

## **Health and Social Care**

Advanced GCE A2 H503/H703

Advanced Subsidiary GCE AS H103/H303

### **Mark Schemes for the Units**

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**January 2008**

**H103/H303/MS/R/08J**

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### MARK SCHEMES FOR THE UNITS

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## F910 Promoting quality care

Question	Expected Answer	Mark	Total
1 (a) (i)	<p><b>One</b> mark for correct identification.  <b>One</b> mark for correct example.</p> <p>Type – ageism/age/direct/overt/older people.</p> <p>Example – not being given choice/freedom to dress herself.</p>	1x1 1x1	[2]
(ii)	<p><b>One</b> mark for each identification, TWO required.  <b>One</b> mark for each explanation TWO required.</p> <ul style="list-style-type: none"> <li>• <b>upset/sad/unhappy/depressed</b> because lost independence</li> <li>• <b>angry</b> at the care worker for treating her that way</li> <li>• <b>frustrated</b> as she wants to be able to dress herself</li> <li>• <b>withdrawn</b> as she begins to give up</li> <li>• <b>annoyed</b> at the care worker for such lack of respect</li> <li>• <b>humiliated</b> by not being allowed to do so basic a task</li> <li>• <b>embarrassed</b> by not being allowed to do so basic a task</li> <li>• <b>low self-esteem/self worth</b> as she feels so worthless</li> <li>• <b>low self confidence</b> as she feels she can't do anything anymore</li> <li>• <b>gives up doing things</b> herself as there is no point in even trying</li> <li>• <b>devalued</b> not being allowed to do basic tasks</li> </ul> <p><i>Accept any other suitable effect or explanation.  Explanations can be interchangeable.</i></p>	2x1 2x1	[4]
(b)	<p><b>One</b> mark for each, THREE required from:</p> <p><b>Care Values</b></p> <ul style="list-style-type: none"> <li>• Promoting the equality and diversity of service users</li> <li>• Promoting individual rights and beliefs</li> <li>• Maintaining confidentiality</li> </ul> <p><b>One</b> mark for each, THREE required from:</p> <ul style="list-style-type: none"> <li>• meeting mobility/individual needs</li> <li>• maintaining privacy</li> <li>• giving choice to clients eg diet, dress, activities</li> <li>• non-discriminatory language</li> <li>• keep files safe</li> <li>• need to know basis/client information to be kept confidential</li> <li>• celebrate culture/religion</li> <li>• let her dress herself</li> </ul> <p><i>Accept any other appropriate example.</i></p>	3x1  3x1	[6]

Question	Expected Answer	Mark	Total
1 (c)	<p><b>One</b> mark for each identification, FOUR required  <b>One</b> mark for each explanation, FOUR required</p> <ul style="list-style-type: none"> <li>• <b>provide training</b> for staff on policy/legislation/care values so they follow correct procedures</li> <li>• <b>mentoring</b> system to help staff and give them advice/support</li> <li>• <b>monitor/ observe</b> their staffs' performance so they can reflect and improve</li> <li>• <b>provide appropriate adaptations/ resources/equipment</b> so they can do the job correctly</li> <li>• <b>staff meetings</b> to share concerns/communicate service users needs/share good practice</li> <li>• <b>good handover procedures</b> to ensure consistency in care and good standards</li> <li>• <b>provide policies/handbooks/codes of practice/copy of care values</b> to give guidance on legislation/good practice</li> <li>• <b>appraisals</b> to review performance/set targets for improvement</li> </ul>	4x1 4x1	<b>[8]</b>

**Total: [20]**

Question	Expected Answer	Mark	Total
2 (a)	<p><b>One</b> for each barrier, THREE required  <b>One</b> for each example, THREE required</p> <p><b>S stigma</b> - not wanting to go because of treatment  <b>PS psychological</b> - not know they are ill/fear  <b>F financial</b> - may be unemployed/lack transport  <b>C cultural</b> - values about illness  <b>L communication/language</b> - may have problems as they feel nervous/side effects of drugs  <b>G location/geographical</b> - postcode lottery, poor services.  Can't drive due to medication  <b>P physical</b> - side effects of drugs on ability to work/drive</p> <p><i>Accept any other suitable example.</i></p>	3x1 3x1	[6]
(b)	<p><b>One</b> mark for each, THREE required from</p> <ul style="list-style-type: none"> <li>• at risk of harming others</li> <li>• at risk of harming themselves</li> <li>• at risk of being hurt (abuse)</li> <li>• at risk of a serious offence being carried out</li> </ul>	3x1	[3]
(c)	<p><b>Level 3 Response: 5-6 marks</b>  Candidates can give an analysis of at least <b>two</b> strengths of the Act. Answers will be factually accurate, using appropriate terminology. There will be few errors of grammar, punctuation and spelling.</p> <p><b>Level 2 Response: 3-4 marks</b>  Candidates can explain at least <b>one</b> strength of the Act. Answers will be factually correct but still need developing. There will be some noticeable errors of grammar, punctuation and spelling.</p> <p><b>Level 1 Response: 0-2 marks</b>  Candidates can identify/describe at least <b>one</b> strength of the Act. Answers are likely to be muddled and lack technical details. List like answers should be placed in this band. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p> <p>(a) protects people who lose ability to make their own decisions/advocate/guardian.  (b) prevents people from harming themselves or others  (c) tight procedures/guidelines to ensure people are safeguarded when admitted  (d) accountability of those who make decisions – checks made by independent bodies  (e) treatment cannot be forced upon an individual unless their illness is severe and GP/ specialist agrees  (f) gives people rights  (g) gives people a voice  (h) system of redress/appeal  (i) raises awareness of rights of people with MHN  (j) improved services for people with MHN</p>		[6]

**Total: [15]**

Question	Expected Answer	Mark	Total
3 (a)	<p>One mark for each (not required in any particular order), FIVE required</p> <ul style="list-style-type: none"> <li>• policy statement</li> <li>• implementation plan</li> <li>• section on how the policy will be monitored</li> <li>• evaluation of the policy</li> <li>• targets to improve further performance</li> </ul>	5x1	[5]
(b)	<p>Any <b>two</b> from each component (no mark awarded for component being named again), TEN required.</p> <ul style="list-style-type: none"> <li>• <b>policy statement</b> <ul style="list-style-type: none"> <li>- who is covered</li> <li>- informs employees and general public</li> <li>- aims/outcomes of the policy</li> <li>- definition of terms</li> <li>- outlines rights</li> <li>- mission statement</li> <li>- legal requirements</li> <li>- who is responsible for implementation</li> </ul> </li> <li>• <b>implementation plan</b> <ul style="list-style-type: none"> <li>- allocate named person/ senior management</li> <li>- sets guidelines</li> <li>- puts policy into action</li> <li>- consultation with service users</li> <li>- training of staff</li> <li>- target setting</li> <li>- timescales</li> <li>- establish methods for monitoring and measuring progress</li> <li>- communicating the policy to service users and staff</li> </ul> </li> <li>• <b>section on how the policy will be monitored</b> <ul style="list-style-type: none"> <li>- see if policy is being followed</li> <li>- analyse how it is working</li> <li>- record what is happening</li> <li>- ways in which the policy will be monitored, e.g. questionnaires/interviews</li> <li>- collection of data</li> <li>- complaints procedures</li> </ul> </li> <li>• <b>evaluation of the policy</b> <ul style="list-style-type: none"> <li>- see what is going right/wrong</li> <li>- to be able make changes</li> <li>- has it ensured fair access and representation of the organisation in the local community</li> <li>- is there a high level of satisfaction,</li> <li>- does it have a good reputation</li> </ul> </li> <li>• <b>targets to improve further performance</b> <ul style="list-style-type: none"> <li>- targets can be set to improve future practice</li> <li>- work on any areas of weakness</li> <li>- set a timescale</li> </ul> </li> </ul>	5x2	[10]

Total: [15]

Question	Expected Answer	Mark	Total
4 (a) (i)	<p><b>One</b> mark for correct identification, ONE required  <b>One</b> mark for correct example, ONE required</p> <p>Type – sexism/sex/gender/indirect (parental).</p> <p>Example – refusal to allow her to fit in her childcare arrangements around an interview/won't change interview</p>	1x1 1x1	[2]
(ii)	<p><b>One</b> mark for each, THREE required from</p> <ul style="list-style-type: none"> <li>• angry/resentful</li> <li>• upset/sad/unhappy</li> <li>• not want to apply for jobs</li> <li>• loss of self esteem/self worth</li> <li>• victimised</li> <li>• low self confidence</li> <li>• dislike of employer</li> <li>• frustrated</li> <li>• missed job opportunity</li> <li>• devalued</li> </ul> <p><i>Accept any other suitable effect.</i></p>	3x1	[3]
(b)	<p><b>Two</b> from:</p> <ul style="list-style-type: none"> <li>• Equal Opportunities Commission</li> <li>• County court</li> <li>• employment tribunal</li> <li>• European court of human rights</li> <li>• CAB</li> <li>• solicitor</li> <li>• refer to legislation/policies</li> <li>• complain to hospital/complaints manager</li> <li>• trade union</li> </ul>	2x1	[2]



Question	Expected Answer	Mark	Total
4 (c)	<p><b>Level 3 Response: 7-8 marks</b>            There will be a detailed explanation of at least <b>one</b> way for each that organisations can ensure interviewing and advertising procedures promote equal opportunities. They must address both areas to be placed in this band. 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><b>Level 2 Response: 4-6 marks</b>            They will include a description of <b>one</b> or <b>two</b> ways organisations can ensure interviewing and advertising procedures promote equal opportunities. Candidates that discuss both areas should be placed at the top of this band. Answers will be factually correct. There will be some noticeable errors of grammar, punctuation and spelling. Sub max four if only one area done well</p> <p><b>Level 1 Response: 0-3 marks</b>            They will identify/give a brief description of <b>one</b> or <b>two</b> ways organisations can ensure interviewing and/or advertising 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><b>(A) Advertising:</b>  <b>(a) advertise in a wide range of areas</b> to ensure different groups can access the job  <b>(b) use an EOP logo</b> to indicate they are EOP employers and encourage certain groups  <b>(c) use of positive statements</b> to indicate they are EOP employers and encourage certain groups  <b>(d) non discriminatory language in the advertisement</b> so no one is put off from applying  <b>(e) range of formats</b> to include all groups</p> <p><b>(I) Interviewing:</b>  <b>(a) non-discriminatory questions</b> so no illegal questions are asked  <b>(b) same questions to all</b> to ensure all candidates get a fair interview  <b>(c) no personal questions</b> that would disadvantage certain groups  <b>(d) mixed panel</b> to ensure fairer representation and balanced views  <b>(e) accessible time and place</b> so that certain groups are not disadvantaged  <b>(f) analyse monitoring forms</b> to make sure the system is working correctly  <b>(g) appoint on merit</b> to ensure the best candidate gets the job.</p> <p><b>(A/I) Abide by policies/legislation - Annotate responses Ia, Ac, etc.</b></p>		[8]

Total: [15]

Question	Expected Answer	Mark	Total
5 (a)	<p data-bbox="344 235 858 264"><b>One</b> mark for each, FIVE required from</p> <ul data-bbox="344 297 1046 757" style="list-style-type: none"><li>• sign visitors in and out</li><li>• lock doors/gates</li><li>• do CRB checks on staff</li><li>• ensure that hazardous materials are locked away</li><li>• follow health and safety guidelines</li><li>• promote healthy eating</li><li>• give them plenty of exercise</li><li>• adequate supervision/staff ratio</li><li>• registration procedures</li><li>• collection procedures</li><li>• confidentiality procedures</li><li>• risk assessment/inspections</li><li>• infection control</li></ul> <p data-bbox="344 790 791 819"><i>Accept any suitable way/example.</i></p>	5x1	<b>[5]</b>

Question	Expected Answer	Mark	Total
5 (b)	<p><b>Level 3 Response: 8-10 marks</b> Candidates can discuss at least <b>two</b> ways an early-years setting could promote opportunities for children with disabilities. 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><b>Level 2 Response: 4-7 marks</b> Candidates can explain <b>one</b> or <b>two</b> ways an early-years setting could promote opportunities for children with disabilities. At the top of this band candidates will consider at least two ways. Answers will be factually correct. There will be some noticeable errors of grammar, punctuation and spelling. Sub max of 5 for only 1 way discussed.</p> <p><b>Level 1 Response: 0-3 marks</b> Candidates will identify/describe <b>one</b> or <b>two</b> ways an early-years setting could promote opportunities for children with disabilities. Answers are likely to be muddled and lack technical detail. Errors of grammar, punctuation and spelling will be noticeable and intrusive. List-like answers.</p> <p><b>Knowledge requirements:</b></p> <ul style="list-style-type: none"> <li>(a) training for staff <i>because they will know how to treat and enhance opportunities for these children</i></li> <li>(b) knowledge of policies and laws <i>because this gives them greater understanding and an ability to do their job correctly</i></li> <li>(c) adaptation of premises <i>because this allows disabled children full access to all opportunities.</i></li> <li>(d) ensure all activities/games/sports are fully inclusive <i>because this allows disabled children to be fully involved.</i></li> <li>(e) ensure they use positive language and set good examples <i>because children are vulnerable and learn from teachers as their role models.</i></li> <li>(f) application of the care values <i>because this will ensure good practice is being followed</i></li> <li>(g) provide specialist equipment/support workers <i>to ensure children can fully participate in the curriculum</i></li> </ul>		[10]

Total: [15]

Question	Expected Answer	Mark	Total
6 (a)	<p><b>Level 3 Response: 7-8 marks</b> There will be a detailed outline of at least <b>two</b> features of the DDA. 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><b>Level 2 Response: 4-6 marks</b> They will include a brief description of <b>one</b> or <b>two</b> features of the DDA. Answers will be factually correct. There will be some noticeable errors of grammar, punctuation and spelling.</p> <p><b>Level 1 Response: 0-3 marks</b> They will identify <b>one</b> or <b>two</b> features of the DDA. 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>(a) provides commission for support and advice (b) protects disabled people in employment, goods and services, land , property and education (c) reasonable adjustments must be made (d) SENDA for education/provides code of practice (e) minimal standards in public transport (f) system of redress (g) defined disability (h) makes disability discrimination unlawful (i) gives disabled people rights</p>		[8]

Question	Expected Answer	Mark	Total
6 (b)	<p><b>Level 3 Response: 9-12 marks</b> A well-balanced evaluation of at least <b>two</b> strengths and <b>two</b> weaknesses. These will be developed logically and there will be evidence of synthesis within the work. A judgement/ conclusion will be given for full marks. Answers will be factually accurate, using appropriate terminology. There will be few errors of grammar, punctuation and spelling. Sub-max of 10 if no conclusion.</p> <p><b>Level 2 Response: 5-8 marks</b> They will describe (low end)/explain (upper end) at least <b>one</b> strength and <b>one</b> weakness shown. There will be noticeable errors of grammar, punctuation and spelling. Sub-max of 5 if one-sided done well.</p> <p><b>Level 1 Response: 0-4 marks</b> <b>One</b> or <b>two</b> strengths or weaknesses identified but not clearly described/explained may just focus on strengths or weaknesses. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p> <p><b>(+) Strengths</b> S(a) given people rights S(b) accessible facilities have improved S(c) raised awareness of disability issues S(d) DRC/commission set up – important pressure group S(e) more independence for disabled people/opportunities S(f) system of redress/court S(g) successful cases have been won S(h) reduce discrimination</p> <p><b>(-) Weaknesses</b> W(a) late implementation, eg trains W(b) not all know their rights W(c) initial commission had little powers W(d) subjective term used, ie reasonable W(e) cost to employers eg adaptations to buildings W(f) time/cost to take cases to court W(g) weaker power in relation to some other legislation W(h) still plenty of places inaccessible W(i) can't change peoples attitudes W(j) discrimination still exists W(k) hard to prove W(l) does not cover small organisations/businesses W(m) fear of victimisation</p>		[12]

Total: [20]

## F913 Health and safety in care settings

Question	Expected Answer	Mark	Total		
1 (a)	<p><b>One</b> mark for correct definition (2 required):</p> <ul style="list-style-type: none"> <li>enforces/upholds H&amp;S legislation/inspects/issues</li> <li>enforcement notices etc/example of action/monitoring</li> <li>provides information/leaflets etc</li> <li>provides advice/training</li> </ul>	2x1	<b>[2]</b>		
(b)	Health and Safety Law poster on display ( <i>alternatively H&amp;S leaflet may be provided instead</i> )	1	<b>[1]</b>		
(c)	<p><b>One</b> mark for correct identification (3 required) <b>Two</b> marks for clear explanation of how each reduces risk</p> <p><b>A</b> Toxic (accept poison) Warns that chemical will cause harm (or death) if swallowed – encourages secure storage/locked away from children/only authorised access</p> <p><b>B</b> Radiation/Radioactive Warns that radiation present in area which can cause cell damage/mutation/sterility (or other reasonable suggestion – ensures people stay away from area/wear protective clothing/meter their dosage</p> <p><b>C</b> Eyewash (special first aid sign) Warns that likelihood of splashes of irritant/chemical in eye/found in laboratories etc – allows fast access to suitable fluid for irrigating eye to reduce harmful effects/prevent permanent damage</p>	3x1 3x2	<b>[9]</b>		
(d)	Health and Safety ( <b>Signs and Signals</b> ) Regulations (1996) – <i>Date not required</i>	1	<b>[1]</b>		
(e)	<p>Two facts from list required</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Warning signs</b> Triangular Yellow background Black words or signs</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>Prohibition signs</b> Round White background Black words or picture with red edging + diagonal line</p> </td> </tr> </table>	<p><b>Warning signs</b> Triangular Yellow background Black words or signs</p>	<p><b>Prohibition signs</b> Round White background Black words or picture with red edging + diagonal line</p>	2x1	<b>[2]</b>
<p><b>Warning signs</b> Triangular Yellow background Black words or signs</p>	<p><b>Prohibition signs</b> Round White background Black words or picture with red edging + diagonal line</p>				

**Total: [15]**

Question	Expected Answer	Mark	Total
2 (a)	<p><b>One</b> mark for each piece of PPE (3 required)  <b>One</b> mark for description of how care worker is protected</p> <ul style="list-style-type: none"> <li>• <b>Gloves:</b> Prevents bacteria/germs/bodily fluids getting onto hands of care workers and transferred into body/prevents entry into small cuts etc on care workers hands.</li> <li>• <b>Apron:</b> Prevents transfer of infectious agents via own clothes back home/onto food etc of care worker.</li> <li>• <b>Mask:</b> prevents inhalation by care worker of infectious agents from service user/contaminants.</li> <li>• <b>Goggles/eye shields:</b> Prevents contaminants/body fluids entering eyes of care worker and infecting them.</li> <li>• <b>Overshoes:</b> Prevents care worker taking infectious agents home on own shoes.</li> </ul> <p>Second mark may only be awarded if candidate describes prevention of contamination of care worker – not service user.</p> <p><i>If candidates give other unexpected answers (eg ear defenders) the first mark may be awarded. The second mark should only be awarded if the explanation given fits a care setting and not, for instance, a factory or warehouse.</i></p>	3x1 3x1	<b>[6]</b>
(b) (i)	<p><b>One</b> mark for any piece of equipment from list:</p> <ul style="list-style-type: none"> <li>• hoist</li> <li>• slide board or transfer board</li> <li>• sling</li> <li>• wheelchair</li> </ul> <p><i>(or other reasonable piece of equipment that is not solely a self-help tool).</i></p>	1	<b>[1]</b>

Question	Expected Answer	Mark	Total
2 (b) (ii)	<p><b>One</b> mark for each step identified (4 required)</p> <p><b>One</b> mark for description of purpose (4 required)</p> <ul style="list-style-type: none"> <li>• have correct training – so procedure is carried out safely</li> <li>• ensure two people are there to help – to ensure full control/adhere to guidelines / prevent damage to care worker</li> <li>• ensure that correct flat shoes/loose clothing are being worn – reduce risk if slipping/injury to care worker</li> <li>• check equipment is ready/not broken/maintained – reduce chance of its failing during move</li> <li>• carry out risk assessment for this move - ensure that all necessary considerations have been given due thought since last move</li> <li>• clear area around – so no collisions/falls etc/</li> <li>• ensure sling (if used) is appropriate for weight of user – ensure capable of taking load</li> <li>• stand correctly - legs apart on stable base as close as possible to user – prevents damage to back etc</li> <li>• apply brakes to equipment (where appropriate) before manoeuvre – prevent sudden unexpected movement</li> <li>• ensure that service user understands procedure – so no confusion during manoeuvre (possible cause of accidents)</li> <li>• ensure service user agrees to manoeuvre – won't panic or struggle so less risk of accidents</li> <li>• encourage active participation of service user – promote independence</li> <li>• maintain communication throughout – ensure continued cooperation/agreement of user</li> </ul>	<p>4x1</p> <p>4x1</p>	<p><b>[8]</b></p>

**Total: [15]**



Question	Expected Answer	Mark	Total
3 (a)	<p><b>Level 3 response: 12-15 marks</b> Candidates make detailed and well argued judgements showing clear links between the hazards and the risks they represent to the service users. They indicate consideration of precautions that are already in place. Answers will be developed logically and show evidence of application of knowledge skills. There will be few errors of grammar punctuation and spelling.</p> <p><b>Level 2 response: 6-11 marks</b> Candidates identify risks and make sound links between the service users and the risks. They make some reference to existing precautions. Answers will show some evidence of application of knowledge. There will be noticeable errors of grammar punctuation and spelling.</p> <p><b>Level 1 response: 0-5marks</b> 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 no mention of existing precautions. Answers are likely to be muddled and show little understanding. Errors of grammar punctuation and spelling will be noticeable and intrusive.</p> <p>(a) only 1 entrance/exit – hazard to everyone in case of fire or other emergency – maybe put fire doors at end of corridors</p> <p>(b) main entrance – too many chairs cluttering – trip hazard to everyone especially older service users / impede exit in case of fire – remove chairs</p> <p>(c) chairs also impede access to toilets – possible trip hazard – need to move them away – possibly site one at end of a corridor?</p> <p>(d) toy box very near front entrance so toys may be left lying around – trip hazard especially for older people</p> <p>(e) Information stand also blocking easy movement for everyone – blocks movement towards consulting rooms – congestion / trip if fire</p> <p>(f) solution to all these may be rolled into one by better candidates – could put a partition between entrance and main body of waiting area (could use information stand for that purpose (?))</p> <p>(g) only 1 fire extinguisher (in manager's office) – risk to everyone in building – need more – maybe in main office (lots of paper files) and in staff kitchen at least</p> <p>(h) only 1 first aid box – risk to anyone not in main reception area – special risk to staff in kitchen – should be at least one more in kitchen</p> <p>(i) because toy box near entrance – risk of children</p> <p>(j) running out – maybe need double doors</p> <p><i>Any other appropriate hazards.</i></p> <p><i>Any specific mention of reviewing the assessment should be given credit, but will not score highly since this is the first risk assessment as far as these candidates are aware.</i></p> <p>NOT DIRECTION OF DOORS OPENING</p>		[15]

Question	Expected Answer	Mark	Total
3 (b)	<p><b>Level 3 response: 5 marks</b> Candidates demonstrate a clear understanding of the importance to the care workers within the setting of documenting the findings. Answers will be developed logically and show evidence of application of knowledge skills. There will be few errors of grammar punctuation and spelling.</p> <p><b>Level 2 response: 3-4 marks</b> Candidates show some understanding of the value to care workers of documenting the findings of the risk assessment. Answers will show some evidence of application of knowledge. There will be noticeable errors of grammar punctuation and spelling.</p> <p><b>Level 1 response: 0-2 marks</b> Candidates show very limited understanding of the value to care workers of documenting the findings. Answers are likely to be muddled and show little understanding. Errors of grammar punctuation and spelling will be noticeable and intrusive.</p> <p>Provides a source of reference to staff</p> <ul style="list-style-type: none"> <li>- for answering uncertainties</li> <li>- for training of new staff</li> </ul> <p>Provides evidence of what has already been done</p> <ul style="list-style-type: none"> <li>- useful for evidence after accident</li> <li>- starting point for review process</li> </ul> <p>Gives staff confidence that risk has been minimised</p> <ul style="list-style-type: none"> <li>- likely to feel safer/more secure in their job</li> <li>- increased job satisfaction</li> </ul> <p>Ensure can be compared to best practice / current guidelines.</p>		[5]

Total: [20]

Question	Expected Answer	Mark	Total
4 (a)	<p><b>One</b> mark per point – 3 required</p> <ul style="list-style-type: none"> <li>• location of accident book</li> <li>• name of person to take charge in case of emergency / appointed person</li> <li>• name of approved first aider (if there is one)</li> <li>• location of first aid kit</li> <li>• location of medical room (if provided)</li> </ul>	3 x 1	<b>[3]</b>
(b)	<p><b>One</b> mark per piece of information (3 required)  <b>One</b> mark for reason (3 different ones required)</p> <p><b>Information</b></p> <ul style="list-style-type: none"> <li>• date &amp; time of accident</li> <li>• place where accident occurred</li> <li>• people involved</li> <li>• details of what was observed</li> <li>• when help was called and what type</li> <li>• when help arrived</li> <li>• names and contact details of witnesses</li> <li>• condition of casualty after accident</li> <li>• details of any first aid treatment given and by whom</li> </ul> <p><b>Reason</b>  (each of these may relate to a number of different pieces of information)</p> <ul style="list-style-type: none"> <li>• it is a legal requirement</li> <li>• may be needed in the case of a claim being made</li> <li>• informs later treatment of casualty in case of delayed reaction</li> <li>• can be used to spot patterns in accidents (places, people , times, activities) so informs risk assessment</li> </ul>	3x1 3x1	<b>[6]</b>
(c)(i)	<p><b>Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (1995) – Accept RIDDOR</b>  <i>Date is <b>not</b> required for mark</i></p>		<b>[1]</b>

Question	Expected Answer	Mark	Total
4 (c)(ii)	<p><b>One</b> marks available for identification of situation requiring reporting under RIDDOR (3 required) Correct answers would include</p> <ul style="list-style-type: none"> <li>• fracture (except fingers, thumbs and toes)</li> <li>• serious scald to patient</li> <li>• fall from height causing serious injury</li> <li>• illness caused at work causing more than 3 days absence from work</li> <li>• back injury due to lifting patient (more than 3 days off work)</li> <li>• serious assault on staff member</li> <li>• occupational dermatitis</li> <li>• notifiable disease</li> <li>• hepatitis</li> <li>• tuberculosis</li> <li>• legionella</li> <li>• tetanus</li> <li>• other infections likely to be spread via bodily fluids</li> <li>• occupational cancer</li> <li>• amputation</li> <li>• electric shock causing unconsciousness or requiring resuscitation</li> <li>• loss of sight (permanent or temporary)</li> <li>• dislocation of knee, hip shoulder or spine</li> <li>• burn or penetrating injury to eye</li> <li>• injury leading to hypothermia, heat-induced illness or unconsciousness</li> <li>• occupational asthma or respiratory sensitisation</li> <li>• acute illness requiring medical treatment or loss of consciousness due to absorption by inhalation, ingestion, through skin, or by exposure to biological agent</li> <li>• accidental release of serious biological hazard</li> <li>• accidental release of any substance which may damage health</li> <li>• collapse of lifts etc</li> <li>• explosion of vessels / pipe work</li> <li>• electrical short circuit causing fire or explosion</li> <li>• explosion or fire closing workplace for more than 24 hours</li> <li>• death</li> </ul> <p><i>Candidates may specify incidents not covered here. Key factors are that serious injuries caused at work must lead to more than 3 days absence from work or hospitalisation for more than 24 hours.</i></p>		<b>[3]</b>

Question	Expected Answer	Mark	Total
4 (c) (iii)	<p><b>Level 3 response: 6 - 7 marks</b> Candidates will give a logical and reasoned assessment of the benefits of RIDDOR. Answers will be developed logically and show evidence of application of knowledge skills. There will be few errors of grammar punctuation and spelling.</p> <p><b>Level 2 response: 4 - 5 marks</b> Candidates will give an answer containing some logic about the benefits of the legislation. Answers will show some evidence of application of knowledge. There will be noticeable errors of grammar punctuation and spelling.</p> <p><b>Level 1 response: 0 – 3 marks</b> Candidates will identify at least one benefit. This/these may be simply stated with no detail given. Answers are likely to be muddled and show little understanding. Errors of grammar punctuation and spelling will be noticeable and intrusive.</p> <p>(a) legal guidelines being followed – gives peace of mind  (b) staff likely to have been adequately trained – improves confidence  (c) can ask to see records – to confirm general opinion  (d) know that there is some redress if things go wrong – feel safer as a result  (e) know that safety record is reasonable – otherwise action would have been taken against setting by HSE  (f) information / evidence if lawsuit  (g) chance to improve if situation is known and reported</p>		[7]

Total: [20]

Question	Expected Answer	Mark	Total
5 (a)	<p><b>One</b> mark per security precaution given (4 required)  <b>One</b> mark per reason for explanation (4 required)</p> <ul style="list-style-type: none"> <li>• secure entry doors (keypad entry or similar – prevents unauthorised access)</li> <li>• doors unopenable from inside without pass / key – prevents confused service users wandering off</li> <li>• bedrooms with some entry security (maybe key) – prevents others accessing private areas</li> <li>• staff knock and wait to enter bedrooms – safeguards privacy of residents</li> <li>• bathroom doors closed when residents toileting or bathing – safeguards privacy from anyone passing</li> <li>• visitors signing in system – ensures staff know who is on site</li> <li>• asking residents if they want to see visitors – protects privacy from unwanted visitors</li> <li>• police checks / CRB on care workers – protection of service users from harm</li> <li>• locked records – ensures privacy / confidentiality of service users</li> </ul>	<p>4x1 4x1</p>	<b>[8]</b>

Question	Expected Answer	Mark	Total
5 (b)	<p><b>Level 3 response: 6 - 7 marks</b> Candidates give a coherent account of the benefits of precautions they have described. They show a clear understanding of the values of care (either implicit or explicit) They consider both security and privacy. Answers will be developed logically and show evidence of application of knowledge skills. There will be few errors of grammar punctuation and spelling.</p> <p><b>Level 2 response: 4 - 5 marks</b> Candidates show a sound understanding of the benefits of precautions, but may not consider both security and privacy. Answers will show some evidence of application of knowledge. There will be noticeable errors of grammar punctuation and spelling.</p> <p><b>Level 1 response: 0 – 3 marks</b> Candidates show a limited understanding of the benefits. Their account is simplistic and may be largely a repeat of answers to 5a. Answers are likely to be muddled and show little understanding. Errors of grammar punctuation and spelling will be noticeable and intrusive.</p> <p>(a) service users (and their families) feel safe because access is controlled / limited – setting likely to be well thought of / popular  (b) families secure that service users cannot get out and come to harm – improves reputation of setting  (c) staff feel confident that those in their care are safe – so increases their ability to focus on direct care tasks – improved motivation of staff – reduced staff turnover  (d) staff &amp; managers confident that best practice is being followed (values of care upheld etc) – pride in high quality of care provided  (e) residents feel respected and their privacy respected – produces positive working relationships with staff  (f) management confident that everything being done properly – reassurance of reduced likelihood of complaints/legal action  (g) residents and family know persona; information is secure – so safeguarded from fraud etc.</p> <p><i>Some reasons may be linked differently to those shown here – allow.</i></p>		[7]

Total: [15]

Question	Expected Answer	Mark	Total
6 (a)	<p data-bbox="331 255 1129 291"><b>One</b> mark for identification of equipment (3 required)</p> <p data-bbox="331 291 1129 358"><b>One</b> mark for explanation of how spread of fire is prevented (3 required)</p> <ul data-bbox="331 392 1129 806" style="list-style-type: none"><li data-bbox="331 392 1129 459">• sprinkler system – douses fire in early (smouldering stages) before spreads</li><li data-bbox="331 459 1129 526">• fire (closure) doors – close to reduce oxygen and prevent fire moving along corridors</li><li data-bbox="331 526 1129 593">• fire retardant doors – slow to burn so preventing rapid movement of fire through building</li><li data-bbox="331 593 1129 660">• smoke alarm / fire alarm – gives early warning to allow fire to be put out at early stage</li><li data-bbox="331 660 1129 728">• fire retardant furniture – slow to burn so reduces speed of spread of fire</li><li data-bbox="331 728 1129 806">• fire extinguishers / fire blankets – allow early putting out of fire before becomes too large</li></ul>	3x1 3x1	<b>[6]</b>



Question	Expected Answer	Mark	Total
6 (b)	<p><b>Level 3 response: 8-9 marks</b> Candidates show detailed understanding of the factors that would make fire evacuation in a hospital more difficult. They give a reasoned discussion of these factors (at least two) They give some idea of priority between factors, and may suggest some possible solutions to the difficulties. Answers will be developed logically and show evidence of application of knowledge skills. There will be few errors of grammar punctuation and spelling.</p> <p><b>Level 2 response: 5-7 marks</b> Candidates show some understanding of the factors that should be considered in this situation. They may not prioritise them and may not suggest any solutions. Answers will show some evidence of application of knowledge. There will be noticeable errors of grammar punctuation and spelling.</p> <p><b>Level 1 response: 0-4 marks</b> Candidates show a limited grasp of the specific factors, and may simply list fairly generic difficulties with evacuation. Answers are likely to be muddled and show little understanding. Errors of grammar punctuation and spelling will be noticeable and intrusive.</p> <p>Residential home ( facts may vary if a residential home for children is chosen rather than a home for the elderly)</p> <p>(a) residents slow to react and move – may need assistance to leave building</p> <p>(b) service users may have hearing loss – need additional warning to alert them</p> <p>(c) residents may be confused at alteration to routine and be uncooperative – more care workers needed to encourage and assist</p> <p>(d) those with limited mobility or wheelchair users may need additional support to get out</p> <p>(e) vulnerable individuals – need sheltered area to congregate or may need blankets etc</p> <p>Hospital</p> <p>(a) Patients in bed / unconscious/ in plaster etc cannot get themselves out – need high staffing ratios - particular</p> <p>(b) Visitors of unknown number / no way to check for missing people</p> <p>(c) Operations/ procedures underway cannot easily be stopped – may need to leave people inside / emergency power supplies / safe areas with additional fire protection</p> <p>(d) Need for use of lifts to evacuate bed-ridden patients, babies in incubators etc – or move to safer areas (see above)</p> <p>(e) vulnerability of patients to infection/extremes of temperature – need blankets/electricity supplies outside for incubators/machinery/monitoring equipment</p> <p><i>Any other reasonable and reasoned suggestions.</i></p>		[9]


## F918 Caring for older people

Question	Answer	Mark	Total
1 (a)	<p><i>Three from:</i></p> <ul style="list-style-type: none"> <li>• he was a heavy smoker</li> <li>• ate too much cholesterol</li> <li>• did not exercise enough</li> <li>• he was overweight</li> <li>• too much salt in his diet</li> <li>• too much fat/saturated fat in his diet</li> <li>• high stress levels</li> <li>• previous heart problems</li> <li>• inherited factors</li> <li>• coronary artery was blocked</li> <li>• blood clot in his heart</li> <li>• high blood pressure</li> <li>• diabetes</li> <li>• shortage of oxygen/essential nutrients to the heart</li> <li>• poor circulation of blood around the heart</li> </ul>	3x1	[3]
(b)	<p><i>Four from:</i></p> <ul style="list-style-type: none"> <li>• no longer see work colleagues/lose friends from work</li> <li>• spend more time with his partner</li> <li>• isolate himself/lack of socialising/unable to go out</li> <li>• see more of family</li> <li>• make new friends/meet new people</li> <li>• take up new hobbies/leisure activities</li> <li>• can go on holiday whenever he wants</li> <li>• get involved in the community</li> <li>• voluntary work</li> <li>• spend more time with friends/improved social life</li> <li>• more time to spend doing leisure activities</li> <li>• no longer in routine</li> </ul>	4x1	[4]
(c)	<p><i>Four from:</i></p> <ul style="list-style-type: none"> <li>• no income from work</li> <li>• less income/more income</li> <li>• rely on pension</li> <li>• have to budget carefully</li> <li>• difficulty paying bills</li> <li>• may get benefits/pension credits</li> <li>• mortgage paid off/have to pay rent</li> <li>• less/more debts</li> <li>• rely on savings</li> <li>• may not be able to afford to go on holiday</li> <li>• may use retirement money to go on holiday</li> <li>• less money/more money for luxuries</li> <li>• may need to buy economy foods/poorer diet</li> <li>• may not be able to treat grandchildren</li> <li>• less money for presents</li> <li>• less money/more money for hobbies/interests</li> </ul>	4x1	[4]

Question	Answer	Mark	Total
1 (d)	<p><i>Two professional care workers from:</i></p> <ul style="list-style-type: none"> <li>• GP</li> <li>• Community Nurse</li> <li>• Health Visitor</li> <li>• Occupational Therapist</li>   <li>• Counsellor</li> <li>• Home Care Assistant</li>   <li>• Social worker</li> </ul>	<p><i>Roles eg:</i></p> <p>Prescribe medication  Check blood pressure  Advise about diet  Assess home for aids/adaptations  Promote independence  Talk about problems  Provide personal care  Support daily living tasks  Assess needs</p>	<p><b>2x1</b> <b>2x1</b> <b>[4]</b></p>

[15 marks]

Question	Answer	Mark	Total
2 (a)	<p><i>Four from:</i></p> <ul style="list-style-type: none"> <li>• difficulty cooking</li> <li>• difficulty cleaning her home</li> <li>• difficulty socialising/interacting with others</li> <li>• loss of friends</li> <li>• safety impaired</li> <li>• hygiene/washing</li> <li>• lack of stimulation from reading/television</li> <li>• need to use aids/adaptations</li> <li>• dependent on others to provide care</li> <li>• no longer able to drive</li> <li>• difficulty when shopping</li> <li>• unable to hear door bell</li> </ul>	4x1	[4]
(b)	<p><i>Five from:</i></p> <ul style="list-style-type: none"> <li>• talk to others in a similar situation</li> <li>• make sure everything is kept in a particular place so that she can find them</li> <li>• have a hearing aid fitted</li> <li>• ask for an assessment to be carried out by an occupational therapist</li> <li>• aids/adaptations to the home (accept examples)</li> <li>• ask her family to support her</li> <li>• seek advice/support from care professionals</li> <li>• seek advice/support from voluntary groups eg Age Concern</li> <li>• have an operation to remove the cataracts</li> <li>• move into sheltered accommodation/residential care</li> <li>• use meals-on-wheels</li> <li>• learn Braille/sign language</li> <li>• take part in recreational activities eg bingo</li> </ul>	5x1	[5]
(c)	<p><i>Three ways from:</i></p> <ul style="list-style-type: none"> <li>• <b>improve her social life</b> – meet new people</li> <li>• <b>extend her social circle</b> – make new friends</li> <li>• <b>keep her occupied</b> – less time to fill</li> <li>• <b>raise self-esteem</b> – she feels valued as a member of the group</li> <li>• <b>raise confidence</b> – she is encouraged to do things</li> <li>• <b>feel empowered</b> – enabled to do more than at home</li> <li>• <b>stimulating her mind</b> – taking part in activities</li> <li>• <b>improve her motivation</b> – she has something to look forward to</li> <li>• <b>learn new skills</b> – cooking/craft activities/sign language</li> <li>• <b>feel happy</b> – because she is mixing with others</li> <li>• <b>improve her physical fitness</b> – because activities exercise muscles</li> <li>• <b>she would be able to get advice</b> – professional support available</li> </ul>	3x1 3x1	[6]

	<p>One mark for identification of <b>three</b> effects of joining the day centre, additional mark for adequate explanation of the effects identified.</p> <p>Effects and explanation may be interchangeable  (Sub-max 3 marks for identification of PIES)</p>		
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[15 marks]

Question	Answer	Mark	Total
3 (a) (i)	<p><i>One from:</i></p> <ul style="list-style-type: none"> <li>• osteoporosis</li> <li>• rheumatoid arthritis</li> <li>• osteoarthritis</li> <li>• rheumatism</li> </ul>	1x1	[1]
(ii)	<p><i>Four from:</i></p> <ul style="list-style-type: none"> <li>• lack of mobility</li> <li>• stiffness</li> <li>• tiredness/lack of energy</li> <li>• cannot walk very far</li> <li>• feel helpless/angry/upset</li> <li>• low self-esteem</li> <li>• lack of confidence</li> <li>• isolation</li> <li>• lack of fitness/take longer to do tasks</li> <li>• pain</li> <li>• depression/lack of motivation</li> </ul> <p><i>Osteoporosis</i></p> <ul style="list-style-type: none"> <li>• brittle bones</li> <li>• bones less dense</li> <li>• reduced height</li> <li>• curvature of the spine/back curve</li> </ul> <p><i>Rheumatoid arthritis</i></p> <ul style="list-style-type: none"> <li>• swollen joints</li> <li>• disfigurement of joints</li> <li>• inflamed joints</li> <li>• joints attacked by immune system</li> <li>• weaker muscles/lack of strength</li> <li>• unable to grip</li> </ul> <p><i>Osteoarthritis</i></p> <ul style="list-style-type: none"> <li>• damage to cartilage/tissue around joints</li> <li>• wear and tear of joints</li> </ul> <p><i>Rheumatism</i></p> <ul style="list-style-type: none"> <li>• muscular spasms</li> </ul>	4x1	[4]

Question	Answer	Mark	Total
3 (b)	<p><i>Four from:</i></p> <ul style="list-style-type: none"> <li>• <b>assess his needs</b> – to ensure they are met fully</li> <li>• <b>assess home for aids/adaptations</b> – to maintain safety</li> <li>• <b>talk to his family/carers</b> – to ensure all his needs are met</li> <li>• <b>advise about daily living routines</b> – to enable him to cope with his disorder</li> <li>• <b>teach new skills</b> – to enable him to care for himself</li> <li>• <b>observe Ian doing tasks/activities</b> – to assess his needs</li> <li>• <b>show Ian how to use aids/adaptations</b> – to ensure safety</li> <li>• <b>arrange for specialist to come and fit adaptations</b> – to ensure they are fitted correctly</li> <li>• <b>talk to Ian about his difficulties</b> – to find out specific needs/to help him understand his disorder</li> <li>• <b>provide information about services available</b> – to enable him to access them</li> <li>• <b>produce a care plan</b> – to inform others of their responsibilities</li> <li>• <b>suggest ways of promoting social activity</b> – so he does not become socially excluded/isolated</li> </ul> <p><i>One mark each for identifying <b>four</b> ways</i></p> <p><i>One mark each for each explanation linked directly to the ways identified.</i></p>	<p><b>4x1</b> <b>4x1</b></p>	<p><b>[8]</b></p>

Question	Answer	Mark	Total
3 (c)	<p><b>Level 3 [6-7 marks]</b> Candidates will clearly analyse at least <b>two</b> ways an occupational therapist should promote individual rights and beliefs when supporting Ian. 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><b>Level 2 [4-5 marks]</b> Candidates will describe at least <b>two</b> ways an occupational therapist should promote individual rights and beliefs when supporting Ian. 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><b>Level 1 [0-3 marks]</b> Candidates will identify ways the occupational therapist should promote individual rights and beliefs. 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><b>Promote individual rights and beliefs:</b></p> <ul style="list-style-type: none"> <li>(a) encourage Ian to be independent</li> <li>(b) allow Ian to have choices about his care and treatment</li> <li>(c) ask Ian what he needs and wishes</li> <li>(d) provide equipment so that Ian can do more for himself</li> <li>(e) make sure all care is carried out safely</li> <li>(f) providing a safe environment</li> <li>(g) treat Ian with dignity and respect</li> <li>(h) recognise Ian's beliefs</li> <li>(i) enable Ian to maintain his identity</li> <li>(j) encourage Ian to express his preferences</li> <li>(k) raise awareness of how to complain</li> <li>(l) being aware of Ian's cultural/religious needs</li> <li>(m) addressing Ian correctly/calling him by the name he prefers</li> <li>(n) assess Ian's needs fully</li> <li>(o) keep Ian's information confidential</li> <li>(p) not stereotype him because of his disorder</li> </ul>		[7]

[20 marks]



Question	Answer	Mark	Total														
4 (a)	<p><b>Level 3 [7-8 marks]</b> Candidates will clearly discuss at least <b>two</b> ways <b>two</b> different community services could support a person with a disorder of the nervous system. Conclusions will be drawn for the top mark in this band. 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><b>Level 2 [4-6 marks]</b> Candidates will describe at least <b>two</b> ways <b>two</b> different community services could support a person with a disorder of the nervous system. Answers will be factually accurate. There will be evidence of coherence within the answers. There will be noticeable errors of grammar, punctuation and spelling. (Sub-max 4 marks for only <b>one</b> community service/<b>one</b> way for each done very well). Alternatively, sub-max of 5 marks for an excellent general discussion of community service support.)</p> <p><b>Level 1 [0-3 marks]</b> Candidates will identify/describe <b>one</b> or <b>two</b> community care services that could support a person with a disorder of the nervous system. There will be little if any attempt made to suggest ways the services could support. Answers are likely to be muddled, demonstrating little knowledge or understanding. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p> <table border="0" data-bbox="322 1025 1203 1680"> <thead> <tr> <th data-bbox="322 1025 702 1064"><b>Community-care services</b></th> <th data-bbox="708 1025 1203 1064"><b>Explanation Examples</b></th> </tr> </thead> <tbody> <tr> <td data-bbox="322 1072 702 1153">a) health-care services eg GP, Community Nurse</td> <td data-bbox="708 1072 1203 1131">Prescribe medication, monitor health, give advice/guidance</td> </tr> <tr> <td data-bbox="322 1162 702 1265">b) social-care services eg social worker, care manager</td> <td data-bbox="708 1162 1203 1243">Assess needs, provide specialist aids/adaptations, ensure needs are met</td> </tr> <tr> <td data-bbox="322 1274 702 1355">c) day care services eg day centre, respite care</td> <td data-bbox="708 1274 1203 1355">Provide social support, encourage her to go out, provide activities</td> </tr> <tr> <td data-bbox="322 1364 702 1444">d) domiciliary services eg home care assistant</td> <td data-bbox="708 1364 1203 1444">Support with daily living tasks, support with personal hygiene.</td> </tr> <tr> <td data-bbox="322 1453 702 1579">e) private services eg equipment suppliers, residential/nursing homes</td> <td data-bbox="708 1453 1203 1534">Provide specialist continence aids/equipment, provide private residential/nursing care</td> </tr> <tr> <td data-bbox="322 1588 702 1680">f) voluntary services eg support groups, transport</td> <td data-bbox="708 1588 1203 1680">Give advice/guidance, meet others in similar situation, share experiences, take her to hospital appointments/shopping</td> </tr> </tbody> </table> <p>Ways must link directly to the community care services identified.</p>	<b>Community-care services</b>	<b>Explanation Examples</b>	a) health-care services eg GP, Community Nurse	Prescribe medication, monitor health, give advice/guidance	b) social-care services eg social worker, care manager	Assess needs, provide specialist aids/adaptations, ensure needs are met	c) day care services eg day centre, respite care	Provide social support, encourage her to go out, provide activities	d) domiciliary services eg home care assistant	Support with daily living tasks, support with personal hygiene.	e) private services eg equipment suppliers, residential/nursing homes	Provide specialist continence aids/equipment, provide private residential/nursing care	f) voluntary services eg support groups, transport	Give advice/guidance, meet others in similar situation, share experiences, take her to hospital appointments/shopping		[8]
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4 (b)	<p><b>Level 3 [6-7 marks]</b> Candidates will clearly evaluate the effectiveness of the Mental Health Act. At least <b>two</b> strengths and <b>two</b> weaknesses will be covered thoroughly demonstrating sound understanding. Conclusions will be drawn for the top mark in this band. 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><b>Level 2 [4-5 marks]</b> Candidates will attempt evaluation of the effectiveness of the Mental Health Act. Both strengths and weaknesses will be included for the top mark in this band, although there will be emphasis on one or the other. Answers will be factually accurate. There will be evidence of coherence within the answers. There will be noticeable errors of grammar. Punctuation and spelling. (<i>Sub-max 4 marks for only strengths or weaknesses done very well</i>).</p> <p><b>Level 1 [0-3 marks]</b> Candidates will identify aspects of the Mental Health Act. Candidates may give minimal evaluation and show limited understanding of either strengths and/or weaknesses. Answers are likely to be muddled, demonstrating little knowledge or understanding. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p> <p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>s1 provides duty of care for people with mental health needs</li> <li>s2 ensures service users with mental health needs will not have to cope alone</li> <li>s3 protect service users with mental health needs from danger</li> <li>s4 can detain service users against their will</li> <li>s5 ensures service users with mental health needs will get the treatment they need</li> <li>s6 ensures service users with mental health needs get information about support available</li> <li>s7 promote rights of people with mental health needs</li> <li>s8 ensures two professional care workers agree the need for sectioning</li> </ul> <p><b>Weaknesses:</b></p> <ul style="list-style-type: none"> <li>w1 cannot change attitudes towards people with mental health needs</li> <li>w2 service users may not be aware of their rights under the act</li> <li>w3 service users can be discharged from their section too early</li> <li>w4 service users who have been sectioned may be discriminated</li> </ul>		[7]

Question	Answer	Mark	Total
5 (a)	<p><b>Level 3 [7-8 marks]</b> Candidates will clearly analyse at least <b>two</b> ways the physiotherapist should maintain confidentiality. 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><b>Level 2 [4-6 marks]</b> Candidates will attempt analysis of at least <b>two</b> ways the physiotherapist should maintain confidentiality. Answers will be factually accurate. There will be evidence of coherence within the answers. There will be noticeable errors of grammar, punctuation and spelling. (Sub-max 4 marks for <b>one</b> way done very well).</p> <p><b>Level 1 [0-3 marks]</b> Candidates will identify/describe ways the physiotherapist should maintain confidentiality. 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><b>Maintain confidentiality:</b></p> <p>(a) respect older person's wishes for information to be kept private  (b) do not talk about older person's care to those who do not need to know  (c) do not leave notes lying around for others to read  (d) explain who will have access to his information  (e) do not give information over the telephone unless identity of caller can be proven  (f) not leaving personal notes on the computer screen so that others can read them  (g) having password to access computer records  (h) not talking about older person by name in public so that he can be identified  (i) sharing information on a 'need to know' basis only  (j) storing personal records in a locked filing cabinet/secure storage room</p>	8	[8]

Question	Answer	Mark	Total
5 (b)	<p><b>Level 3 [6-7 marks]</b> Candidates will clearly discuss at least <b>two</b> ways the provisions of the Carers Recognition and Services Act could support Craig's wife. 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><b>Level 2 [4-5 marks]</b> Candidates will attempt discussion of at least <b>two</b> ways the provisions of the Carers Recognition and Services Act could support Craig's wife. There will be evidence of coherence within the answers. There will be noticeable errors of grammar, punctuation and spelling. (Sub-max of 4 marks for <b>one</b> way done very well).</p> <p><b>Level 1 [0-3 marks]</b> Candidates will identify/describe ways the provisions of the Carers Recognition and Services Act could support Craig's wife. 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>(a) assess the ability of Craig's wife to provide care (b) social services must take this into consideration (c) Craig's wife will not be expected to take on duties of professional care worker (d) care plan will be written to make sure Craig's needs are met (e) professionals work together with his wife to provide care (f) information given about services available (g) allow her to have maximum support/respite care available (h) Craig and his wife will be fully involved in the assessment of his needs (i) choices will be offered (j) services delivered in a seamless manner</p>		[7]

[15 marks]

Question	Answer	Mark	Total
6 (a)	<p><b>Level 3 [8-10 marks]</b> Candidates will thoroughly analyse how the impact of staying at the intermediate care centre could affect Mohamed. Candidates will demonstrate clear understanding of both positive and negative aspects. Conclusions will be drawn for the top mark in this band. 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><b>Level 2 [4-7 marks]</b> Candidates will describe how the impact of staying at the intermediate care centre could affect Mohamed. Understanding of both positive and negative aspects may be shown. Answers will be factually accurate. There will be evidence of coherence within the answers. There will be noticeable errors of grammar, punctuation and spelling. (Sub-max 5 marks for only <b>strengths or weaknesses</b> done very well).</p> <p><b>Level 1 [0-3 marks]</b> Candidates will identify <b>one</b> or <b>two</b> basic ways that staying at the intermediate care centre could affect Mohamed. 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><b>Positive impact:</b> s1 feeling of security s2 will be well cared for s3 all his needs will be looked after s4 professional carers available 24/7 s5 carers will understand his needs s6 supervised activities will be available s7 increased social life with others s8 improved confidence before going home s9 reassure him he will be able to cope when he goes home s10 no need to worry about preparing meals s11 time to adjust before going home</p> <p><b>Negative impact:</b> w1 will miss his family w2 feel isolated w3 withdrawn w4 feel dependent w5 decreased motivation w6 low self-esteem w7 lack of confidence w8 feel no-one loves him anymore w9 angry/agitated/frustrated w10 freedom has been taken away w11 loss of independence w12 confused w13 upset/distressed/depressed</p>		[10]

Question	Answer	Mark	Total
6 (b)	<p><b>Level 3 [8-10 marks]</b> Candidates will analyse the care provision role of at least two service providers justifying their choice by linking specific skills and qualities to provide for Mohamed's particular care needs when he returns home. Answers will be factually accurate, using appropriate terminology. There will be evidence of synthesis within the work. There will be few errors of grammar, punctuation and spelling.</p> <p><b>Level 2 [4-7 marks]</b> Candidates will attempt analysis of the care provision roles of at least two appropriate service providers. A sound understanding of their role will be evident. There will be limited justification of their choices with minimal links to Mohamed's particular care needs when he returns home. Answers will be factually accurate. There will be evidence of coherence within the answers. There will be noticeable errors of grammar, punctuation and spelling. (Sub-max 5 marks for <b>one</b> provider covered very well)</p> <p><b>Level 1 [0-3 marks]</b> Candidates may identify/describe <b>one</b> or <b>two</b> service providers who could support Mohamed with little if any description of their role. 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><b>Service providers:</b> (a) social worker (b) key worker/care manager (c) occupational therapist (d) counsellor (e) GP (f) physiotherapist (g) advocate (h) benefits agency (i) support groups/voluntary groups (j) domiciliary care (k) home care assistant (l) community nurse (m) day centre (n) meals on wheels</p> <p><i>Choices will be realistic. The descriptions will be accurate and link to the providers identified. A high level of understanding will be shown with the accurate application of underpinning knowledge.</i></p>		[10]

[20 marks]

Total mark available: 100

## F920 Understanding human behaviour

Question	Expected Answer	Mark	Total
1 (a)	<p><b>One</b> mark for correct definition, from:</p> <ul style="list-style-type: none"> <li>• how we use/ organise our mind</li> <li>• the way our thought processes develop</li> <li>• intellectual development</li> <li>• learning to think</li> </ul>	1x1	[1]
(b)	<p><b>One</b> mark for each correct description and <b>one</b> mark for each example, TWO required:</p> <ul style="list-style-type: none"> <li>• to provide learning rich environment with wide range of resources eg toys, games, puzzles, books</li> <li>• to provide positive role models e.g. adults seen reading</li> <li>• engage in conversations eg answer children's questions</li> <li>• to take children out on visits eg zoo, parks, museums etc</li> <li>• to pay for additional tuition</li> <li>• genetically through an inherited condition</li> <li>• smoking/drinking, etc throughout pregnancy</li> <li>• to provide opportunities for – <ul style="list-style-type: none"> <li>imagination eg role play</li> <li>problem solving eg jigsaws</li> <li>creativity eg painting</li> <li>memory eg snap/matching games</li> <li>concentration eg read stories</li> <li>reasoning eg discussions/games</li> <li>play with friends</li> </ul> </li> </ul> <p><i>Accept positive or negative of the above, but not a turnaround of the positive.</i>  <i>Sub-max of 1 if no description/example.</i></p>	2x1 2x1	[4]

Question	Expected Answer	Mark	Total
1 (c)	<p><b>Level 3 response: 8 - 10 marks</b> Candidates can give a detailed explanation of at least <b>two</b> environmental influences which can affect at least <b>two</b> PIES in an individual. The answer is 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. There may be occasional errors of grammar, punctuation and spelling.</p> <p><b>Level 2 response: 4 - 7 marks</b> Candidates can describe at least <b>two</b> environmental influences which can affect at least <b>two</b> PIES in an individual. The candidate has shown limited ability to organise the relevant material, using some appropriate health, social care and early year's 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. SUB MAX OF 5 IF ONE DONE VERY WELL.</p> <p><b>Level 1 response: 0 – 3 marks</b> Candidates can identify at least <b>one</b> environmental influence which can affect at least <b>one</b> area of PIES in an individual. 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 may be noticeable and intrusive.</p> <ul style="list-style-type: none"> <li>• air pollution <b>because</b> it could cause respiratory problems in turn affecting physical health and development</li> <li>• air pollution <b>because</b> of above children may miss school and therefore intellectual development suffers</li> <li>• air pollution <b>because</b> if living in clean air environment will encourage positive physical health therefore allowing for physical and intellectual development</li> <li>• noise pollution <b>because</b> too much noise can cause stress thus affecting emotional and social development OR VISE VERSA IN QUIET ENVIRONMENT</li> <li>• noise pollution <b>because</b> too much noise can make it difficult to concentrate and so affect intellectual development</li> <li>• Water pollution <b>because</b> can cause illness and so affect all PIES</li> <li>• urban v rural <b>because</b> generally healthier to live in urban areas ie less pollution, stress, fear, anxiety etc</li> </ul> <p><b>Annotation:</b> <b>Indicate PIES responses with PIES</b> Accept any other appropriate answer.</p>		[10]

Total: [15]



Question	Expected Answer	Mark	Total
2 (a) (i)	<p><b>One</b> mark for <i>both</i> sides:</p> <p>Biological (inherited/genetic) influences versus environmental /socio-economic influences</p>	1x1	<b>[1]</b>
(ii)	<p><b>One</b> mark for identification, two required from:  <b>One</b> mark for explanation, two required from:</p> <ul style="list-style-type: none"> <li>• family</li> <li>• education (not paying for, rather the valuing of)</li> <li>• housing</li> <li>• culture</li> <li>• access to health services</li> <li>• nutrition</li> <li>• income differences</li> </ul> <p><i>Accept any appropriate explanation</i>  <i>Do not accept 'good/bad schools'.</i></p>	2x1 2x1	<b>[4]</b>

Question	Expected Answer	Mark	Total
2 (b)	<p><b>Level 3 response: 8 - 10 marks</b> Candidates can discuss ways in which an appropriate biological theory defines personality. They use aspects of the theory and give examples of ways in which the theory identifies traits and how these can affect personality development. The answer is 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. There may be occasional errors of grammar, punctuation and spelling.</p> <p><b>Level 2 response: 5 - 7 marks</b> Candidates can describe an appropriate biological theory. Will describe aspects of theory accurately but not link these to how traits shape personality. The candidate has shown limited ability to organise the relevant material, using some appropriate health, social care and early year's 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><b>Level 1 response: 0 – 4 marks</b> Candidates can identify aspects of the theory in a general manner. The candidate has used some appropriate health, social care and early years terminology. 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 may be noticeable and intrusive.</p> <p><b>General comments:</b> (a) personality development is influenced by brain and body chemistry (b) this can be shown sometimes when fluctuations in body affects behaviour eg blood sugar levels (c) comparisons of differences in individual's reactions to events or circumstances (d) in other words we are born with certain traits which will result in personality development – cannot change (e) would expect higher level response to consider criticisms that is mention nature versus nurture debate (f) same as parent(s) but is it learned behaviour?</p> <p><b>EYSENCK may include:</b> ✓ argued that those born with low level of arousal are constantly seeking to raise it through excitement ✓ he believed that intelligence was purely inherited and is linked to our physiology and can be measured using physiological responses to stimuli ✓ three central traits ✓ introversion/extroversion – some people at either ends of extremes but many somewhere in middle, this will</p>		[10]

Question	Expected Answer	Mark	Total
	<p>shape personality as if they are introverted are less likely to be confident etc</p> <ul style="list-style-type: none"> <li>✓ stability/instability if an individual is generally stable they are more likely to try new challenges, be more content and confident etc which all affect personality</li> <li>✓ tough minded/tender minded</li> <li>✓ Eysenck also argued that criminal behaviour is particularly associated with extroversion and instability</li> <li>✓ extroversion, introversion, stability, neuroticism, psychoticism, etc</li> </ul> <p><b>CATTELL may include:</b></p> <ul style="list-style-type: none"> <li>✓ categorised all traits into major groups</li> <li>✓ SURFACE traits – these are easily identified eg ambition.</li> <li>✓ SOURCE traits – these are less easily identified eg self-assurance</li> <li>✓ 16 basic traits with people scoring extreme low, average and extreme high each of which are associated with the definition of personality ie they are words commonly used to describe personality <ul style="list-style-type: none"> <li>• reserved- outgoing</li> <li>• less – more intelligent</li> <li>• affected by feelings – emotionally stable</li> <li>• humble – assertive</li> <li>• sober – happy go lucky</li> <li>• expedient – conscientious</li> <li>• shy – venturesome</li> <li>• tough minded – tender minded</li> <li>• trusting- suspicious</li> <li>• practical- imaginative</li> <li>• forthright – shrewd</li> <li>• self-assured – apprehensive</li> <li>• conservative – experimenting</li> <li>• group dependent – self-sufficient</li> <li>• undisciplined self-conflict – controlled</li> <li>• relaxed – tense</li> </ul> </li> </ul>		
			<b>[10]</b>

Total: [15]

Question	Expected Answer	Mark	Total
3	<p><b>Level 3 response: 11-15marks</b> Candidates can explain aspects of the theory and <b>link</b> these to social and emotional development. There will be a balance of positive and negative aspects of social and emotional development. The answer is 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. There may be occasional errors of grammar, punctuation and spelling.</p> <p><b>Level 2 response: 6-10 marks</b> Candidates can describe aspects of the theory and <b>attempt to link</b> these to social and/or emotional development. There will be positive and/or negative aspects of social and/or emotional development. The candidate has shown limited ability to organise the relevant material, using some appropriate health, social care and early year's 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><b>Level 1 response: 0 – 5 marks</b> Candidates can identify aspects of the theory, although this may <b>not be linked</b> to social and/or emotional development. The candidate has used some appropriate health, social care and early years terminology. 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 may be noticeable and intrusive.</p> <p><b>Maslow</b> m1 physiological needs – food, warmth and shelter generally understood to be basic needs which need to be met before individual can progress onto higher levels/stages m2 safety needs – to feel safe and physically and emotionally secure thus allowing for development of emotional skills such as independence and emotional security m3 sense of belonging and love needs – attachment to primary carer moving through to social inclusion; need for love and affection to be shown – individuals can then build both emotional and social development m4 self-esteem needs – need to feel respected met by experiencing success – individuals need to be acknowledged, approved of respected; self-esteem is part of individual's emotional development m5 cognitive needs – stimulation/activities etc to promote knowledge and understanding; success here will affect an individual's self-concept</p>		[15]

Question	Expected Answer	Mark	Total
	<p>m6 aesthetic needs – need to experience beauty , truth etc. – this will have a direct effect on emotional development In turn, if met ALL of these lead to</p> <p>m7 SELF-ACTUALISATION – where an individual meets the ultimate goal in life; this is where they are free from pressures which are attached to previous levels/stages of development and they are now free to explore who they have ‘become’ - they are likely to be more independent, feel emotionally fulfilled, have positive social development as they will have a greater acceptance of others and realistic perception of self</p> <p>m8 generally accepted as seven levels/stages but also accept the 5 level/stage presentation associated with deficit needs and higher level/stage needs – don’t have to go through all levels/stages chronologically – development depends on which level/stage is reached</p> <p><b>ROGERS</b></p> <p>r1 falls into two main categories of need, both are associated with emotional and social development</p> <p>r2 Rogers believed that during childhood we begin to form and idea of who we are. This is continually changing and influenced by :-</p> <p>r3 Self-actualisation needs – these are realised when physical, Intellectual and basic needs are satisfied leading to the Individual finding creativity and independence</p> <p>r4 the individual has an in-built tendency to fulfil this need through exploration growth and development</p> <p>r5 if these needs are not stifled the individual should reach self-actualisation and so achieve positive emotional development – this is tied in with positive social experiences and development</p> <p>r6 Rogers also identified that individuals have a need for positive regard from others in order to achieve a positive self-concept – this can be hindered if the individual feels pressure to develop in a way which meets family/societies expectations</p> <p>r7 he believed that this is called ‘conditional worth’</p> <p>r8 so if families offer rewards to their children for specific achievements the child will only feel valued if they are successful in these achievements</p> <p>r9 failure will lead to negative self-esteem</p> <p>r10 positive emotional development results from unconditional regard/love/worth</p> <p><b>Annotation</b> Positive + and negative – Social s and emotional e Link (L)</p>		

Total: [15]

Question	Expected Answer	Mark	Total
4 (a)	<p><b>Level 3 response: 8 - 10marks</b> Candidates use a psychodynamic theory to explain extreme behaviours which are brought about by change. Examples of change/extreme behaviours will be used to illustrate their understanding. The answer is 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. There may be occasional errors of grammar, punctuation and spelling.</p> <p><b>Level 2 response: 5 – 7 marks</b> Candidates describe a psychodynamic theory, giving some relevant examples of change/extreme behaviours to illustrate their points. The candidate has shown limited ability to organise the relevant material, using some appropriate health, social care and early year's 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><b>Level 1 response: 0 – 4 marks</b> Candidates can describe <b>one</b> or more aspects of this theory. The candidate has used some appropriate health, social care and early years terminology. 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 may be noticeable and intrusive.</p> <p><b>Change may include:</b> c changing schools c divorce/separation c birth of a baby c admission into care c redundancy c bereavement c starting work</p> <p><b>Extreme behaviours may include:</b> b bullying b temper tantrums b verbal and physical aggression b submissive/passive b withdrawn b eating disorders</p> <p><b>Freud:</b> May explain any of following terms –</p> <ul style="list-style-type: none"> <li>• denial – refusing to accept reality therefore extreme behaviours might result in order to avoid reality</li> <li>• displacement – redirecting feelings to substitute object/person</li> <li>• fixation at any stage resulting in extremes</li> <li>• founder of modern PSYCHO ANALYTICAL theory – a mix of Biological and some learning motivating SOCIAL and EMOTIONAL development/personality</li> <li>• psycho sexual – early years follows 3 phases, often overlapping – oral, anal and phallic. Followed by latency and genital</li> </ul>		[10]

Question	Expected Answer	Mark	Total															
	<ul style="list-style-type: none"> <li>• mind consisted of conscious, pre conscious and unconscious</li> <li>• emotions and behaviour driven by id, ego and super ego – biological drives to be influenced/balanced by social pressures</li> <li>• early experiences within first 4 years of family life greatly influence personality development</li> <li>• as basic needs are satisfied (influence of carer) pleasure occurs and so becomes basic principle of life.</li> <li>• suppression/too much focus can be dangerous to healthy development of personality</li> </ul> <p><b>Erikson:</b></p> <ul style="list-style-type: none"> <li>• social and personality development but less emphasis on sexual drives more focus on psycho social</li> <li>• must take on and resolve stages/crises/dilemmas which are linked to changing social demands</li> <li>• may describe any of following stages:</li> </ul> <table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">AGE</th> <th style="text-align: left; width: 45%;">CRISIS &amp; OUTCOMES</th> <th style="text-align: left; width: 40%;">INFLUENCES</th> </tr> </thead> <tbody> <tr> <td>0-1</td> <td>Trust v mistrust Hope v insecurity</td> <td>Main carer</td> </tr> <tr> <td>1-2</td> <td>Autonomy v shame/doubt Will power/self-esteem v shame/doubt</td> <td>Parents</td> </tr> <tr> <td>3-5</td> <td>Initiative v guilt Sense of purpose v guilt over feelings</td> <td>Family</td> </tr> <tr> <td>6-puberty</td> <td>Industry v inferiority Confident/competent v inadequate</td> <td>Neighbourhood/ school</td> </tr> </tbody> </table>	AGE	CRISIS & OUTCOMES	INFLUENCES	0-1	Trust v mistrust Hope v insecurity	Main carer	1-2	Autonomy v shame/doubt Will power/self-esteem v shame/doubt	Parents	3-5	Initiative v guilt Sense of purpose v guilt over feelings	Family	6-puberty	Industry v inferiority Confident/competent v inadequate	Neighbourhood/ school		
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4 (b)	<p><b>Level 3 response: 11 – 15 marks</b> Candidate is able to analyse at least <b>two</b> factors which could influence the development of self-concept. Examples used will demonstrate understanding. The answer is 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. There may be occasional errors of grammar, punctuation and spelling.</p> <p><b>Level 2 response: 6 – 10 marks</b> The candidate is able to explain at least <b>two</b> factors which could influence the development of self-concept. The candidate has shown limited ability to organise the relevant material, using some appropriate health, social care and early year’s 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. <i>Sub-max of 7 for one factor analysed well.</i></p> <p><b>Level 1 response: 0 – 5 marks</b> The candidate has described at least <b>one</b> factor which could influence the development of self-concept. <b>Alternatively</b>, there will be a general description of self-concept. The candidate has used some appropriate health, social care and early years terminology. 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 may be noticeable and intrusive.</p> <p><b>(a) environment and culture</b> – this could lead to certain beliefs about oneself according to gender, age, ethnicity etc – these could have positive/negative impacts</p> <p><b>(b) primary socialisation</b> – social norms within that family; parenting styles could have effect on self-concept</p> <p><b>(c) secondary socialisation</b> – if people react favourably and help us to feel good about ourselves this will have a positive influence on our self-concept</p> <p><b>(d) by comparing ourselves to others</b> – if we do not ‘measure up’ we will feel bad about ourselves; may use peers/people in media etc</p> <p><b>(e) role models</b> – will result in a more complex self-concept</p> <p><b>(f) how we react to change/success/failure</b> – being able to cope and emerge with self-concept intact</p> <p><b>(g) self-fulfilling prophecy</b> – we become what people tell us we will become</p> <p><b>(h) pre-disposition towards</b> – high/low self-concept (personality types)</p>		15

Total: [25]



Question	Expected Answer	Mark	Total
5	<p><b>Level 4: 24–30 marks</b> Candidate is able to evaluate <b>one</b> social learning theory. Positive and negative aspects of the theory will be analysed and linked to social expectations and behaviours of others. Relevant examples will be used. 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. <i>For top marks, conclusion required.</i></p> <p><b>Level 3: 16–23 marks</b> Candidate is able to evaluate <b>one</b> social learning theory. Positive and negative aspects of the theory will be described. Examples will be used but will lack understanding and may not be linked. 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><b>Level 2: 8–15 marks</b> Candidate is able to describe <b>one</b> social learning theory. Positive and/or negative aspects of the theory will be identified OR theory analysed well. Examples will be used but will lack understanding and may not be linked. 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.</p> <p><b>Level 1: 0–7 marks</b> Candidate is able to identify one social learning theory. A general description of theory content will be included using some health, social care and early years terminology. May not have related it to the question. 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>		[30]

Question	Expected Answer	Mark	Total
	<p><b>Tajfel:</b></p> <ul style="list-style-type: none"> <li>• need for group identity</li> <li>• influenced by the actions of those within the group</li> <li>• social norms associated to groups eg gender, age, race</li> <li>• in group/out group experiments – eg need to belong to a group / denigrating opposing group(s)</li> <li>• groups change through life stages</li> <li>• onion theory – layers of influence</li> </ul> <p><b>Latane:</b></p> <ul style="list-style-type: none"> <li>• humans often copy others</li> <li>• conform to fit expectations</li> <li>• moral values are usually learnt in this way</li> <li>• bystander apathy</li> </ul> <p><b>Bandura:</b></p> <ul style="list-style-type: none"> <li>• role model – will be more effective if <ul style="list-style-type: none"> <li>○ someone with similar values</li> <li>○ more powerful</li> <li>○ warm and loving</li> <li>○ liked and respected</li> </ul> </li> <li>• more likely to imitate behaviours which <ul style="list-style-type: none"> <li>○ are rewarded</li> <li>○ are noticeable</li> <li>○ can be easily copied</li> </ul> </li> <li>• bobo doll experiment – learn through observation, not necessarily by doing</li> </ul> <p>Annotation:</p> <p>(s) social expectations  (b) behaviours of others  (L) link  + positive  - negative</p>		

**Total: [30]**

## F921 Anatomy & physiology in practice

Question	Expected Answer	Mark	Total
1 (a)	<p><b>One</b> mark for each structure identified, <b>Five</b> required from:</p> <ol style="list-style-type: none"> <li>1. oesophagus</li> <li>2. stomach</li> <li>3. large colon / large bowel</li> <li>4. liver</li> <li>5. small bowel / ileum /small intestine</li> </ol>	5x1	[5]
(b)	<p>Candidate will describe the functions of the following listed structures. <b>One</b> mark for each correct function. <b>Two</b> functions required for each part.</p> <p><b>Pancreas</b></p> <ul style="list-style-type: none"> <li>• production of alkaline fluid / digestive enzymes / protease / lipase</li> <li>• the enzymes secreted by the exocrine tissue in the pancreas help break down carbohydrates, fats, proteins, and acids in the duodenum</li> <li>• the hormones secreted by the endocrine tissue in the pancreas are insulin and glucagon</li> <li>• which regulate the level of glucose in the blood,</li> <li>• somatostatin which prevents the release of the other two hormones</li> </ul> <p><b>Liver</b></p> <ul style="list-style-type: none"> <li>• produces bile</li> <li>• Helps neutralise stomach acid</li> <li>• processing digested food from the intestine</li> <li>• controlling levels of fats, amino acids and glucose in the blood</li> <li>• neutralising and destroying drugs and toxins</li> <li>• manufacturing bile</li> <li>• storing iron, vitamins and other essential chemicals</li> <li>• breaking down food and turning it into energy</li> <li>• breaking down and regulating numerous hormones</li> <li>• making enzymes and proteins which are responsible for most chemical reactions in the body, for example those involved in blood clotting and repair of damaged tissues</li> </ul> <p><b>Stomach</b></p> <ul style="list-style-type: none"> <li>• storage of food so that food can be digested over an extended period.</li> <li>• digestion of food by chemical (gastric acid) and enzymatic (e.g. pepsin) means.</li> <li>• mechanical digestion by vigorous contractions to mix and liquefy food.</li> <li>• gradual release of liquefied food (chyme) into the duodenum.</li> <li>• absorption of water, alcohol and simple sugars</li> </ul> <p><i>Accept any other valid response</i></p>	3 x 2	[6]

Question	Expected Answer	Mark	Total
1 (c)	<p>Candidate will describe <b>one</b> technique. <b>One</b> marks for each technique described.</p> <p>Candidates responses will be detailed enough to reflect what happens <b>three</b> marks available</p> <p>Barium Swallow / meal / follow through</p> <ul style="list-style-type: none"> <li>• an injection to relax the muscles of your digestive system</li> <li>• a white liquid to drink</li> </ul> <p>Barium Sulphate liquid and shows up on the X-rays. After you've drunk the barium, on the X-ray table, your doctor will watch on an X-ray screen as the barium passes through your stomach and duodenum. Patient is turned from side to side to show any growths or ulcers will show up on the screen. The couch will be tipped into different positions during the test to make the barium flow where the doctor wants it to go.</p> <p><b>Barium Enema</b></p> <p>Barium is a white liquid which shows up on X-rays. A mixture of barium and water is passed into the rectum in the same way as the bowel washout. You will be asked to try to hold the liquid in the rectum this time until all the X-rays have been taken. The barium passes through the bowel and shows up any lumps or swellings. The doctor can watch on an X-ray screen.</p> <p><b>Endoscopy/ colonoscopy/gastroscopy</b></p> <p>An endoscope is a long tube with a fibre optic light and camera attached. The endoscope tube can be swallowed or inserted via the rectum. This allows the doctor to look at the inside of the gullet (oesophagus), stomach and the first part of the small bowel (the duodenum) and large colon. The doctor will take biopsies of any abnormal looking areas. And may record the images.</p> <p><b>Cholecystogram</b></p> <p>The night before the x-rays are taken 6 tablets are swallowed that contain the contrast medium. At the hospital x-rays are taken in various positions. The gallbladder can also be seen with a fluoroscope (a type of X-ray that projects the image onto a TV-like monitor). Patient is asked to drink a high-fat formula that will cause the gallbladder to contract and release some bile. X-ray images will then be taken at timed intervals.</p> <p><b>Tissue Biopsy</b></p> <p>Small amounts of tissue are taken by either a needle biopsy or by the use of biopsy forceps. Usually carried out during an investigation the tissue can then be made into slides for examination under a microscope.</p> <p><i>Or any other appropriate test</i></p>	<p>1 x 1 3 x 1</p>	<p>[4]</p>

Total: [15]

Question	Expected Answer	Mark	Total
2 (a)	<p>One mark for each structure identified, <b>six</b> required from:</p> <ol style="list-style-type: none"> <li>1. Aorta / Aortic arch</li> <li>2. Superior vena cava</li> <li>3. Rt Atrium</li> <li>4. Rt Ventricle</li> <li>5. Lt Atrium</li> <li>6. Lt Ventricle</li> </ol>	6 x 1	[6]
(b)i	<p>Candidates will identify <b>three</b> types of blood cell. One mark for each type.</p> <p>Candidates will describe <b>two</b> functions of each type of blood cell identified.</p> <p><b>Red Blood Cells (Erythrocytes)</b> contain hemoglobin, an iron rich protein which picks up oxygen as the blood passes through the lungs, transports it, and releases it to organs and tissues throughout the body.</p> <p><b>Platelets (thrombocytes)</b> are tiny disc-shaped cells which help prevent abnormal or excessive bleeding by forming clots.</p> <p><b>White Blood Cells (any named white cell)</b> play a major role in defending the body against disease producing bacteria, viruses and fungi. There are three main types of leukocytes, with each type performing a specific infection-fighting function.</p> <p><b>Monocytes</b> defend the body against bacterial infection.</p> <p><b>Granulocytes</b> include neutrophils, eosinophils and basophils. neutrophils, phagocytes</p> <ul style="list-style-type: none"> <li>• combat infection by rapidly increasing in number</li> <li>• engulfing and destroying foreign substances</li> <li>• they then die and, in turn, are ingested by monocytes</li> <li>• eosinophils and basophils also play infection fighting roles</li> </ul> <p><b>Lymphocytes</b> consist of two types of cells which combine forces to create a complex interaction to regulate the immune response. T cells attack virus-infected and malignant cells. B cells produce and release antibodies, or protein substances, which bind to infectious agents and help prevent them from doing damage to the body.</p> <p>Or any other appropriate response</p>	<p>3 x 1</p> <p>3 x 2</p>	[9]

Total: [15]

Question	Expected Answer	Mark	Total
3 (a)	<p>Candidate will identify <b>one</b> dysfunction of the musculo-skeletal system. One mark for the dysfunction</p> <p><b>Dysfunctions</b></p> <p>Arthritis Osteoporosis Parkinson's Disease Multiple Sclerosis</p>	1 x1	1
(b)	<p><b>Level 3 [8-9]</b> Candidates will provide a fully developed explanation that includes accurate terminology. Description of effects will be accurate and well developed. 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><b>Level 2 [4-7]</b> Candidates will provide a developed explanation that includes accurate terminology. Description of effects will be accurate. 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><b>Level 1 [0-3]</b> Candidates' will provide a simple explanation. Their use of appropriate terminology will be limited. Description of effects may be limited. 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><b>Arthritis</b> Function - linked to mobility, supporting body weight, pain on movement, joint surfaces being unprotected causing joint deformity. Effect - 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> <p><b>Osteoporosis</b> Function - support and mobility are most affected Effect - bones lose their density, worse with age and more common in women, fractures are common in hip wrist and</p>	9	9

Question	Expected Answer	Mark	Total
	<p>spine with associated nerve damage. The bones lose calcium, phosphate and the matrix breaks down. Linked to bone weakness, fractures and joint destruction, mobility, pain and deformity.</p> <p><b>Parkinson's</b> Function - control of movement, support and mobility(lack of) Effect - 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 and a slow monotonous voice. Walking, talking and tasks become progressively difficult. Gross motor dysfunction. Later stages mental deterioration and dementia occur; person becomes a danger to themselves, prone to accidents. Dopamine pump is affected and cell potentials altered.</p> <p><b>Multiple sclerosis</b> Function - control of movement, support and mobility(lack of) Effect - 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. The cause or trigger is said to be viral, auto immune response is that T cells target myelin as foreign.</p> <p>Gross motor dysfunction. Leading to reduced mobility, inability to control movements and potential onset of areas of paralysis.</p> <p>Other problems include: Visual, Sensory, Coordination and Balance problems</p> <p>Rest and support required until periods of remission.</p> <p><i>Any other appropriate response</i></p>		
3 (c)	<p><b>Level 3 [8-10]</b> Candidates will provide a fully developed description that includes accurate terminology. Description of diagnosis and treatment will be accurate and well developed. 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><b>Level 2 [5-7]</b> Candidates will provide a description that includes accurate terminology. Description of diagnosis and treatment will be mostly accurate, but lacking detail. 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>	5 5	10

Question	Expected Answer	Mark	Total
	<p><b>Level 1 [0-4]</b> Candidates will provide a simple description/identification. Their use of appropriate terminology will be limited. Description of diagnosis and treatment may be limited and lack accuracy. 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><b>Arthritis.</b> Diagnosed by</p> <ul style="list-style-type: none"> <li>• blood test: Rheumatoid factors are a variety of antibodies that are present in 70%-90% of people with rheumatoid arthritis (RA).</li> <li>• x-ray: shows joint changes and bone surface destruction and deformity.</li> <li>• clinical assessment showing: Swelling in one or more joints</li> <li>• early morning stiffness for more than a few minutes</li> <li>• recurring pain or tenderness in a joint, or inability to move it normally</li> <li>• obvious redness or warmth in a joint</li> <li>• unexpected weight loss, fever or weakness combined with joint pain</li> </ul> <p>Treated by:</p> <ul style="list-style-type: none"> <li>• NSAID's steroids and pain control</li> <li>• surgical intervention e.g. joint replacement, arthrodesis</li> <li>• injections of gold salts, D-penicillamine and chloroquine</li> <li>• physiotherapy</li> <li>• acupuncture</li> </ul> <p><i>any other appropriate treatment</i></p> <p><b>Osteoporosis</b> Diagnosed by</p> <ul style="list-style-type: none"> <li>• clinical History:</li> <li>• identification of risk factors in your personal history and physical examination.</li> <li>• blood test</li> <li>• hormones produced by the brain (LH and FSH) and ovaries in women (oestradiol) or testicles in men (testosterone) may be measured to identify any deficiency</li> <li>• X-ray</li> <li>• DXA scan (dual X-ray absorptiometry scan) is used to measure the thickness (or density) of the bone. Here an x-ray beam is directed at a small area of bone (usually the heel, spine, hip, or wrist). The thicker your bone is, the less x-ray beam will pass through it</li> </ul> <p>Treatment includes</p> <ul style="list-style-type: none"> <li>• HRT</li> <li>• vitamin D</li> <li>• calcium supplements</li> </ul>		



Question	Expected Answer	Mark	Total
	<ul style="list-style-type: none"> <li>• calcitonin injections may help.</li> <li>• preventative lifestyle changes prove most effective when started young</li> </ul> <p><b>Parkinson's</b> Diagnosed by The most common way to test for Parkinson disease is thorough physical and systemic neurological examination. This may include</p> <ul style="list-style-type: none"> <li>• tests to gauge the patient's reflexes</li> <li>• muscle strength</li> <li>• coordination</li> <li>• balance</li> <li>• gait</li> <li>• smoothness of movement</li> </ul> <p>Physicians, when trying to test for the illness, may also look for a family history of Parkinson disease. Treatments include</p> <ul style="list-style-type: none"> <li>• levodopa and carbidopa to decrease tremors and rigidity</li> <li>• surgical grafting of dopamine secreting neurones</li> <li>• surgery to destroy nerve pathways (ablation).</li> <li>• use of canaboids to reduce symptoms</li> </ul> <p><b>Multiple sclerosis</b> <i>Diagnosis</i> Diagnosing multiple sclerosis is not easy. There is no specific test for multiple sclerosis and it is not even certain that it is only one disease. MS diagnosis is a process of eliminating all other possibilities. Typically, people who have finally been diagnosed with definite MS will have been through several diagnostic stages. This process is often drawn out over months or years. MRI allows much more accurate diagnoses of neurological conditions like multiple sclerosis. It can readily differentiate between normal and demyelinated white brain matter. Lumbar Puncture and examination of the CSF cannot be used to definitively diagnose nor exclude multiple sclerosis, but the results can be indicative of MS and are used to support a clinical diagnosis.</p> <p>No cure but various drug treatments are available to suppress symptoms and effects.</p> <ul style="list-style-type: none"> <li>• Interferon Beta 1a</li> <li>• Glatirameracetate</li> <li>• Mitoxantrone</li> <li>• Azathioprine</li> <li>• MethylPrednisolone</li> </ul> <p><i>To name but a few</i> <i>Or any other appropriate response</i></p>		

Total: [20]

Question	Expected Answer	Mark	Total
4 (a)	<p>One mark for each structure identified, <b>Six</b> required from</p> <ol style="list-style-type: none"> <li>1. Fallopian tube / ovi duct</li> <li>2. Uterus / endometrium / womb</li> <li>3. Bladder</li> <li>4. Ovary</li> <li>5. Cervix/ uterus / womb / os</li> <li>6. Vagina</li> </ol>	6 x 1	[6]
(b)	<p>Candidates will identify <b>two</b> hormones that affect the menstrual cycle. One mark for each.</p> <ul style="list-style-type: none"> <li>• gonadotrophin</li> <li>• follicle stimulating hormone</li> <li>• luteinising hormone</li> <li>• oestrogen</li> <li>• progesterone</li> <li>• inhibin</li> </ul>	2 x 1	[2]
(c)	<p><b>Level 3 [9-12]</b> Candidates will describe in detail the role of hormones in the menstrual cycle. 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><b>Level 2 [5-8]</b> Candidates will describe the role of hormones in the menstrual cycle. 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><b>Level 1 [0-4]</b> Candidates will give a basic description/identify the role of hormones in the menstrual cycle. 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> <p><i>The role of hormones in the menstrual cycle</i> During the menstrual cycle, the sexually mature female body builds up the lining of the uterus with gradually increasing amounts of oestrogen, and when this hormone reaches a critical level, estradiol is produced, and shortly thereafter there is the stimulation of the ovaries with</p>		[12]

Question	Expected Answer	Mark	Total
	<p>Follicle Stimulating Hormone (FSH), and luteinizing hormone (LH). Follicles begin developing, and within a few days one 'matures' into an ovum or egg. The lining of the uterus, the endometrium, peaks shortly there afterward in a synchronised fashion. After the egg has been released at ovulation, the empty follicle starts to produce progesterone as well as oestrogen. The progesterone causes the lining of the womb to secrete nourishing fluids. If the egg becomes fertilised, it plants itself into the womb lining and the follicle it came from continues to produce progesterone to 'feed' the fertilised egg.</p> <p>or</p> <p>The first day of menstrual bleeding marks the onset of the follicular phase. During the early part of this phase, blood levels of the female hormones estrogen and progesterone are both low. Toward the latter part of the follicular phase, estrogen secretion rises to a peak, just prior to ovulation. Ovulation usually occurs around mid cycle (between days 13 and 15), although stress and a variety of other factors could cause ovulation to be delayed or missed. The luteal phase lasts from ovulation until the onset of the next menses, normally about 14 days. This phase can also be affected by external factors. Estrogen levels remain high-although not as high as immediately before ovulation-and progesterone also increases. These reproductive hormones can cause some physiological and psychological symptoms, described later. If implantation of a fertilized ovum does not occur, falling hormone levels will lead to shedding of the uterine lining (the endometrium) as menstrual flow, and the cycle begins again.</p> <p><i>Or any other appropriate response</i></p>		

**Total: [20]**

Question	Expected Answer	Mark	Total
5	<p><b>Level 4 [24-30]</b> Candidates will describe in detail <b>at least two</b> possible causes and assess effects of lung disease on individuals. 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><b>Level 3 [17-23]</b> Candidates will describe possible causes and effects of lung disease on individuals. 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><b>Level 2 [8-16]</b> Candidates will give a limited description of <b>at least one</b> possible causes and effects of lung disease on individuals. 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. [8-16]</p> <p><b>Level 1 [0-7]</b> Candidates description will be limited and is likely to be list like in nature. It may contain only causes or effects 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><b>Causes</b></p> <ul style="list-style-type: none"> <li>• general pollution, from automotive transport, industrial air pollutants</li> <li>• smoking over long periods of time as an originally acceptable pass time both during occupation and in leisure pursuits</li> <li>• passive smoking as a risk factor from uncontrolled working areas and social exposure</li> <li>• genetic and hereditary influences</li> </ul> <p>Work associated causes</p> <ul style="list-style-type: none"> <li>• occupational asthma</li> <li>• asbestosis</li> </ul>		[30]

Question	Expected Answer	Mark	Total
	<ul style="list-style-type: none"> <li>• occupational bronchitis</li> <li>• emphysema</li> <li>• mesothelioma</li> <li>• pleural disease</li> <li>• pneumoconiosis</li> <li>• silicosis</li> </ul> <p><b>+AVP</b></p> <p><b>Physical effects</b></p> <ul style="list-style-type: none"> <li>• bronchitis</li> <li>• emphysema</li> <li>• lung cancer</li> <li>• clogged airways, cilia</li> <li>• poor lung function</li> <li>• lung infections / pneumonia</li> <li>• bronchiectasis</li> <li>• bronchiolitis</li> <li>• pneumothorax</li> <li>• plural effusions</li> <li>• carbon monoxide poisoning</li> <li>• cough</li> <li>• asthma</li> <li>• cancer</li> <li>• cystic fibrosis</li> </ul> <p>Any functional and physiological affect associated with the above mentioned dysfunctions. All of which are debilitating diseases that can cause great discomfort and distress, leading to severe symptoms such as SOB and other systemic problems such as poor circulation, peripheral circulation problems, oedema, blood poisoning and secondary infections. The inability to move around, carry out daily tasks and take part in gainful employment.</p> <p><b>+AVP</b></p> <p><b>Intellectual</b></p> <ul style="list-style-type: none"> <li>• lack of understanding of the problems and causes of pollution</li> <li>• poor education on the effects of smoking</li> <li>• failure to believe the facts and risks</li> </ul> <p><b>Emotional effects</b></p> <p>These may well be linked to the above and include expansion on the following topics:</p> <ul style="list-style-type: none"> <li>• stress</li> <li>• disempowerment</li> <li>• isolation</li> <li>• low self esteem</li> <li>• low self worth</li> <li>• low self concept</li> <li>• fear</li> </ul>		

Question	Expected Answer	Mark	Total
	<p><b>Social</b></p> <ul style="list-style-type: none"><li>• personal isolation due to illness or stigma</li><li>• risks associated with social activities e.g. smoky bars and clubs</li><li>• occupational risks due to failure to comply with HSE guidance</li><li>• limited social interaction</li><li>• family break up</li><li>• loss of social status</li><li>• social dependency</li></ul> <p><i>Any other valid comment on well-being</i></p>		

**Total: [30]**

## F924 Social trends

Question	Expected Answer	Mark	Total
1 (a)	<p>One mark for each correct trend: 2 required</p> <ul style="list-style-type: none"> <li>• overall increase in men and women aged 20 – 24 and 25 – 29 living with parents – do not award both</li> <li>• 30 –34 age group pattern has changed much less</li> <li>• largest increase for men and women was between 1991 and 2001 – do not award both</li> <li>• 30 –34 groups show slight decline</li> <li>• 25 –29 group has increased more for men than women</li> </ul> <p><i>Accept any accurate trend which does not replicate the above</i></p>	2x1	[2]
(b)	<p>One mark for each correct identification and one mark for each explanation 2 required from:</p> <ul style="list-style-type: none"> <li>• <b>increase in elderly population who need care</b> – pressure on children particularly daughters to take responsibility</li> <li>• <b>increase in the number of young adults who cannot afford housing costs</b> – mortgage costs leading to communities not being able to provide housing for younger people</li> <li>• <b>increase in multi cultural society and Asian family structures</b> – may bring their own cultural patterns to society</li> <li>• <b>More adults working requiring free child care from live in relatives and parents</b> – need for two incomes to support the family</li> <li>• increase in relationship breakdowns – one partner may return to original family with children</li> <li>• <b>poor pension provision</b> – older family members cannot afford to maintain their independence</li> <li>• <b>teenage pregnancy</b> – young mothers having to live at home</li> </ul> <p><i>Sub-max of 2 if no explanation.</i></p>	2x2	[4]

Question	Expected Answer	Mark	Total
1 (c)	<p><b>Level 3 response: 8 - 9 marks</b> Candidates will assess both advantages and disadvantages. At least <b>two</b> of each will be included. They will be able to present relevant material in a planned and logical sequence using appropriate health, care and early years terminology accurately. Sentences and paragraphs are 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><b>Level 2 response: 4 - 7 marks</b> Candidates will refer to both advantages and disadvantages but there is likely to be an imbalance. There will be 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 always address the question. There may be noticeable errors of grammar, punctuation and spelling.</p> <p><b>Level 1 response: 0 – 3 marks</b> Candidates are likely to list <b>one or two</b> advantages and/or disadvantages and the response is likely to read as a common sense interpretation of the text. Sentences and paragraphs will have limited coherence and structure, often being of doubtful relevance to the main focus of the question. Errors of punctuation, grammar and spelling may be noticeable and intrusive.</p> <p><b>(+) Advantages:</b> (a) stronger bonds between family members (b) more emotional and social care for members who require it (c) greater potential financial resources (d) elderly relatives to act as good role models for young children (e) wisdom and experience of the elderly is an asset (f) more people to share in the raising of children (g) less likelihood that members of the family will be isolated and feel lonely and depressed (h) more people able to share the tasks</p> <p><b>(-) Disadvantages:</b> (a) potential overcrowding and lack of physical space – lack of privacy (b) less opportunity for the family to achieve geographical and social mobility (c) children may feel unable to develop independence (d) greater cost may be involved in expanding the family accommodation (e) women in the family may have traditional care expectations placed upon them (f) likely to develop segregated family roles (g) social stigma for young people still living with their parents (h) relationship issues – strain/jealousy if one set of grandparents in household but no other(s)</p>		[9]

Total: [15]



Question	Expected Answer	Mark	Total
2	<p><b>Level 3 response 11 – 15 marks</b> Candidates will assess at least <b>two</b> ways the services could use the data and will refer to <b>all three services</b>. A clear understanding will be shown of the differences between provision. Candidates will use the information and will accurately explain how it can be interpreted. At the upper end reference must be made to the increasing use of private childcare provision and the way this is likely to create a growing difference in the quality of provision compared with the other two services. A conclusion will be drawn showing an understanding of the need for provision to adapt to changing needs within society. 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><b>Level 2 response 6 – 10 marks</b> Candidates will explain at least <b>two</b> ways the services could use the data and will refer to at least two of the services. An attempt will be made to assess at the upper end. This may be implied rather than explicit. There may be noticeable errors of grammar, punctuation and spelling. At the lower end sentences and paragraphs are not always relevant with the material presented in a way that does not always address the question.</p> <p><b>Level 1 Response 0 – 5 marks</b> Candidates will describe at least one change and they are likely to refer to one service. Answers will read like common sense statements. 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> <ul style="list-style-type: none"> <li>(a) interpretation of the data</li> <li>(b) the need to provide more childcare and cheaper childcare provision</li> <li>(c) the quality of provision needs to improve</li> <li>(d) greater choice and flexibility</li> <li>(e) more training for staff working with children</li> <li>(f) expanding of opening hours</li> <li>(g) less need to provide for younger children and general satisfaction with the information provided</li> <li>(h) ways of improving provision</li> <li>(i) statutory expansion of childcare training in schools and colleges/universities</li> <li>(j) raise the status of vocational courses</li> <li>(k) develop the funding for childcare places to target those in greatest need – young single mothers, inner city population, mothers returning to work to provide essential income for the family – development of Sure Start and Care to Learn</li> <li>(l) look at the way the tax system can adapt to help families with young children</li> <li>(m) move towards free child care provision for all who need it</li> <li>(n) private provision</li> <li>(o) develop and expand provision with increased opening hours</li> </ul>		[15]

Question	Expected Answer	Mark	Total
	<p>(p) ensure all staff are adequately trained and professional development takes place</p> <p>(q) have sophisticated evaluation policies in place</p> <p>(r) increase provision at times which meet the increased flexibility of the workplace eg anti social hours at weekends etc</p> <p>(s) voluntary provision and state help in schemes that pay a fee to grandparents to care for children</p> <p>(t) monitor the needs in the area and ensure staff are trained and adequately qualified</p> <p>(u) try to fill gaps in provision</p> <p>(v) payment available for 'family care' not just if children have 'official care' to advantage growing number of grandparents caring for them</p> <p><b>Annotation:</b> S, V, P, ✓</p>		

**Total [15]**

Question	Expected Answer	Mark	Total
3 (a)	<p><b>One mark for each trend 2 required</b></p> <ul style="list-style-type: none"> <li>• overall increase in the number of childless women aged 25, 35 and 45</li> <li>• initial decrease and then increase after 1939 for the above</li> <li>• decrease for women aged 45 until 1939 followed by slow increase</li> <li>• biggest increase is for women aged 25</li> </ul> <p><i>Accept any accurate trend which refers to change – increase, decrease, fluctuation, stability etc</i></p>	2x1	[2]
(b)	<p><b>One mark for each of two characteristics</b></p> <ul style="list-style-type: none"> <li>• quantitative</li> <li>• official statistics / Government data / census</li> <li>• reliable</li> <li>• large scale – geographical area</li> <li>• secondary data</li> <li>• media source / newspaper article</li> </ul>	2x1	[2]
(c)	<p><b>One mark for each identification and one mark for explanation THREE required:</b></p> <ul style="list-style-type: none"> <li>• <b>increased likelihood of infertility</b> – not being able to have children</li> <li>• <b>increased risk of complications at birth</b> – likely to lead to higher IMR</li> <li>• <b>possible difficulties of older mothers relating to their children as they grow up</b> – increased gap in age for mothers and teenage children</li> <li>• <b>older women will have problems of care from their children as they age</b> – parents left on their own because children are too young to take responsibility</li> <li>• <b>potential emotional relationship difficulties</b> – leading to relationship problems</li> <li>• <b>disorders like Downs Syndrome increases with older mothers</b> – greater risk of complicated births and children with physical disabilities</li> <li>• <b>cost</b> – of treatment increases as NHS only funds up to certain age</li> </ul>	3x1 3x1	[6]

Question	Expected Answer	Mark	Total
3 (d)	<p><b>Level 4 response 16 – 20 marks</b> Candidates will analyse at least <b>two</b> reasons for the decline in the number of children women are having. They will focus upon changes in the role of women and changes within the wider society. They will present relevant material in a 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><b>Level 3 response 11 – 15 marks</b> Candidates will refer to at least <b>two</b> reasons and some analysis will be present. Answers must show an understanding of how women's lives have changed and the impact this has on childbirth. Material will be presented in a planned and logical sequence using appropriate terminology. Sentences and paragraphs will be largely presented in a balanced and logical manner which addresses the question. There may be occasional errors of grammar, punctuation and grammar.</p> <p><b>Level 2 response 6 – 10 marks</b> Candidates will refer to at least <b>one</b> reason in some depth or two reasons superficially. No analysis will be evident and the answer will be descriptive and superficial. There will be limited ability to organise relevant material using some appropriate terminology. Sentences and paragraphs 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><b>Level 1 response 0 – 5 marks</b> Candidates are likely to make <b>one</b> or <b>two</b> relevant points but will not address the question. Common sense answers using bullet points would be at this level. Sentences and paragraphs will be of doubtful relevance and errors of punctuation, grammar and spelling will be noticeable and intrusive.</p> <p><b>Candidates are likely to focus upon some of the following:</b></p> <ul style="list-style-type: none"> <li>(a) changes in women's priorities – focus upon careers</li> <li>(b) low status of parenthood – little support via the taxation system compared with other European countries</li> <li>(c) increased cost of raising children through childcare costs and general expenditure, high standards of care are now expected for children</li> <li>(d) increase in women's participation in education at a time when they are most fertile</li> <li>(e) women can now exercise choice over fertility eg contraception, morning after pill and abortion</li> <li>(f) decline in the infant mortality rate</li> <li>(g) role models in the media since the 1980's emphasising the freedom women can have without having children</li> <li>(h) greater social acceptance of childless/one child families</li> <li>(i) materialistic society</li> <li>(j) higher expectations for each child eg education provision</li> <li>(k) family breakdown</li> <li>(l) women marrying later in life – delaying starting a family</li> </ul>		[20]
<b>Total [30]</b>			

Question	Expected Answer	Mark	Total
4 (a)	<p>One mark for each of TWO patterns</p> <ul style="list-style-type: none"> <li>• more single women than men in receipt of most benefits</li> <li>• council tax benefit the most commonly received benefit</li> <li>• higher percentage of single than couples in receipt of benefit</li> <li>• incapacity or disabled benefit is the least gender linked</li> <li>• income support is the most gender linked – twice as many women as men in receipt of the benefit</li> </ul> <p>Accept any accurate pattern</p>	2x1	[2]
(b)	<p><i>One mark for each identification and one mark for each explanation THREE required</i></p> <ul style="list-style-type: none"> <li>• <b>changes in the occupational structure</b> – men likely to work in less dangerous occupations</li> <li>• <b>improved health and safety in areas where men have traditionally worked</b> – less likely to suffer industrial accidents</li> <li>• <b>more emphasis upon men’s health in the media</b> – men likely to respond by greater preventative care</li> <li>• <b>increase in resources directed to male health</b> – more men receiving care and made aware of health issues</li> <li>• <b>men encouraged to take preventative health measures</b> – therefore likely to detect early health issues</li> <li>• <b>men more aware of dangers of smoking and drinking</b> – leading to reduction in illnesses linked to smoking and drinking</li> <li>• <b>men are being encouraged to express their emotions</b> – likely to talk more openly about health with partners, friends etc</li> </ul> <p><i>Sub-max 3 for identification only</i></p>	3x1 3x1	[6]

Question	Expected Answer	Mark	Total
4 (c)	<p><b>Level 3 response 10 – 12 marks</b> Candidates will analyse the consequences using at least <b>two</b> relevant examples and will refer to both positive and negative factors. They may refer to men and women separately or together but they must show an understanding of factors that have recently taken place. <i>A conclusion will be drawn for full marks.</i> The answer will be developed logically and there will be evidence of synthesis. There will be few errors of spelling, punctuation and grammar.</p> <p><b>Level 2 response 5 – 9 marks</b> Candidates will refer to both positive and negative consequences but there is likely to be little attempt at analysis. Reference must be made to both men and women. Alternatively they may refer only to positive or negative but some analysis will be present. There will be some noticeable errors of grammar, punctuation and spelling and the material presented at the lower end may not always directly address the question.</p> <p><b>Level 1 response 0 –4 marks</b> Candidates will describe at least one consequence for society or may focus upon the effect on the individual. Reference will be made to either men or women not both. The answer may read as a list of unconnected points and may be in a list format. Errors of punctuation, spelling and grammar will be noticeable and intrusive.</p> <p><b>(+) Positive</b> (a) the elderly are a growing consumer in society and provide employment in the service sector for people meeting the needs of the elderly (b) the development of the medical industry providing for a growing need for the elderly to continue to lead active lives eg hip replacements etc (c) the government can encourage the elderly to help with childcare etc which releases money for other areas (d) less potential need for care home provision if both partners live together for longer time (e) working longer – contribute to society, keep active/maintain physical health, promote intellectual stimulation</p> <p><b>(-) Negative</b> (a) growing cost of care to be met out of taxation (b) growing concentrations of the elderly in certain ‘geriatric wards’ in the country putting pressure upon resources (c) increased pressure upon the working population to provide economic resources for an ageing population (d) increased influence upon political system at the expense of younger voters (e) society may lack dynamism for change (f) younger people may be held back if the older age groups continue to work past traditional retirement age</p>		[12]

Total [20]

Question	Expected Answer	Mark	Total
5 (a)	<p><b>One</b> mark for each trend, <b>THREE</b> required</p> <ul style="list-style-type: none"> <li>largest percentage of abortions in the under 16 age group – accept the reverse answer but not both</li> <li>fairly consistent pattern of increase in maternities linked to age</li> <li>over one third of conceptions to 19 year olds resulted in abortions compared with just under one half of conceptions to 16 year olds</li> <li>between ages 16 and 19 the proportion of conceptions resulting in abortions is lower than at younger ages</li> <li>less than one tenth of conceptions are to girls under the age of 16</li> </ul>	3x1	[3]
(i) (b)	<p><b>One</b> mark for correct identification of a qualitative research method</p> <ul style="list-style-type: none"> <li>accept informal/unstructured interviews, questionnaire using open questions, non - participant observation <i>Do not accept participant observation</i></li> </ul> <p><b>One</b> mark for identification of appropriate sampling technique</p> <ul style="list-style-type: none"> <li>accept random, stratified random, quota, purposive, snowball</li> </ul>	1x1 1x1	[2]
(ii) (b)	<p><b>5 marks</b> outline which shows sound understanding of at least two aspects. <b>3-4 marks</b> outline which shows some understanding of at least two aspects. <b>0-2 marks</b> brief identification.</p> <p>(a) structure of questions (b) recording of information (c) identifying aims / hypotheses (d) access to the group (e) creating a rapport (f) presenting results (g) gaining consent (h) piloting (i) confidentiality (j) anonymity</p> <p><i>Reward candidates who clearly show that they understand the research process.</i></p>		[5]

Question	Expected Answer	Mark	Total
5 (c)	<p><b>Level 3 response 8 – 10 marks</b> Candidates will assess by referring to at least <b>two</b> strengths and weaknesses. They must refer to at least <b>two</b> issues relating to validity, reliability and the ability to generalise. A conclusion will be drawn for top marks. Explicit reference must be made to research into teenage pregnancy. Material will be planned and logical and sentences and paragraphs will be relevant and logical. There may be the occasional error in spelling, punctuation and grammar.</p> <p><b>Level 2 response 5 – 7 marks</b> Candidates will attempt to assess by reference to at least <b>one</b> strength and weakness. They must refer to at least validity or reliability or the ability to generalise. Some reference must be made to the context of teenage pregnancy. Sentences and paragraphs will be presented in a way that does not always address the question. There may be noticeable errors of punctuation, grammar and spelling, particularly at the lower end.</p> <p><b>Level one response 0 – 4 marks</b> Candidates will identify <b>one</b> or <b>two</b> relevant points but they may not be in context. Little or no reference will be made to teenage pregnancy. The answer will read like a list. Errors of punctuation, spelling and grammar will be noticeable and intrusive.</p> <p><b>Interviews: (+) Strengths:</b> (a) high in validity (b) gives real insight into the impact of teenage pregnancy (c) allows the subjects to speak in their own terms (d) able to follow up leads because of the flexibility (e) sees the world from the girls perspective (f) best method for sensitive type areas of research (g) more depth likely</p> <p><b>(-) Weaknesses:</b> (a) objectivity (b) potential interviewer bias (c) going native (d) small scale (e) not representative (f) difficult to generalise (g) get too involved in the research (h) potential ethical issues (i) recording the information (j) does not provide statistical data (k) difficult to code</p> <p><b>Questionnaires - some cross-over with above, plus:</b> <b>(+) Strengths:</b> (a) increased sample size (b) no interviewer bias (c) reduced pressure (d) in own time (e) less time consuming (f) considered responses (g) more reliable</p> <p><b>(-) Weaknesses:</b> (a) may lie (b) no control over who responds (c) less valid</p>		[10]

Total [20]



# Grade Thresholds

Advanced GCE (Subject) (Aggregation Code(s))  
January 2008 Examination Series

## Unit Threshold Marks

Unit		Maximum Mark	A	B	C	D	E	U
F910	Raw	100	75	65	55	46	37	0
	UMS	100	80	70	60	50	40	0
F911	Raw	50	41	36	31	26	22	0
	UMS	100	80	70	60	50	40	0
F912	Raw	50	41	36	31	26	22	0
	UMS	100	80	70	60	50	40	0
F913	Raw	100	80	71	62	54	46	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
F918	Raw	100	84	74	65	56	47	0
	UMS	100	80	70	60	50	40	0
F919	Raw	50	41	36	31	26	22	0
	UMS	100	80	70	60	50	40	0
F920	Raw	100	79	69	59	49	39	0
	UMS	100	80	70	60	50	40	0
F921	Raw	100	79	70	61	52	43	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
F924	Raw	100	81	71	61	52	43	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

## Specification Aggregation Results

Overall threshold marks in UMS (ie after conversion of raw marks to uniform marks)

### AS Single Award (H103)

	Maximum Mark	A	B	C	D	E	U
H103	300	240	310	180	150	120	0
% in grade		10.8	30.1	50.6	77.1	90.4	100.0

87 candidates aggregated this series

**AS Double Award (H303)**

<b>H303</b>	<b>AA</b>	<b>AB</b>	<b>BB</b>	<b>BC</b>	<b>CC</b>	<b>CD</b>	<b>DD</b>	<b>DE</b>	<b>EE</b>
<b>UMS (max 600)</b>	480	450	420	390	360	330	300	270	240
<b>% in grade</b>	2.4	4.7	10.2	13.4	25.2	38.6	66.9	81.1	97.6

127 candidates aggregated this series

**GCE Single Award (H503)**

	<b>Maximum Mark</b>	<b>A</b>	<b>B</b>	<b>C</b>	<b>D</b>	<b>E</b>	<b>U</b>
<b>H503</b>	600	240	310	180	150	120	0
<b>% in grade</b>		0	21.24	35.7	64.3	100.0	100.0

19 candidates aggregated this series

**GCE Double Award (H703)**

<b>H703</b>	<b>AA</b>	<b>AB</b>	<b>BB</b>	<b>BC</b>	<b>CC</b>	<b>CD</b>	<b>DD</b>	<b>DE</b>	<b>EE</b>	<b>U</b>
Max 1200	960	900	840	780	720	660	600	540	480	0
% in grade	0.0	0.0	0.0	25.0	25.0	50.0	50.0	75.0	75.0	100.0

5 candidates aggregated this series

For a description of how UMS marks are calculated see:

[http://www.ocr.org.uk/learners/ums\\_results.html](http://www.ocr.org.uk/learners/ums_results.html)

Statistics are correct at the time of publication.

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