were 1821 candidates aggregating in June 2007.

Advanced Subsidiary GCE (Double Award) (H703):

AA	AB	BB	BC	CC	CD	DD	DE	EE	U
3.0	8.7	17.5	30.1	44.8	59.4	74.7	87.0	95.3	100.0

There were 1510 candidates aggregating in June 2007.

For a description of how UMS marks are calculated see;
http://www.ocr.org.uk/exam_system/understand_ums.html

Statistics are correct at the time of publication.

OCR (Oxford Cambridge and RSA Examinations)
1 Hills Road
Cambridge
CB1 2EU

OCR Customer Contact Centre

(General Qualifications)

Telephone: 01223 553998

Facsimile: 01223 552627

Email: general.qualifications@ocr.org.uk

www.ocr.org.uk

For staff training purposes and as part of our quality assurance programme your call may be recorded or monitored

Oxford Cambridge and RSA Examinations
is a Company Limited by Guarantee
Registered in England
Registered Office; 1 Hills Road, Cambridge, CB1 2EU
Registered Company Number: 3484466
OCR is an exempt Charity



OCR (Oxford Cambridge and RSA Examinations)
Head office
Telephone: 01223 552552
Facsimile: 01223 552553