

General Certificate of Secondary Education

History 3041/3046 *Specification A*

Paper 1

Mark Scheme

2005 examination - June series

Mark schemes are prepared by the Principal Examiner and considered, together with the relevant questions, by a panel of subject teachers. This mark scheme includes any amendments made at the standardisation meeting attended by all examiners and is the scheme which was used by them in this examination. The standardisation meeting ensures that the mark scheme covers the candidates' responses to questions and that every examiner understands and applies it in the same correct way. As preparation for the standardisation meeting each examiner analyses a number of candidates' scripts: alternative answers not already covered by the mark scheme are discussed at the meeting and legislated for. If, after this meeting, examiners encounter unusual answers which have not been discussed at the meeting they are required to refer these to the Principal Examiner.

It must be stressed that a mark scheme is a working document, in many cases further developed and expanded on the basis of candidates' reactions to a particular paper. Assumptions about future mark schemes on the basis of one year's document should be avoided; whilst the guiding principles of assessment remain constant, details will change, depending on the content of a particular examination paper.

GENERAL CERTIFICATE OF SECONDARY EDUCATION

HISTORY SPECIFICATION A

A: INTRODUCTION

- **Consistency of Marking**

Consistency of marking is of the essence in all public examinations. This factor is particularly important in a subject like History which offers a choice of specifications and a choice of options within them. It is therefore of vital importance that assistant examiners apply this marking scheme as directed by the Principal Examiner in order to facilitate comparability with the marking of all the other History specifications and options offered by the AQA.

- **The Assessment Objectives**

The revised specifications have addressed subject content through the identification of ‘key questions’ which focus on important historical issues. These ‘key questions’ give emphasis to the view that History is concerned with the analysis of historical problems and issues, the study of which encourages all candidates, but particularly the more able, to make judgements grounded in evidence and information. For this reason, assessment objective 6.1 (recall, select and deploy knowledge) underpins candidate attainment in the other two objectives, 6.2 and 6.3.

The schemes of marking for the revised specifications reflect these underlying principles.

- **Levels of Response Marking Schemes**

The mark scheme which follows is of the ‘levels of response’ type showing that candidates are expected to demonstrate their mastery of historical skills in the context of their knowledge and understanding of History. All candidates take a common examination paper – there is no tiering. Consequently, it is reasonable to expect to encounter the full range of attainment and this marking scheme has been designed to differentiate candidates’ attainment by **outcome** and to reward **positively** what the candidates know, understand and can do.

Before scrutinising and applying the detail of the specific mark scheme which follows, assistant examiners are required to familiarise themselves with the instructions and guidance on the general principles to apply in determining into which level of response an answer should fall and in deciding on a mark within that particular level.

Good examining is, ultimately, about the **consistent application of judgement**. This mark scheme provides the necessary framework for exercising that judgement but it cannot cover all eventualities. This is especially so in a subject like History, which in part relies upon different interpretations and different emphases given to the same content.

B: QUESTION TARGETS & LEVELS OF RESPONSE

- **Question Targets**

The mark scheme for each question is prefaced by an assessment objective ‘target’. This is an indication of the skill which is expected candidates will use in answering the question and is directly based on the relevant assessment objectives. However, it does not mean that other answers which have merit will not be rewarded.

- **Identification of Levels of Response**

There are several ways in which any question can be answered – in a simple way by less able candidates and in more sophisticated ways by candidates of greater ability. In the marking scheme different types of answers will be identified and will be arranged in a series of levels of response.

Levels of response have been identified on the basis that the full range of candidates entered for the GCSE examination will be able to respond positively. Each ‘level’ therefore represents a stage in the development of the candidate’s **quality of thinking**, and, as such, recognition by the assistant examiner of the relative differences between each level descriptor is of paramount importance.

- **Placing an answers within a Level**

When marking each part of each question, examiners must first place the answer in a particular level and then, and only then, decide on the actual mark within the level, which should be recorded in the margin. **The level of response attained should also be indicated at the end of each answer.** In most cases, it will be helpful to annotate the answer by noting in the margin where a particular level has been reached, e.g. Level 1 may have been reached on line 1, L3 on line 5 and L1 again on line 7. When the whole answer has been read and annotated in this way, the highest of the Levels **clearly attained** and **sustained** should be awarded. Remember that it is often possible to reach the highest level **without** going through the lower levels. Marks are **not cumulative** for any question. There should be no ‘totting up’ of points made which are then converted into marks. Examiners should feel free to comment on part of any answer if it explains why a particular level has been awarded rather than one lower or higher. Such comments can be of assistance when the script is looked at later in the awarding process.

If an answer seems to fit into two or more levels, award the higher or highest level.

- **What is a sustained response?**

By a **sustained response**, we mean that the candidate has **applied** the appropriate level of thought to the **particular issues** in the sub-question.

A response does not necessarily have to be sustained throughout the whole answer, but an answer in which merely a few words seem to show a fleeting recognition of historical complexity is not sufficient to attain a higher level.

In some cases, as you read an answer to a sub-question, it will be clear that particular levels have been reached at certain points in the answer. If so, remember to identify them in the margin as you proceed. At the end of the sub-question, award the highest level that has been sustained.

In other cases you may reach the end of the sub-question without having been able to pinpoint a level. In such cases, simply record the level awarded at the end of the sub-question.

C: DECIDING ON MARKS WITHIN A LEVEL

A particular level of response may cover a range of marks. Therefore, in making a decision about a specific mark to award, it is vitally important to think *first* of the **mid-range within the level**, where that level covers more than two marks. If the range covers an even number of marks, start at the higher mark, e.g. start at 3 in a 4-mark range, or at 2 in a 2-mark range. Comparison with other candidates' responses **to the same question** might then suggest that such an award would be unduly generous or severe.

In making decisions away from the middle of the level, examiners should ask themselves several questions relating to candidate attainment. The more positive the answers, the higher should be the mark awarded. We want to avoid “bunching” of marks. Levels mark schemes can produce regression to the mean, which should be avoided. At all times, therefore, examiners should be prepared to use **the full range of marks** available for a particular level and for a particular question. Remember – mark **positively** at all times.

Move up or down from this mid-range mark by considering whether the answer is:

- precise in its use of supporting factual information.
- appropriately detailed.
- factually accurate.
- appropriately balanced, or markedly better in some areas than in others.
- set in the historical context as appropriate to the question.
- displaying appropriate **written communication skills** (see Section D).

Note about Indicative Content.

The mark scheme provides **examples of historical content** (indicative content) which candidates may deploy in support of an answer within a particular level. Do bear in mind that these are **only examples**; exhaustive lists of content are not provided so examiners might expect some candidates to deploy alternative information to support their answers.

This indicative content must **not** however determine the level into which an answer is placed; **the candidate's level of critical thinking determines this**. Remember that the **number** of points made by a candidate may be taken into account only **after** a decision has been taken about the quality (level) of the response.

- **Some things to remember**

Mark positively at all times.

It is very important that Assistant Examiners **do not** start at the lowest mark within the level and look for reasons to increase the level of reward from that lowest point. This will depress marks for the question paper as a whole and will cause problems of comparability with other question papers within the same specification or with those of other specifications.

Do **not** be afraid to award maximum marks within a level where it is possible to do so. Do not fail to give a maximum mark to an appropriate answer because you can think of something (or the marking scheme indicates something) that **might** be included but which is missing from the particular response.

Do **not** think in terms of a model answer to the question. Every question should be marked on its merits.

If in doubt about a mark, a little generosity is the best policy. As a general rule, give credit for what is accurate, correct or valid.

Under no circumstances should you reduce a mark, or more importantly, the notional maximum for a question, **solely** because of the existence of an **error** or an **inaccuracy**. For instance, do **not** think “I have what is really a good answer here that has a lot in it and deserves Level 3. It does, however, include a very silly mistake and therefore I will give it only 8 marks instead of 10 marks”.

Obviously, **errors can be given no credit** but, at the same time, the existence of an error should not prejudice you against the rest of what could be a perfectly valid answer.

If it is possible to ignore the mistake, do so and pretend that it does not exist. On the other hand, if the error devalues the rest of what is said, it cannot be ignored.

It is important, therefore, to use the full range of marks where appropriate.

Do not use half marks.

D: QUALITY OF WRITTEN COMMUNICATION SKILLS

There is no longer a separate mark to be awarded to the candidate for accurate spelling, punctuation and grammar. Instead, as outlined in Section C above, the candidate’s quality of written communication skills will be one of the factors influencing the actual mark within a level of response the examiner will award an answer – particularly a more extended one. In reading an extended response the examiner should therefore consider if it is cogently and coherently written, i.e. is the answer:

- **presenting relevant information in a form that suits the purpose**
- **legible, with accurate spelling, punctuation and grammar**
- **in an appropriate style with a suitable structure?**

E: SOME PRACTICAL POINTS

- **Answers in note form**

Answers in note form to any question should be credited in so far as the candidate’s meaning is communicated. You must not try to read things into what has been written.

- **Diagrams, etc**

Credit should be given for information provided by the candidates in diagrams, tables, maps etc., provided that it has not already been credited in another form.

- **Answers which run on to another sub-section**

If a candidate starts to answer the next sub-section in an earlier one, by simply running the answer on, give credit for that material in the appropriate sub-section.

- **Answers which do not fit the marking scheme**

Inevitably, some answers will not fit the marking scheme but may legitimately be seen as worthy of credit. Assess such answers in terms of the difficulty/sophistication of the thought involved. If it is believed that the “thought level” equates with one of the levels in the marking scheme, award it a corresponding mark.

Make sure you identify such cases with an A (for alternative) in your sub-total, e.g. as B2A/3. Also write a brief comment to explain why this alternative has been awarded.

If in doubt, **always** telephone your Team Leader for advice.

F: THE PRE-STANDARDISING AND STANDARDISING MEETING

- **The review of the mark scheme between the examination and standardising meeting**

After the examination but before the main Standardising Meeting, the Principal Examiner and the Team Leaders will have met to discuss the mark scheme in the light of candidates’ actual responses and re-draft where necessary. The re-draft of the mark scheme will be made available to Assistant Examiners at the Standardising Meeting. Through this *post-hoc review procedure* the marks will have been allocated in the expectation that candidates will achieve all the levels identified and no others. Adjustments will have been made to cater for candidates reaching higher levels than those provided for, to remove marks allocated to levels which candidates have not reached, or to enhance discrimination in cases where large numbers of candidates are bunched at the same level.

- **Prior Marking**

It is important that all examiners scrutinise at least 25 scripts before the main standardising meeting and note such things as: alternative interpretations of questions made by candidates; answers which do not fit into the mark scheme; levels which are not reached by the candidates; additional levels which have not included in the mark scheme, etc. To familiarise themselves with a variety of responses, examiners should sample the range of questions scripts from several centres and across the full range of ability in so far as practicable. Any preliminary marking **must** be completed in pencil and reviewed following the standardising meeting in the light of the revised mark scheme and advice given.

- **The Final Mark Scheme**

The final mark scheme will be decided at the standardising meeting after full discussion of both the mark scheme and the scripts selected by the Principal Examiner for marking at the standardising meeting. At all stages, care will be taken to ensure that all candidates are treated fairly and rewarded for their positive achievements on the paper.

- **Post Standardising Meeting**

After the examiners' standardising meeting, examiners may encounter answers which do not fit the agreed mark scheme but which are worthy of credit. These should be discussed with the Team Leader over the telephone. Such answers should be assessed in terms of the difficulty/sophistication of the thought involved. If it is believed that the "thought level" equates with one of the levels in the mark scheme, it must be awarded a corresponding mark, with a brief note provided on the script to explain why.

Paper 1: Medicine and Public Health Through Time

Question 1

- (a) What does **Source A** suggest about surgery in 1900? **5**
- Target: Comprehension and inference from an historical source (AO6.2)**
- Level 1: Answer that describes the content** **1-2**
e.g. By 1900 loss of blood was the only problem left.
- Level 2: Answer that draws a simple inference from the source** **3-4**
e.g. People had been trying to stop bleeding for a long time.
- Level 3: Answer that develops a complex inference from the source** **5**
e.g. The problem with loss of blood meant that advances with anaesthetics and antiseptics could be cancelled out.

- (b) How does **Source B** show progress in surgery since 1900?
Explain your answer using **Source B and your own historical knowledge.** **6**

Target: Identifying progress from an historical source (A06.1 and AO6.2)

Level 1: Answer that describes the content **1-2**
e.g. Source B shows a lot of progress because by 1990 2000 heart transplants a year were carried out in the USA.

Level 2: Answer based on simple reasoning **3-4**
e.g. Surgery has progressed greatly because one development has led to another. The heart/lung machine made organ replacement surgery possible

Level 3: Answer based on developed reasoning **5-6**
e.g. Source B shows there has been progress because different factors have come together. Infection was conquered by aseptic surgery. Only after the heart/lung machine had been invented could organ replacement take place. Christiaan Barnard performed the first heart transplant in 1967. By 1990 there were 2000 successful in the USA alone. That's progress.

N.B. In the assessment grid, 2 out of 6 marks are allocated to Objective 6.1. This is reflected in the mark scheme with one mark given for own historical knowledge in each of Levels 2 and 3.

(c) **Source C** suggests there has been progress in fighting diseases through the use of medical drugs since 1900.

Source D suggests there has been no real progress.

Why do you think these two sources disagree about the progress made in fighting diseases since 1900?

Explain your answer using **Sources C and D and your own historical knowledge.**

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Target: Explaining differences between two sources (A06.1 and A06.2)

Level 1: Answer that describes the content/differences

1-3

e.g. Source C says people's health improved, but Source D shows the drugs have not cured the cold.

Level 2: Answer based on simple reasoning for the disagreement

4-6

e.g. Source D is only a cartoon about the common cold. It focuses on only one part of medicine, unlike Source C which comments more generally.

Level 3: Answer based on developed reasoning for the disagreement

7-9

e.g. As Source C states, there has been great progress in conquering disease. Magic bullets were first developed in the early twentieth century. Penicillin was developed during the Second World War by Florey and Chain and this had led to the conquering of many infectious diseases. However some diseases have still not been conquered, like AIDS and the common cold, as shown in Source D. Source D is looking at a very limited area of medicine where there hasn't been much progress, but Source C has a wider overview. That's why they seem to disagree.

N.B

In the assessment grid, 2 out of 9 marks are allocated to Objective 6.1. This is reflected in the mark scheme with one mark given for own historical knowledge in each of Levels 2 and 3.

- (d) Read the following statement and then answer the question which follows:

‘Science and technology have been the most important factors in the development of medicine since 1900’

Use **the sources and your own historical knowledge** to explain why you agree or disagree with this interpretation. 15

Target: Evaluating an interpretation of the past (A06.1 and A06.2/6.3)

Level 1: Simple answer that extracts information from the source(s) to agree and/or disagree 1-3

e.g. I think it is true because Source B shows how transplant surgery has been successful.

OR

Answer that makes general or simple statements from own historical knowledge to agree and /or disagree

e.g. I agree because we need X-rays and body scanners to find out what is wrong with people before they can be treated.

Mark at the top of level answers which use both the source(s) and own historical knowledge in making the simple statements.

Level 2: Answer that develops an argument using the source(s) or own historical knowledge to agree and/or disagree 4-8

e.g. Science and technology have been important in many areas of medicine. Source B shows the importance of science and technology to allow heart transplants to be carried out from 1967. Even though infection had been conquered, heart transplants could not have happened without the invention of the heart/lung machine beforehand.

e.g. I disagree with this statement. Although science and technology have made operations more successful, war has been a more important factor in medicine generally. Blood banks were developed during the First World War and the Second World War provided a motive for developing the production of penicillin.

N.B. Standard mark is **6**

N.N.B Mark at the top of the level answers which also make an explicit supported judgement about importance.

Level 3: Answer that develops an argument using the source(s) and own historical knowledge to agree and/or disagree 9-12

e.g. Both second Level 2 examples in the same answer.

N.B. Standard mark is **10**.

- Level 4: As Level 3 but with an explicit supported judgement** **13-15**
Such answers might explicitly compare factors and/or show how they were interlinked and/or develop an alternative interpretation.
e.g. They might show how the development of penicillin as a result of World War Two was needed before successful transplants could have taken place one side only (sources or own knowledge).
- N.B** In Levels 3 and 4 mark at the bottom of the level answers which have development on one side only (sources or own knowledge).
- N.N.B** In the assessment grid, 8 out of the 15 marks are allocated to Objectives 6.2/6.3. This is reflected in the mark scheme with credit given for use of sources and/or alternative interpretations.

Question 2

- (a) What does **Source E** tell you about Galen's contribution to medicine? **3**

Target: Comprehension and inference from an historical source (A06.2)

Level 1: Answer that selects detail **1-3**

e.g. He did as much for medicine as Trajan did for the empire; he was the only one to show the way; he used Hippocrates' ideas.
1 mark for each valid detail described.

Level 2: Answer that draws a simple inference from the source **3**

e.g. He said he had made a great contribution, but he is obviously boasting in this extract.

- (b)** Why were the ideas of Hippocrates and Galen important in the development of medicine through time?
Support your answer with reasons and examples. **12**

Target: Explaining the importance of ideas in medicine (A06.1)

Level 1: Generalised answer **1-3**
e.g. They influenced ideas for over a thousand years.
Mark here answers which use Source E only.

Level 2: Answer that describes the ideas **4-6**
e.g. Theory of the Four Humours; clinical observation; Galen's work on anatomy.

OR

Answer that gives simple reasons
e.g. Galen's ideas fitted into the teaching of the Christian church; dissection banned; ideas kept alive by Islam; rediscovery in the Renaissance.

OR

Answer that develops a single reason
e.g. These ideas were very important in the development of medicine as their rediscovery during the Renaissance led people like Vesalius to investigate their accuracy and in doing so he gained a more accurate understanding of the structure of the human body.

Level 3: Answer that develops a number of reasons **7-9**
e.g. As third Level 2 reason, plus
The theory of the Four Humours was also very important as it moved thinking from supernatural to natural approaches to illness. It was based on the teaching of Aristotle to observe what actually happened in the natural world. This theory led to the importance of bleeding to balance the humours and this was still being used by monks in the Middle Ages.

Level 4: As Level 3 but with an explicit supported judgement **10-12**
Such answers will emerge from Level 3 answers and might e.g. explain how their ideas were important despite not being medically correct.

Question 3

- (a) What does **Source F** tell you about Elizabeth Blackwell’s struggle to become a doctor in the nineteenth century? **3**

Target: Comprehension and inference from an historical source (AO6.2)

Level 1: Answer that selects detail **1-3**

e.g. She started because she argued many women would prefer to see a women rather than a man doctor. She was rejected at first. She came top of her class.
1 mark for each valid detail described.

Level 2: Answer that draws a simple inference from the source **3**

e.g. Elizabeth had to work hard to overcome opposition from men.

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- (b)** Have women played an important part in medicine through time?
Support your answer with reasons and examples. **12**
- Target: Assessing the importance of women in medicine (A06.1)**
- Level 1: Generalised answer** **1-3**
e.g. No. Until the last two hundred years only men could be doctors and even nurses.
Mark here answers which use Source F only.
- Level 2: Simple answer agreeing and/or disagreeing** **4-6**
e.g. No. In seventeenth century physicians had to have a degree. Only men could go to universities.
e.g. Yes. In the seventeenth century many women worked as wise women. They were used as doctors by poor people.
- Level 3: Developed answer agreeing and/or disagreeing** **7-9**
e.g. It was only in the nineteenth century that women became really important in medicine as they became doctors and nurses as a result of the work of Florence Nightingale who set up the St. Thomas' school for nurses, and Elizabeth Garret Anderson who followed Elizabeth Blackwell's example and became the first woman doctor in Britain.
- Level 4: As Level 3 but with an explicit supported judgement** **10-12**
These answers might also compare the contribution of women at different times in medicine or consider the problem of identifying their unofficial contributions through lack of sufficient evidence.
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Question 4

- (a) What can you learn from **Source G** about public health facilities in Roman Britain?
Explain your answer using **Source G and your own historical knowledge.** **5**

Target: Comprehension and inference from an historical source (A06.1 and A06.2)

Level 1: Answer that describes the content **1**
e.g. It says water from the public baths flushed the lavatories.

Level 2: Answer that draws a simple inference from the source **2-3**
e.g. The system was very efficient because in Wroxeter the rainwater was recycled.

Level 3: Answer that develops a complex inference from the source **4-5**
e.g. Public health facilities in Wroxeter were quite advanced. There was a complex system for recycling rainwater from the market hall roof several times.

N.B In the assessment grid, 2 out of 5 marks are allocated to Objective 6.1. This is reflected in the mark scheme with one mark given for own historical knowledge in each of Levels 2 and 3.

- (b) Explain **two** reasons why the Roman government thought it was important to provide good public health facilities in Britain. (4+4)

Target: Understanding causation and motivation (A06.1)

Level 1: Generalised answer 1-2
e.g. To keep the population healthy.

Level 2: Simple answer 3
e.g. To show Imperial power; to prevent disease in the absence of medical knowledge; to prevent the ‘invisible seeds’ of disease affecting people; to keep the army fit for battle.

Level 3: Developed answer 4
e.g. The government thought it was important to provide good health facilities in Britain, as people knew very little about disease, but they thought it was carried in the air and so good facilities would keep the air free from bad smells.

N.B. Mark scheme to be applied twice.

- (c) When Roman Britain ended it was followed by the Dark and Middle Ages (AD500-AD1500).
Did public health improve or get worse between (AD500-AD1500)?
Support your answer with reasons and examples. **12**
- Target: Understanding the concept of progress/regress (A06.1)**
- Level 1: Generalised answer** **1-3**
e.g. It got worse because after the Romans left people did not understand the need for good public health.
- Level 2: Simple answer** **4-6**
e.g. Worse: invading Saxons did not keep facilities going: filth of Viking York; poor conditions related to the Black Death of 1349.
Improve: building of drains under monasteries; public lavatories in medieval London; bylaws passed in many towns and cities regulating work of butchers and stopping filth on streets.
- Level 3: Developed answer** **7-9**
e.g. Public health got worse during the Dark Ages because there was no central government and people lived in small kingdoms. In Viking York people lived in filthy conditions because there was no control over public health. However, later in the Middle Ages the government in cities like London passed laws to stop things like people urinating in the streets, so there were attempts at improvement.
- Level 4: As Level 3 but with an explicit supported judgement** **10-12**
Such answers might explicitly comment upon how far there was improvement/decline during the period.

Question 5

- (a) The disease cholera first appeared in Britain in 1831.
Explain **two** reasons why people were so frightened of it. (4+4)

Target: Understanding people's attitudes (AO6.1)

Level 1: Generalised answer 1-2
e.g. People were frightened they might die.

Level 2: Simple answer 3
e.g. Lack of knowledge of the causes; failure of measures like quarantine/tar burning/limewashing to prevent spread; resignation it was from God as punishment.

Level 3: Developed answer 4
e.g. In 1831 it was generally thought disease was spread through miasmas – bad air. Even though people burned tar in the streets to get rid of the bad air, it had no effect, so this made them very frightened.

N.B. Mark scheme to be applied twice.

- (b)** What can you learn from **Source H** about the reasons some people were opposed to attempts to improve public health?
Explain your answer using **Source H and your own historical knowledge.** **5**
- Target: Comprehension and inference from an historical source (AO6.1 and AO6.2)**
- Level 1: Answer that selects detail from the source** **1**
e.g. People didn't want to be bullied into health.
- Level 2: Answer that draws a simple inference from the source** **2-3**
e.g. People didn't want to be told what they had to do in their own homes.
- Level 3: Answer that develops a complex inference from the source** **4-5**
e.g. Source H shows that some people felt the government was interfering too much in their lives. There were the views of the 'dirty party' which believed in *laissez-faire* and no government interference, even though many people might suffer illness from the bad conditions.
- N.B.** In the assessment grid, 2 out of 5 marks are allocated to Objective 6.1. This is reflected in the mark scheme with one mark given for own historical knowledge in each of Levels 2 and 3.

- (c) Why had public health in towns and cities improved by 1900?
Support your answer with reasons and examples. **12**
- Target: Understanding causation and motivation (AO6.1)**
- Level 1: Generalised answer** **1-3**
e.g. Laws had been passed to clean up towns and cities.
- Level 2: Simple answer** **4-6**
Such answers state one or more factors, but do not develop them.
e.g. Campaigns of individuals – Chadwick/Snow/Hill; impact of 1848/1875 acts; public pressure after 1867 Reform Act; application of the germ theory; impact of 1866 cholera epidemic.
- Level 3: Developed answer** **7-9**
e.g. After the failure of the 1848 Public Health Act (Source H) cholera returned and the 1866 outbreak was particularly bad, so Parliament was forced to act, especially as working men had been given the right to vote in 1867. As a result the 1875 act was passed which forced towns and cities to appoint a Medical Officer of Health to check that places were kept clean. This led to improvements in public health by 1900.
- Level 4: As Level 3 but with an explicit supported judgement** **10-12**
These answers might explicitly explain how the factors were linked or why one was the most important.