

Health and Social Care

Advanced GCE A2 H503/H703

Advanced Subsidiary GCE AS H103/H303

Mark Schemes for the Units

January 2009

H103/H303/MS/R/09J

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

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CONTENTS

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

Advanced GCE Health and Social Care (H503)

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

Advanced Subsidiary GCE Health and Social Care (H103)

MARK SCHEMES FOR THE UNITS

Unit/Content	Page
F910 Promoting quality care	1
F913 Health and safety in care settings	12
F918 Caring for older people	24
F920 Understanding human behaviour	36
F921 Anatomy & physiology in practice	48
F924 Social trends	68
Grade Thresholds	78

F910 Promoting quality care

Question	Expected Answer	Mark	Total
1 (a)	<p>One mark for each identification, FOUR required</p> <ul style="list-style-type: none"> • upset/sad/unhappy • angry • frustrated • withdrawn • annoyed • humiliated • embarrassed • depressed • de-valued • anxious/frightened • lonely/isolated/excluded • low self-esteem/self-worth • low self-confidence • may not want to go to school • become a bully themselves • ill health/stress <p>Any other appropriate response.</p>	4x1	[4]
(b)	<p>One mark for each correct description, TWO required</p> <ul style="list-style-type: none"> • refer to a policy • speak to her supervisor/manager/headteacher/named person (accept 'other staff') • explain to Adam she needs to talk to someone else • help/support/counsel Adam • record the information • contact parents/carer • talk to bullies 	2x1	[2]
(c)	<p>One mark for each, THREE required</p> <ul style="list-style-type: none"> • when the service user is at risk of harm to themselves • when the service user is at risk of harm from others • when others may be at risk of harm • when the service user is at risk of harming others • when the service users is intending to or is breaking the law (serious crime) 	3x1	[3]

Question	Expected Answer	Mark	Total
1 (d)	<p>Level 3 response: 5-6 marks They will include an explanation of at least two benefits of the policy being used at school. Answers will be factually accurate, using appropriate terminology. There will be few errors of grammar, punctuation and spelling.</p> <p>Level 2 response: 3-4 marks They will be an attempt at explanation/full description of at least two benefits of the policy being used at the school. There may be some noticeable errors of grammar, punctuation and spelling. <i>Sub-max 3 for one done well.</i></p> <p>Level 1 response: 0-2 marks There may be evidence of one or two benefits of the policy being used at the school. 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 may be noticeable and intrusive.</p> <p>(a) helps to prevent bullying for care workers/service users (b) ensures that service users/care workers are treated fairly/ gives them rights (c) promotes opportunity (d) develops high self-esteem (e) develops a sense of trust (f) helps care workers/service users feel safe and secure/ develops a safe/secure environment (g) system of redress (h) helps care workers do their job effectively (i) guides care workers about good practice/shows which procedures to follow (j) helps care workers promote quality care (k) gives the organisation a better reputation/complies with the law</p>		[6]

Question	Expected Answer	Mark	Total
2 (a)	Family (<i>accept 'parents/guardians'</i>)	1x1	[1]
(b)	<p>One mark for ways, THREE required One mark for explanation, THREE required</p> <p><i>Way Explanation</i></p> <p>Media through watching/copying/role models</p> <p>Education copy teachers, conformity, curriculum/ stereotyped</p> <p>Peers imitate, feel need to conform share/learn ideas from them</p> <p>Workplace learn workplace culture, copy others behaviour</p> <p>Religion values, morals, teachings, influence people</p> <p><i>Accept examples. Answer must be linked to a discriminatory attitude.</i></p>	3x1 3x1	[6]
(c)	<p>One mark for each care value, FOUR required One mark for each example, FOUR required</p> <p>(a) making the welfare of the child paramount – having a child centred approach/child is the most important</p> <p>(b) keeping the children safe and maintaining a healthy environment – safety procedure/ID/locked gates</p> <p>(c) working in partnership with parents/families – involving parents and families, inviting them in, parents evening, daily book to take home</p> <p>(d) making sure children are offered a range of experiences/choice and activities that support all aspects of their development - a well planned curriculum, adhering to policies, ensure all areas/resources are fully accessible</p> <p>(e) valuing diversity – displays/toys/resources/food reflect equal opportunities – celebrate festivals</p> <p>(f) equality of opportunity and anti-discriminatory practice – training, good practice, being strong/positive role models – challenging discriminatory behaviour. Meet individual needs</p> <p>(g) maintaining confidentiality – need to know basis, have information about children kept in a secure place</p> <p>(h) working with others – working with other agencies that support children</p> <p>(i) reflective practitioners – staff training, feedback, staff meetings to share ideas and reflect on how things have been</p> <p><i>Accept any other appropriate practical examples of how these can be applied. If 'promoting equality and diversity' given – accept once only</i></p>	4x1 4x1	[8]

Question	Expected Answer	Mark	Total
3 (a)	<p>One mark for each description, TWO required</p> <p>Agencies - description Family/Primary – learning your family’s attitudes. Children see parents as role models. See what parents think as the ‘norm’.</p> <p>Media/Secondary - stereotypical portrayal in soaps/news giving a narrow viewpoint of people with disabilities. Positive information portrayed this way.</p> <p>Peers/Secondary – listening/imitating peer groups views/taunting people who are ‘different’. Peer pressure.</p> <p>Education/Secondary – learning about disabilities at school, perhaps more positive portrayal</p> <p>Workplace/Secondary – employees/employers may have a negative view of such people working</p> <p>Religion – teach values and attitudes towards disability</p> <p><i>Do not credit agencies, if given. Emphasis on the influence. NB accept positive answers as well.</i></p>	2x1	[2]
(b)	<p>One mark for each, THREE from:</p> <ul style="list-style-type: none"> • employment • access to goods and services eg shops • buying and renting land or property eg housing • requires schools and college and universities to provide information for disabled people/education • transport 	3x1	[3]

Question	Expected Answer	Mark	Total
3 (c)	<p>Level 3 response: 8 -10 marks There will be a detailed evaluation of a minimum of two weaknesses and two strengths of the DDA. These will be developed logically and there will be evidence of synthesis within the work. <i>Conclusion will be drawn for full marks.</i> Answers will be factually accurate, using appropriate terminology. There will be few errors of grammar, punctuation and spelling.</p> <p>Level 2 response: 5 - 7 marks They will be an attempt at evaluation of one or two weaknesses and strengths of the DDA. Answers will be factually correct. There may be some noticeable errors of grammar, punctuation and spelling. <i>Sub-max of 5 for strengths or weaknesses only.</i></p> <p>Level 1 response: 0-4 marks There may be evidence of one or two weaknesses/strengths 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 may be noticeable and intrusive.</p> <p>Weaknesses</p> <p>w1. cost - putting in new facilities/equipment w2. attitudes - getting people to change and want to be more pro active w3. lack of awareness - not knowing/having the capabilities/training to implement the Act w4. access difficulties - old trains/ equipment needed in old buildings w5. time - length of time needed to implement plus implementation dates in the Act w6. relatively new law – less precedents/case law w7. staffing issues – lack of trained workers w8. discrimination still exists – eg jobs, facilities, social exclusion w9. cost/stress – to take cases to court. w10. hard to prove – eg' reasonable adjustments' open to interpretation w11. victimisation – fear of reprisal</p> <p>Strengths</p> <p>s1. given people rights – disabled people have much more power/voice/widens and defines what disability is s2. accessible facilities – so many places/facilities now accessible s3. raised awareness – people are more aware and plan for the needs of disabled people s4. DRC set up/EHRC – provides advice and guidance to people s5. system of redress/court – allows people to take cases to court. High profile cases have won. Set precedents. s6. helps to reduce discrimination – on the grounds of disability s7. improved opportunities for disabled people – eg in employment</p>		[10]

Question	Expected Answer	Mark	Total
4 (a) (i)	<p>One mark for any appropriate example of direct racial discrimination</p> <ul style="list-style-type: none"> • verbal abuse • physical abuse • refusal to access, eg job, nursery, service <p><i>Accept examples of these.</i></p>	1x1	[1]
(ii)	<p>One mark for any appropriate example of indirect racial discrimination</p> <ul style="list-style-type: none"> • not providing specific dietary requirements • ethnocentric curriculum • not having information available in chosen language <p><i>Accept appropriate examples related to race.</i></p>	1x1	[1]
(b)	<p>One mark each, THREE from:</p> <ul style="list-style-type: none"> • angry • upset/unhappy/sad/hurt • depressed • anxious/afraid • left out/excluded/lonely • social exclusion • lead to being racist themselves • withdrawn/isolated • low self-esteem/self-worth/inadequate • humiliated • embarrassed/ashamed • frustrated • low self-confidence • ill health/stress <p><i>Accept any other suitable effect</i></p>	3x1	[3]
(c)	<p>One mark for each, THREE required</p> <ul style="list-style-type: none"> • UK legislation/policies • Commission for Racial Equality/EHRC • County court/high court • Employment tribunal • European Court of Human Rights • Citizens Advice Bureau • solicitor/lawyer • complaints procedure of organisation/complain to service provider • contact manager • police <p><i>Accepts abbreviations.</i></p>	3x1	[3]

Question	Expected Answer	Mark	Total
4 (d)	<p>Level 3 [10 - 12 marks] There will be a detailed explanation of at least two ways organisations can ensure that staff selection procedures can promote equal opportunities. Examples will be given. These will be developed logically and there will be evidence of synthesis within the work. Answers will be factually accurate, using appropriate terminology. There will be few errors of grammar, punctuation and spelling.</p> <p>Level 2 [5 - 9 marks] They will include a clear explanation of at least two ways organisations can ensure that staff selection procedures promote equal opportunities. Some examples will be given. Answers will be factually correct. There may be some noticeable errors of grammar, punctuation and spelling. <i>Sub-max of 6 for one way done well.</i></p> <p>Level 1 [0 - 4 marks] There may be evidence/brief description of one or two ways organisations can ensure staff selection 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 may be noticeable and intrusive.</p> <p>(a) advertise in a wide range of areas/publications (b) use an EOP logo (c) non-discriminatory language in the advert (d) a range of formats available (e) welcomes applications from a wide range of people (f) non-discriminatory questions (g) same questions to all (h) no personal questions (i) mixed panel (j) accessible time and place (k) analyse monitoring forms (l) select candidate on merit (m) follow recommendations from policies/CoP (n) consult relevant commissions/legislation</p>		[12]

Question	Expected Answer	Mark	Total
5 (a)	<p>One mark for each barrier, THREE required One mark for each example, THREE required</p> <ul style="list-style-type: none"> • Ps - psychological <ul style="list-style-type: none"> – not know they are ill/fear – may have dementia – stigma of not wanting to go because of treatment – fear of going into a home • F - financial <ul style="list-style-type: none"> – poverty due to low pensions – cost of running car – cost of parking • L - communication/language <ul style="list-style-type: none"> – may have problems as they feel nervous or have lost speech – hearing/sight problems • G - location/geographical <ul style="list-style-type: none"> – postcode lottery, poor services – hard to access them (poor transport service) • P - physical <ul style="list-style-type: none"> – poorer mobility – may no longer drive • C - cultural <ul style="list-style-type: none"> – older people seen as worthless – low self-esteem 	3x1 3x1	[6]

Question	Expected Answer	Mark	Total
5 (b)	<p>Level 3 [8 -9 marks] There will be a detailed explanation of at least two ways service providers could facilitate access to services for older people, these will be developed logically and there will be evidence of synthesis within the work. Answers will be factually accurate, using appropriate terminology. There will be few errors of grammar, punctuation and spelling.</p> <p>Level 2 [4 - 7 marks] They will make an attempt to explain at least two ways service providers could facilitate access to services for older people. Answers will be factually correct. There may be some noticeable errors of grammar, punctuation and spelling. <i>Sub-max of 5 for one way done well.</i></p> <p>Level 1 [0- 3 marks] There may be evidence of one or two ways service providers could facilitate access to services for older people. Answers are likely to be list-like, muddled and lack technical detail. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <p>(a) adaptation of premises and facilities to improve access for older people (b) provide transport/volunteer drivers because of financial/ rural location reasons (c) campaigns to raise awareness/change attitudes (d) promotion of self-advocacy to give individuals a 'voice' (e) funding – identifying additional sources (f) joint planning and funding between services to increase efficiency/ensure better coverage (g) leaflets/information in a variety of formats so that it's accessible by all (h) outreach services available, eg home visits</p>		[9]

Question	Expected Answer	Mark	Total
6 (a)	<p>Level 3 [8 - 10 marks] There will be a detailed analysis of at least two benefits of the policy to both service users (2) and care workers (2). These will be developed logically and there will be evidence of synthesis within the work. Answers will be factually accurate, using appropriate terminology. There will be few errors of grammar, punctuation and spelling.</p> <p>Level 2 [5 - 7 marks] They will include an attempt at analysis/description of at least two benefits of the policy to care workers and service users. Answers will be factually correct. There may be some noticeable errors of grammar, punctuation and spelling. <i>Sub-max of 5 if only one benefit for the care worker and the service user OR either care workers (2) or service users (2).</i></p> <p>Level 1 [0 - 4 marks] There may be evidence of one or two benefits of the policy to the service users and/or care workers. May only focus on one group. Answers are likely to be list-like, muddled and lack technical detail. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <p>Service Users</p> <p>sa helps to prevent discrimination sb ensures that they are treated fairly/with equality (<i>not equally or the same</i>) sc promotes opportunity/quality care sd develops self-esteem/self-worth/self-confidence/feels respected se helps them feel safe and secure sf system of redress/know how to complain sg service users know what to expect</p> <p>Care Workers</p> <p>ca helps them do their job effectively cb guides them about good practice/legal requirements cc helps to protect them from accusations/or discrimination/feel safe cd helps them promote quality care ce ensures that they are all working to the same high standards/ goals cf system of redress/know how to complain cg promotes opportunities for staff eg job promotion</p>		[10]

Question	Expected Answer	Mark	Total
6 (b)	<p>Level 3 [8 - 10 marks] There will be a detailed explanation of at least two ways an organisation could support staff. These will be developed logically and there will be evidence of synthesis within the work. Answers will be factually accurate, using appropriate terminology. There will be few errors of grammar, punctuation and spelling.</p> <p>Level 2 [5 - 7 marks] They will be an attempt at explanation of at least two ways an organisation could support staff. Answers will be factually correct. There may be some noticeable errors of grammar, punctuation and spelling. <i>Sub-max of 5 for one way done well.</i></p> <p>Level 1 [0 - 4 marks] There may be evidence of one or two ways an organisation could support staff. Answers are likely to be list-like, muddled and lack technical detail. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <ul style="list-style-type: none"> (a) training (b) using policies and codes of practice (c) update staff regularly (d) meetings (e) abide by recent legislation (f) feedback from service users and staff (g) care values to be implemented (h) well qualified staff (i) good management structure (j) staff appraisal system (k) mentoring (l) provide appropriate resources and equipment (m) good handover procedures (n) monitor/observe staff performance 		[10]

F913 Health and safety in care settings

Question	Expected Answer	Mark	Total
1 (a) (i)	Health and Safety (Signs and Signals) Regulations	1x1	[1]
(ii)	<p>One mark for identification of symbol (four required) One mark for where found (four required) One mark for how risk is reduced (four required)</p> <p>A Corrosive On labels of dangerous substances (accept example such as cleaning product) Warns people to handle with extra care/not inhale fumes/keep away from children/wear PPE etc.</p> <p>B Radiation Found near radioactive sources/Xray department Warns people to minimise or monitor exposure/not go near if pregnant/wear correct PPE etc.</p> <p>C High Voltage/Electrical hazard Found near high voltage power sources (ie NOT normal household supplies) Warns people to avoid entering/tampering with supplies/ notify authority if door open/access restricted etc.</p> <p>D Biohazard Found on biological material eg clinical waste bins etc. Warns people of risk of contamination/not to handle/use appropriate PPE/wash hands after touching etc.</p>	4x1 4x1 4x1	[12]
(b) (i)	Health and Safety Executive	1	[1]
(ii)	<p>One of:</p> <ul style="list-style-type: none"> • provides advice/guidance/training • produces information/leaflets 	1x1	[1]

Question	Expected Answer	Mark	Total
2 (a)	<p>Two of:</p> <ul style="list-style-type: none"> • first aid box • stated location of first aid box • First aid box clearly labelled • notice stating who is the approved person • If workplace has special hazards there must be a trained first-aider • If workplace has special hazards there must be a first-aid room • accident book • notice stating location of accident book • Information how to use the accident book 	2x1	[2]
(b)	<p>One mark for piece of information (three required) One mark for reason (three required)</p> <ul style="list-style-type: none"> • the person injured – name, age – to record in case of serious damage/investigation/law suit etc • nature of injury - see if RIDDOR applies/legal requirement etc • The cause of the accident – location, equipment, special conditions – to have full details particularly in cases where further action is needed/for investigation/audit for improvement/look for patterns etc • what treatment/action carried out – first aid given, by whom, hospitalisation – in case of investigation, check that first aider carried out correct procedure • date and time of accident – for complete record, to check if RIDDOR comes into force, in case of legal action etc. • name of person completing the report – as a reference for the incident/witness/if legal action is taken • witnesses – independent information about the accident etc 	3x1 3x1	[6]

Question	Expected Answer	Mark	Total
2 (c) (i)	<p>One mark for any piece of equipment from list:</p> <ul style="list-style-type: none"> • hoist • slide board or transfer board • sling • wheelchair <p>(or other reasonable piece of equipment that is not solely a self-help tool)</p>	1x1	[1]
(ii)	<p>One of:</p> <ul style="list-style-type: none"> • Manual Handling Operations Regulations • Lifting Operations and Lifting Equipment Regulations 	1x1	[1]
2(c) (iii)	<p>Level 3 response [5 marks] Candidates will give a clear explanation of procedures to be followed in preparation for moving and handling and the reasons for following them, mentioning both care workers and service users. 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>Level 2 response [3-4 marks] Candidates will demonstrate a sound knowledge of procedures to be followed with some attempt at explanation. Answers will show some evidence of application of knowledge. There will be noticeable errors of grammar, punctuation and spelling. <i>(Sub-max 3 if only one of care worker or service user mentioned)</i></p> <p>Level 1 response [0-2 marks] Candidates may show little evidence of any reasons, simply listing things to be done. Answers are likely to be muddled and show little understanding. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p> <p>(a) have correct training – so procedure is carried out safely (b) ensure two people are there to help – to ensure full control/adhere to guidelines (c) ensure that correct flat shoes/loose clothing are being worn – reduce risk if slipping/injury to care worker (d) check equipment is ready/not broken/maintained – reduce chance of its failing during move (e) carry out risk assessment for this move – ensure that all necessary considerations have been given due thought since last move (f) clear area around – so no collisions/falls etc/ (g) ensure sling (if used) is appropriate for weight of user – ensure capable of taking load (h) stand correctly – legs apart on stable base as close as possible to user – prevents damage to back etc (i) apply brakes to equipment (where appropriate) before manoeuvre – prevent sudden unexpected movement (j) ensure that service user understands procedure – so no confusion during manoeuvre (possible cause of accidents (k) ensure service user agrees to manoeuvre – won't panic or struggle so less risk of accidents</p>		[5]

Question	Expected Answer	Mark	Total
	(l) encourage active participation of service user – promote independence (m) maintain communication throughout – ensure continued cooperation/agreement of user Accept any other acceptable response.		

Question	Expected Answer	Mark	Total
3 (a)	<p>Level 3 response [12-15 marks] Candidates make detailed and well argued judgements showing clear links between the hazards, the service users and/or care workers and indicate consideration of precautions that are already in place. 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>Level 2 response [6-11 marks] Candidates identify risks and make sound links between the service users (and possibly care workers) and the risks. They will show some consideration of precautions already in place. Answers will show some evidence of application of knowledge. There will be noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 response [0-5 marks] Candidates identify hazards but make few links between the service users and the specific risks. The work may consist of a simple list of hazards with little awareness shown of the precautions already in place. Answers are likely to be muddled and show little understanding. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p> <p>(a) plug sockets – children may poke fingers in/risk of electrocution – are there socket covers in place (b) stairs to upper floor – children may explore/fall downstairs etc – need stairgate to prevent access (c) pond in garden – children may fall in and drown - needs cover/netting/fencing or filling in to make safe (d) path at front leads to road – children may run out/be run over/be abducted – needs gate with secure fastener (e) free access between front and back garden – children not secure from road etc – need fence/barrier at side of house to keep back garden separate (f) access to garage – may contain tools/chemicals which may cause varied harm to children/also may provide access to front: needs secure fastening (g) playroom opens onto kitchen – risk of burns, accidents etc – need safety gate to prevent access by children (h) fence around garden – may be broken and allow escape – gap at front allows escape</p> <p>Accept any other acceptable response.</p> <p>Annotations: Use ✓+ for a detailed and well argued judgement cover all 3 stages of the risk assessment process.</p> <p>Use ✓ for hazard without fully detailed consideration.</p>		[15]

Question	Expected Answer	Mark	Total
(b)	<p>Level 3 response [5 marks] Candidates demonstrate a clear understanding of the importance to the care workers within the setting of reviewing the assessment. 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>Level 2 response [3-4 marks] Candidates show some understanding of the value to care workers of reviewing the assessment. Answers will show some evidence of application of knowledge. There will be noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 response [0-2 marks] Candidates show very limited understanding of the value to care workers of reviewing the assessment. Answers are likely to be muddled and show little understanding. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p> <p>(a) ongoing nature or review (b) risk assessment is an ongoing process which is never completed (c) staff and service user input to review process – formal or ad hoc (d) advice from professional organisations/research/ consumer groups etc (e) examples (eg baby sleeping positioning advice changed based on research findings or advice on vaccination changes depending on level of vaccination in population etc)</p> <p>Accept any other acceptable response.</p>		[5]

Question	Expected Answer	Mark	Total
4 (a)	<p>One mark for identification of equipment or precaution (three required)</p> <p>One mark for description of how spread of fire is prevented (three required)</p> <ul style="list-style-type: none"> • sprinkler system – douses/cooling fire in early (smouldering stages) before spreads • fire (closure) doors – close to reduce oxygen and prevent fire moving along corridors • close doors/windows on exit – prevent spread/limit oxygen in room • fire retardant doors – slow to burn so preventing rapid movement of fire through building • smoke alarm/fire alarm – gives early warning to allow fire to be put out at early stage • fire retardant furniture – slow to burn so reduces speed of spread of fire • fire extinguishers/fire blankets – allow early putting out of fire before becomes too large • locking flammable material in special cupboards/not open storage of paper/flamables – prevent additional fuel to any fire 	3x1 3x1	[6]
(b)	<p>One mark for each correctly identified procedure, three required</p> <p>One mark for description of each, three required from:</p> <ul style="list-style-type: none"> • raise the alarm – alert others, allow people to escape/not get trapped or burned • care workers check rooms/assist people out – to ensure no-one is left behind/trapped • call the fire brigade – people may be trapped and need rescuing, prevent further spread of fire • close windows and doors – removes oxygen from fire and reduces spread • move swiftly to the nearest fire exit – reduce risk of becoming injured or trapped • do not stop to collect belongings – ensure not trapped or overcome by smoke • walk don't run – reduce risk of accidents or falls • gather in the designated area – place is safe and away from building and everyone knows where to go • take a register to ensure everyone is out – in case need to look for/rescue anyone • do not return until given clearance – smouldering fires may re-ignite for some time • do not use lifts – may become unsafe/electrical supply may fail/lift shafts act like chimneys <p>Accept any other acceptable response.</p>	3x1 3x1	[6]

Question	Expected Answer	Mark	Total
4 (c)	<p>Level 3 response: 7-8 marks Candidates can give a detailed discussion of the benefits of holding regular fire drills. The benefits will apply to both service users and care workers. 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>Level 2 response: 4-6 marks Candidates can give a basic description of the benefits of regular fire drills. The benefits may be generic and not well related to either service users or care workers clearly, or may just relate to one group. Answers will show some evidence of application of knowledge. There will be noticeable errors of grammar punctuation and spelling. Sub max of 5 if discussion only deals with service users or care workers.</p> <p>Level 1 response: 0-3 marks Candidates may simply list why fire drills are good without any logical argument. There may be no relating of this information to care setting, service users or care workers. They may simply state what should happen during a fire drill. Answers are likely to be muddled and show little understanding. Errors of grammar punctuation and spelling will be noticeable and intrusive. <i>Some benefits may vary from those given depending on the specific care setting being described</i></p> <p>Care Workers</p> <ul style="list-style-type: none"> • staff will know clearly what to do in an emergency – increased competence and confidence • staff have opportunity to find out specific problems with individual service users and to write alterations into plan • staff can make knowledge semi-automatic – so don't hesitate if real thing happens • allows for new staff/temporary staff to learn drill – increases safety for residents • by staff being aware frequently of escape routes, means they are less likely to leave obstacles on evacuation routes <p>Service users</p> <ul style="list-style-type: none"> • if confused (residential home) – frequent practice may aid retention of system in memory • frequent practice means service users less likely to panic in case of real fire (quite likely with young children or the elderly – reduces risk in case of real emergency) • knowledge of drills increases confidence on part of service users and their relatives/parents (as appropriate) • individuals have opportunity to identify particular problems they have eg inability to hear fire alarm/difficulty moving down steps (and so on) – gives chance to amend procedure to suit individuals – gives opportunity to allocate named workers to assist those with difficulties • reduce risk of death – applicable to all • frequent drills means that alarm system is tested regularly – benefits everyone – increased confidence in system 		[8]

Question	Expected Answer	Mark	Total
5 (a)	<p>Level 3 response [5 marks] Candidates can give a clear description of the key features of the RIDDOR legislation which shows a conceptual overview. 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>Level 2 response [3-4 marks] Candidates can give a clear account of at least two key features of the RIDDOR legislation. Answers will show some evidence of application of knowledge. There will be noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 response [0-2 marks] Candidates can give a basic account of possibly only one key feature of the RIDDOR legislation. They may provide a simple list of what the legislation says. Answers are likely to be muddled and show little understanding. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p> <p>(a) regulates reporting of certain serious accidents – ensures workers are protected from hazardous working practices</p> <p>(b) lists diseases which must be notified – aims to reduce infection spreading uncontrollably/epidemic – safeguards health of users/general public</p> <p>(c) regulates serious injuries which must be reported – gives protection to employees</p> <p>(d) ensures investigation follows any seriously harmful incident – prevents future occurrences</p> <p>(e) prosecution of employers possible – encourages compliance with safe practice</p> <p>(f) reporting rules – give protection to employees (sick pay safeguarded)</p> <p>Accept any other acceptable response.</p>		[5]

Question	Expected Answer	Mark	Total
5 (b)	<p>Level 3 response [8-10 marks] Candidates can assess the relevance of at least two pieces of Health and Safety legislation in relation to Health and Safety Policy or one piece of legislation in great detail. 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>Level 2 response [5-7 marks] Candidates can explain some relevance of at least one piece of legislation to the drawing up of Health and Safety policies. Answers will show some evidence of application of knowledge. There will be noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 response [0-4 marks] Candidates show a limited understanding of the relationship between legislation and the drawing up of Health and Safety policy. The answer may simply list things which might be included in such a policy. Answers are likely to be muddled and show little understanding. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p> <p>Candidates may cite specific examples relating to a specific piece of legislation (most likely being COSHH and RIDDOR). Such answers are allowable provided they otherwise meet the requirements of the banding statements.</p> <p>(a) legislation provides structure to comply with legal requirements – so risk of liability reduced (b) legislation will be reflected in guidelines from professional bodies – so no conflicting advice (c) legislation is modelled on best practice and usually comes with additional guidance – so everyone has good information/guidance (d) legislation takes time to pass – so best practice needs to reflect current thinking which may be ahead of legislation (e) legislation the bare essentials – provides assurance of meeting basic standards</p>		[10]

Question	Expected Answer	Mark	Total
6 (a)	<p>Level 3 response [6-7 marks] Candidates will give a detailed explanation of at least two procedures that could protect care workers when handling clinical waste. They will include some information relating to the spread of infection. 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>Level 2 response [4-5 marks] Candidates will describe at least two procedures that could be used. The explanation may give generic suggestions about preventing contamination with no reference to mode of transmission. Answers will show some evidence of application of knowledge. There will be noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 response [0-3 marks] Candidates will identify procedures that could be used but are unlikely to explain how they protect the care worker. Answers are likely to be muddled and show little understanding. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p> <p>(a) wear disposable gloves – prevent contamination of hands by microbes from waste – microbes can enter through cuts in skin or by hand to mouth cross-contamination</p> <p>(b) keep waste in sealed, labelled containers – prevents accidental exposure by opening bag in error – inhaling of airborne pathogens</p> <p>(c) dispose of soiled waste in correctly coloured/ labelled containers – prevents accidental contamination since labelling cannot be missed</p> <p>(d) fluid spillages cleaned with disinfectant plus absorbent material – prevents spread further/prevents airborne spread</p> <p>(e) wearing face masks if dealing with serious infection that is air-borne – prevents accidental inhalation</p> <p>(f) disposable apron – prevents transfer of microbes onto clothes-transfer home</p> <p>(g) sharps placed immediately after use in suitable bin – prevents accidental injury to care worker including needle-stick injuries</p> <p>(h) ask advice/follow instructions relating to specific contaminants which hold particular risks – follow best practice and reduce infection risk however caused</p> <p>(i) wash hands after handling – prevents spread through hand to mouth transfer or via cuts in skin etc in case some transfer to hands has occurred</p> <p>(j) other relevant PPE – relevant description – relevant transference</p> <p>Accept any other acceptable response.</p>		[7]

Question	Expected Answer	Mark	Total
6 (b)	<p>Level 3 response [7-8 marks] Candidates will discuss two limitations and two benefits and include effects (not necessarily of all) on both care workers and service users. Candidates may access level 3 without explicit reference to care workers or service users. 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>Level 2 response [5-6 marks] Candidates will include at least one benefit and one limitation and will relate to care workers or service users implicitly. Answers will show some evidence of application of knowledge. There will be noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 response [0-4 marks] Candidates will discuss some benefits or limitations, possibly not both, and possibly to only one of the care workers or service users. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p> <p>Benefits</p> <p>p1 reduce risk of contamination /transfer of body fluids/microbes (or specified types)- so reduces infection risk to staff and service users alike</p> <p>p2 detailed description of any specified item of equipment with link to transference eg gloves will protect care worker from an infected wound – so no contamination of care worker by microbes – gloves disposed of before treat next service user, so no transfer of microbes and infection to other service user.</p> <p>p3 reduction of contagious outbreaks within care settings (specified) – particularly helpful as often service users are particularly vulnerable</p> <p>p4 maintenance of sterile environment – use of masks and overshoes in operating theatres – so reduces risk of hospital-acquired infections into open wounds of service users mainly</p> <p>Any other acceptable response.</p> <p>Limitations:</p> <p>p1 masks uncomfortable/steam up glasses – difficult to communicate well – may frighten small children reducing their cooperation</p> <p>p2 takes time to change gloves, aprons – reduces time available for working with service user</p> <p>p3 increases costs so less money for other things disposal safely means lots of hazardous waste bins around the setting – possibility of confused or very young service users accessing these inappropriately and becoming infected</p> <p>p4 latex gloves may cause irritation/allergies – uncomfortable, potentially dangerous reaction, alternative gloves more expensive</p>		[8]

F918 Caring for older people

Question	Answer	Mark	Total
1 (a)	<p>One mark for each reason given. THREE from:</p> <ul style="list-style-type: none"> • increased mobility problems/risk of falling • decreased income • decreased motivation • not feeling valued/low self esteem • lack of confidence/afraid to go out • serious/chronic illness • reduced circle of friends • dependent on others to take them out • loss of partner/bereavement • family moved away • lost contact with work mates • problems with transport 	3x1	[3]
1 (b)	<p>One mark each for describing FOUR ways social isolation could affect and older person from:</p> <ul style="list-style-type: none"> • health could deteriorate in different ways • low self esteem / feeling of worthlessness • feel upset/unhappy/sad • feel depressed about not going out • poor communication skills / 'use it or lose it' • feel unwanted/disliked • feel confused about the situation • poor social life/lack of hobbies • lose contact with friends • lack the stimulation of mixing with others • reduced intellectual capacity • lower their motivation / scared to go out • reduce self-confidence • become more dependent on family • lose interest in their personal appearance/hygiene • withdrawn/inward looking <p>Note: sub-max of two for identification only.</p>	4x1	[4]

Question	Answer	Mark	Total
1 (c)	<p>One mark each for describing FOUR economic effects from:</p> <ul style="list-style-type: none"> • no longer receive income from work • less income as no longer working • more income from lump sum/insurance maturing • rely on pension to pay for ... • have to budget carefully to pay basic costs • difficulty paying bills on less income • may get benefits/pension credits/heating allowance/free prescription • mortgage paid off/have to pay rent • can pay off debts from retirement money • more debts to cover the costs of essentials • rely on savings for basic needs • may/may not be able to afford to go on holiday • less money/more money for luxuries • may need to buy economy foods/poorer diet • may not be able to treat grandchildren • less money for presents • less money/more money for hobbies/interests/socialising • downsize house to give them more money • sell car due to running costs <p>Note: sub-max of two for identification only.</p>	4x1	[4]
1 (d)	<p>One mark for each identification of TWO ways. One mark for each explanation from:</p> <ul style="list-style-type: none"> • saved up money – so they have money to fall back on • taken out a private pension – to give a regular income • joined local clubs – to make new friends • taken up new hobbies/interests – to widen their interests/skills • talked to retirement advisers/colleagues – to learn from others in a similar situation • move house / downsize / relocate – to be nearer family/to release capital money to live on • exercise regularly – to maintain fitness • find out about voluntary work – so they can get involved when they retire • find out about benefits they may be entitled to when they retire – so they know what they will need to budget when they actually retire • pay off their mortgage – so they do not have large expenses when they retire • go to support groups/voluntary organisations eg Help the Aged – to ask for advice and guidance ready for then they retire • write a retirement plan – so they know exactly what they have to do and when they need to do it 	2x1 2x1	[4]

Question	Answer	Mark	Total
2 (a) (i)	<p>One mark for ONE disorder from:</p> <ul style="list-style-type: none"> • lung cancer • emphysema • chronic obstructive pulmonary disease (COPD) • [asthma] • [Chronic bronchitis] <p>(accept any appropriate disorder)</p>	1x1	[1]
2 (a) (ii)	<p>One mark each for FOUR effects on daily living from:</p> <ul style="list-style-type: none"> • increased dependency on others to... • inability to cope with ... • increased dangers indoors/outdoor • increased health care needs • changes in lifestyle/ giving up work/voluntary work • unable to carry out household chores • increased medication to reduce pain etc • spend more time on personal interests eg crosswords 	4x1	[4]
2 (b)	<p>One mark each for describing FOUR coping strategies from:</p> <ul style="list-style-type: none"> • talk to others in a similar situation • ask for an assessment of needs to be carried out by an occupational therapist/physiotherapist • aids/adaptations (accept examples appropriate to disorder) • ask her family to support her • seek advice/support from care professionals • seek advice/support from voluntary groups eg Age Concern • take prescribed medication • use complimentary therapies to relax her • move into sheltered accommodation/residential care • encourage friends to visit/increase motivation/self-esteem • learn breathing exercises to help with breathing difficulties • research information about condition <p>Note: sub-max of two for identification only.</p>	4x1	[4]

Question	Answer	Mark	Total
2 (c)	<p>One mark for identification of THREE ways. One mark for each adequate explanation of the ways identified from:</p> <ul style="list-style-type: none"> • assist her with washing/bathing – to maintain her personal hygiene/safety • cook meals for her – to make sure she has regular/balanced meals • do shopping for her/take her shopping - so she has the food she needs/does not have to carry heavy shopping • clean the house for her – to reduce the strain on her/hygiene/safety issues • talk/listen to her – so that she feels valued • give her advice/guidance – to help her cope with her condition • do gardening for her – to promote her safety/well-being • stimulating her mind – so that she does not get bored • take her out on visits/day trips – to give a change of scenery/cheer her up • supervise medication – to make sure medication is taken/does not overdose <p>(Explanations may be interchangeable ⇅)</p>	2x1 2x1 2x1	[6]

Question	Answer	Mark	Total
3 (a) (i)	<p>One mark for ONE disorder from:</p> <ul style="list-style-type: none"> • irritable bowel syndrome • ulcerative colitis • Crohn's Disease • chronic constipation • cancer of the bowel/stomach • [gall stones] <p>(accept any appropriate disorder)</p>	1x1	[1]
3 (a) (ii)	<p>One mark each for FOUR physical effects from:</p> <ul style="list-style-type: none"> • unable to eat a normal diet • weaker stomach muscles • weak muscles in digestive tract • dehydration • weak muscles in the rectum • diarrhoea • tiredness • lack of energy • bloating • severe wind • piles • loss of weight • anaemia • lack of essential nutrients/problems digesting food • abdominal pain/stomach cramps • loss of appetite • blood in stools • pain when opening bowels 	4x1	[4]
3 (b)	<p>One mark for identification of FOUR ways. One mark for each adequate explanation of the ways identified from:</p> <ul style="list-style-type: none"> • assess his needs – to ensure they are fully met • prescribe medication – to relieve symptoms • advise about daily living routines – to enable him to remain independent • advise about coping strategies / diet – to enable him to care for himself • talk to him about his difficulties – to find out specific needs • provide information about services available – to enable him to access them • produce a care plan – to inform others of their responsibilities • refer him to a consultant – to enable him to have specialist care • refer him to an occupational therapist – to enable him to be assessed for aids/adaptations • regular check ups/monitor progress – to see if his condition is getting worse/better • refer to a dietician – to give advice about dietary needs 	2x1 2x1 2x1 2x1	[8]

Question	Answer	Mark	Total
3 (c)	<p>Use levels of response criteria</p> <p>Level 3 [6 – 7 marks] Candidates will clearly analyse at least two ways a GP should maintain confidentiality when providing care for Mark. Answers will be factually accurate, using appropriate terminology. There will be evidence of synthesis within the answers. There will be few errors of grammar, punctuation and spelling.</p> <p>Level 2 [4 – 5 marks] Candidates will have limited analysis of at least two ways a GP should maintain confidentiality when providing care for Mark. 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>(Submax 4 marks for one way done very well)</i></p> <p>Level 1 [0 – 3 marks] Candidates will identify ways a GP should maintain confidentiality when providing care for Mark. 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> <ul style="list-style-type: none"> • respect Mark's wishes for information to be kept private • do not talk about his care to those who do not need to know • do not leave notes lying around for others to read • ask permission to share information • explain who will have access to his information • do not give information over the telephone unless identity of caller can be proven • not leaving personal notes on the computer screen so that others can read them • having a password to access computer records • not talking about Mark by name at home so that he can be identified • keep personal notes locked away • carry out Mark's consultation in a private room where others cannot overhear 	7	[7]

Question	Answer	Mark	Total
4 (a)	<p data-bbox="347 210 778 244">Use levels of response criteria</p> <p data-bbox="347 277 643 311">Level 3 [6 – 7 marks] Candidates will clearly analyse at least two possible changes in Linda's care needs as her disorder progresses. 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 data-bbox="347 546 643 580">Level 2 [4 – 5 marks] Candidates will explain at least two possible changes in Linda's care needs as her disorder progresses. 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>(Submax 4 marks for one way done very well)</i></p> <p data-bbox="347 815 643 848">Level 1 [0 – 3 marks] Candidates will identify one or two possible changes in Linda's care needs as her disorder progresses. Answers are likely to be muddled, demonstrating little knowledge or understanding. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p> <ul data-bbox="347 1055 1134 1402" style="list-style-type: none"> • may need formal care (accept specific examples) • may need increased informal support (accept specific examples) • increased dependency on others • need help to wash/dress • require medication to relieve symptoms • need help to move around • need help with preparation of meals • need help with feeding herself • rely on aids and adaptations 	7	[7]

Question	Answer	Mark	Total
4 (b)	<p>Use levels of response criteria</p> <p>Level 3 [7 – 8 marks] Candidates will clearly evaluate the effectiveness of the NHS and Community Care Act on the provision of services to meet the needs of service users with a muscular skeletal disorder. There may be some reference to strengths and weaknesses. Answers will be factually accurate, using appropriate terminology. There will be few errors of grammar, punctuation and spelling.</p> <p>Level 2 [4 – 6 marks] Candidates will describe the effectiveness of the NHS and Community Care Act on the provision of services to meet the needs of service users with a muscular skeletal disorder. There will be some reference to strengths and weaknesses. Answers will be factually accurate. There will be evidence of coherence within the answers. There will be noticeable errors of grammar, punctuation and spelling. (Submax 4 marks for only positive or negative)</p> <p>Level 1 [0 – 3 marks] Candidates will identify ways the NHS and Community Care Act influences the provision of services to meet the needs of service users with little if any reference to a muscular skeletal disorder. 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><i>Strengths</i></p> <ul style="list-style-type: none"> + Linda has the right to have their needs assessed + Linda has the right to have services provided in accordance with published criteria + Linda has the right to complain if the service is not provided + care plan will be written to make sure her needs are met + multi-disciplinary team will care for her individual needs + professionals work together to provide care + information given about services available + allows her to have maximum independence + consistent approach will be given by all her carers + Linda is fully involved in the assessment of their needs + choices will be offered + health and social services working together + services delivered in a seamless manner + high standards of care <p><i>Weaknesses</i></p> <ul style="list-style-type: none"> - Linda may not be aware of their rights - post-code lottery – services depend on where Linda lives - financial constraints on provision – lack of services - she may be afraid to complain - her care may be rushed due to shortage of time allocations 	8	[8]

Question	Answer	Mark	Total
5 (a)	<p>Use levels of response criteria</p> <p>Level 3 [5 – 6 marks] Candidates will clearly analyse at least two ways an occupational therapist should promote individual rights and beliefs during the assessment process. Answers will be factually accurate, using appropriate terminology. There will be evidence of synthesis within the answers. There will be few errors of grammar, punctuation and spelling.</p> <p>Level 2 [3 – 4 marks] Candidates will describe at least two ways an occupational therapist should promote individual rights and beliefs during the assessment process. 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>(Submax 3 marks for one way done very well)</i></p> <p>Level 1 [0 – 2 marks] Candidates will identify ways the occupational therapist should promote individual rights and beliefs with little if any reference to the assessment process. 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>Promoting Individual Rights and Beliefs</p> <ul style="list-style-type: none"> • encourage to be independent • allow choices about her care and treatment • ask about needs and wishes • provide equipment requested • make sure assessment is carried out fully • treat with dignity and respect • recognise personal beliefs • enable to maintain their identity • encourage to express preferences • raise awareness of how to complain • being aware of cultural/religious needs • addressing correctly/calling by preferred name • keep personal information confidential • use effective communication 	6	[6]

Question	Answer	Mark	Total
5 (b)	<p>Use levels of response criteria</p> <p>Level 3 [8 – 9 marks] Candidates will clearly evaluate at least two ways attending the day centre could affect both Sophia and her husband. There will be evidence of both positive and negative responses. A conclusion will be drawn. Answers will be factually accurate, using appropriate terminology. There will be evidence of synthesis within the answers. There will be few errors of grammar, punctuation and spelling.</p> <p>Level 2 [4 – 7 marks] Candidates will basically evaluate at least two ways attending the day centre could affect both Sophia and her husband. There will be evidence of coherence within the answers. There will be noticeable errors of grammar, punctuation and spelling. <i>Submax of 5 marks for only positive or negative responses / Sophia or her husband only</i></p> <p>Level 1 [0 – 3 marks] Candidates will identify one or more ways attending the day centre could affect Sophia and/or her husband. Candidates may give minimal description and show limited understanding. Answers are likely to be list like and muddled, demonstrating little knowledge or understanding. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p> <p>Positive/+ <i>Sophia</i></p> <ul style="list-style-type: none"> + able to meet others in a similar situation + meet new people + take part in activities + go on trips + have a change of scenery <p><i>Husband</i></p> <ul style="list-style-type: none"> + able to do tasks without worrying about Sophia + time to relax + time to do things he enjoys/take up a hobby + able to meet up with friends + give him a chance to build up his energy <p>Negative/- <i>Sophia</i></p> <ul style="list-style-type: none"> - feel unwanted - get upset/unhappy - frightened/afraid - miss her husband - feel insecure/unsure <p><i>Husband</i></p> <ul style="list-style-type: none"> - feel guilty - feel he is not fulfilling his responsibilities - miss Sophia 	9	[9]

Question	Answer	Mark	Total
6 (a)	<p>Level 3 [8 – 10 marks] Candidates will give a comprehensive discussion of the impact of sensory impairment on the development of older people. At least two different aspects of PIES will be covered. Answers will be factually accurate, using appropriate terminology. There will be evidence of synthesis within the work. Answers will be factually accurate, using appropriate terminology. There will be few errors of grammar, punctuation and spelling.</p> <p>Level 2 [4 – 7 marks] Candidates will give a limited discussion of the impact of sensory impairment on the development of older people. At least two different aspects of PIES will be covered. There will be evidence of coherence within the answers. There will be noticeable errors of grammar, punctuation and spelling. <i>(Submax 5 marks for ONE aspect of PIES covered very well)</i></p> <p>Level 1 [0 – 3 marks] Candidates may identify ways sensory impairment could have an impact on the development of older people. 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>Physical</p> <ul style="list-style-type: none"> • increased risk of accidents • increased care needs • sight impaired • hearing impaired • taste impaired • sense of smell impaired • sense of touch impaired • poor hygiene • eating/drinking difficulties <p>Intellectual</p> <ul style="list-style-type: none"> • decreased/increased motivation • confused • lack of understanding • lack of stimulation • decreased opportunities for hobbies/interests • take up new/different hobbies interests <p>Emotional</p> <ul style="list-style-type: none"> • low self-esteem • lack of confidence • angry/agitated • upset/distressed/depressed <p>Social</p> <ul style="list-style-type: none"> • see less/more of family • may lose/make new friends • feel isolated/lonely • dependent on others • meet new people/carers 	10	[10]

Question	Answer	Mark	Total
6 (b)	<p>Level 3 [8 – 10 marks] Candidates will analyse in detail the purposes of at least one private and one voluntary service for people with sensory impairments. A thorough understanding of their role will be evident. Answers will be factually accurate, using appropriate terminology. There will be evidence of synthesis within the work. Answers will be factually accurate, using appropriate terminology. There will be few errors of grammar, punctuation and spelling.</p> <p>Level 2 [4 – 7 marks] Candidates will make a limited analysis of the purposes of at least one private and one voluntary service for people with sensory impairments. 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>Submax 5 marks for ONE provider covered very well</i>)</p> <p>Level 1 [0 – 3 marks] Candidates may identify one or two private/voluntary services for people with sensory impairments. 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>Private Service providers:</p> <ul style="list-style-type: none"> • Residential Home – <i>provide a secure friendly living environment with support where needed</i> • Nursing Home – <i>provide nursing care to meet specific medical needs</i> • Hospital – <i>specialist consultants carry out examinations / perform operations</i> • Home Care Services – <i>to give personal support at home with washing, dressing, cooking, cleaning</i> • Optician – <i>to carry out sight tests, supply and fit glasses</i> • Hearing Aid providers – <i>to supply and fit hearing aids</i> • Occupational Therapist – <i>to assess home for aids and adaptations</i> <p>Voluntary Service providers:</p> <ul style="list-style-type: none"> • RNIB – <i>to give advice on services / aids/adaptations / benefits for sight problems</i> • RNID – <i>to give advice on services / aids/adaptations / benefits for deafness</i> • Dial-a-ride (or similar) – <i>to provide transport to hospital / shopping / social activities</i> • Age Concern - • Disability Information Advice Centre (DIAC) – <i>to provide advice / guidance on benefits/services</i> • Meals on Wheels – <i>to provide regular nutritious meals / prepared meals</i> <p>[Choices will be realistic. The <i>purposes</i> will be accurate and link to the providers identified.]</p>	10	[10]

F920 Understanding human behaviour

Question	Answer	Mark	Total
1 (a) (i)	Piaget or Vygotsky	1x1	1
(ii)	<p>Two marks for each feature, TWO required</p> <p>Piaget:</p> <ul style="list-style-type: none"> • learning through own experience importance of free play • stages of development – sensory motor (0-2), pre-operational (2-7), concrete operations (7-11), formal operations 11+) • accommodation, assimilation and equilibrium – the development of schemas to cope with dilemmas and construct understanding • egocentricity – the world is seen from the child's perspective • constructing own understanding as a result of experiences • concept formation – conservation etc <p>Vygotsky:</p> <ul style="list-style-type: none"> • child's learning takes place within a social context/culture – understanding develops through interaction with others • importance of more knowledgeable other (child or adult) and structure of learning experiences • zone of proximal development – child should be provided with opportunities to challenge level of understanding and be helped to tackle more difficult concepts • use of language to explain and develop understanding • importance of supported play – adults involved • internalisation of social interaction 	2x2	4

Question	Answer	Mark	Total
1 (b)	<p>Level 3 (8-10 marks) Candidates give a detailed explanation of the chosen theory and the role of the child minder. Has given at least two relevant examples of providing opportunities/resources/experiences. Answer presented in a planned and logical sequence, using appropriate health, social care and early years terminology accurately. Sentences and paragraphs are for the most part relevant with the material presented in a balanced, logical and coherent manner which addresses the question; there may be occasional errors of grammar, punctuation and spelling.</p> <p>Level 2 (5-7 marks) Candidates have accurately explained the theory chosen with links made to the role of the child minder. At least two relevant examples given but with little explanation or link to theory. Sentences and paragraphs may contain irrelevancies or may not always address the main focus of the question. There may be noticeable errors of grammar, punctuation and spelling. Sub max 5 marks for one way done well.</p> <p>Level 1 (0-4 marks) Candidates have made an attempt to relate an appropriate theory to practice. Answer may be muddled or confused giving general comments relating to 'play' with little explanation. Sentences and paragraphs have limited coherence and structure indicating a superficial knowledge of the theory chosen. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <p>Piaget:</p> <ul style="list-style-type: none"> • main role of child minder is to provide opportunities for play and learning • allow free play with range of materials etc • age/stage related toys/resources – appropriate examples may be given • opportunities for varied experiences • value of sand/water/playdough etc • encouragement helps child to engage <p>Vygotsky:</p> <ul style="list-style-type: none"> • main role of child minder is to interact with child during play to aid learning • demonstration/explanation important to extend understanding • opportunities for play can be structured • variety of experiences important • discussion and use of language/explanation • extend child's understanding by providing experiences beyond current level <p>✓ for point identified ✓✓ for point well explained</p>		10

Question	Answer	Mark	Total
2 (a)	<p>Level 3 (7-8 marks) Candidates identify at least two possible causes of anxiety. Effects of anxiety are clearly explained and are likely to be related to the causes identified. Candidates show a sound/thorough level of understanding of the links between anxiety and physical development and answer is specifically related to older people. Answer is presented in a planned and logical sequence, using appropriate health, social care and early years terminology accurately. Sentences and paragraphs are for the most part relevant with the material presented in a balanced, logical and coherent manner which addresses the question; there may be occasional errors of grammar, punctuation and spelling.</p> <p>Level 2 (4-6 marks) Candidates identify at least two possible causes of anxiety and there is an attempt to explain the effects. Candidates make reference to older people in their answer although the focus is likely to be generic in nature. Sentences and paragraphs may contain irrelevancies or may not always address the main focus of the question. There may be noticeable errors of grammar, punctuation and spelling. <i>Sub-max of 4 for one done well.</i></p> <p>Level 1 (0-3 marks) Candidates identify at least one possible cause of anxiety but there is little or no attempt to explain the effects. There is little or no specific reference to older people. Alternatively, candidates describe physical development of older people (perhaps in some detail) but this is not related to the effects of anxiety. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <p>Causes:</p> <ul style="list-style-type: none"> c1. money worries c2. illness c3. isolation c4. loneliness c5. bereavement c6. loss of mobility c7. poor eyesight c8. poor hearing c9. threat/burglary c10. childhood experiences – Freud/Erikson c11. + <i>any other reasonable suggestion</i> <p>Effects:</p> <ul style="list-style-type: none"> e1. loss of appetite – loss of weight e2. inability to sleep e3. illness/prone to infection e4. may not put heating on – hypothermia e5. depression e6. stress e7. headache e8. general deterioration e9. + <i>any other reasonable PHYSICAL effect</i> <p>✓ for quality</p>		8

Question	Answer	Mark	Total
2 (b)	<p>Level 3 (9-12 marks)</p> <p>Candidates demonstrate clear understanding of the humanist theory selected and analyse ways in which care can be met by care workers. Emphasis is given to needs which directly address emotional well being, rather than meeting physical needs, unless these are directly related to reducing anxiety. At least two appropriate ways, which are relevant to residential care are well explained. Answer is presented in a planned and logical sequence, using appropriate health, social care and early years terminology accurately. Sentences and paragraphs are for the most part relevant with the material presented in a balanced, logical and coherent manner which addresses the question; there may be occasional errors of grammar, punctuation and spelling.</p> <p>Level 2 (5-8 marks)</p> <p>Candidates demonstrate understanding of an appropriate theory and describe ways in which emotional needs can be met by care workers. At least two examples of ways care workers could meet needs in residential care is provided. [Alternatively, a number of ways needs could be met may be mentioned but not directly linked to the requirements of the question.] Sentences and paragraphs may contain irrelevancies or may not always address the main focus of the question. There may be noticeable errors of grammar, punctuation and spelling.</p> <p><i>Sub max 6 marks for one way done well/clear explanation of theory</i></p> <p>Level 1 (0-4 marks)</p> <p>Candidates identify an appropriate theory and may use appropriate terminology. There is limited attempt to link the theory to the needs of older people in residential care. Any examples given are likely to be of a general nature. Sentences and paragraphs have limited coherence and structure indicating a superficial knowledge of the theory chosen. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <p>Maslow:</p> <p>m1. deficit needs – physiological, safety, belonging and self-esteem</p> <p>m2. 'becoming' or 'growth' needs</p> <p>Rogers:</p> <p>r1. unconditional positive regard – demonstrate respect</p> <p>r2. conditions of worth</p> <p>Ways of minimising anxiety:</p> <ul style="list-style-type: none"> ✓ staff to make time to talk to/explain/reassure clients ✓ provide opportunities for interaction with staff/family/friends – privacy ✓ ensure medical/physiological needs are met to address health worries 		12

Question	Answer	Mark	Total
2 (b) cont.	<ul style="list-style-type: none"> ✓ arrange for counselling eg bereavement ✓ keep client informed ✓ follow care values re confidentiality, equality & diversity, rights & beliefs ✓ facilitate self actualisation – independence/choice/activities/interests ✓ independent information/support/advice regarding financial/legal worries ✓ advocacy/empowerment ✓ build trusting relationships ✓ facilitating building of friendships ✓ facilitate meeting religious/spiritual needs ✓ activities to stimulate interest/encourage intellectual engagement 		
3 (a)	<p>Three factors required, ONE mark for each</p> <ul style="list-style-type: none"> • access to health services • culture • education • family • housing • income • nutrition 	3x1	3

Question	Answer	Mark	Total
3 (b)	<p>Level 3 (9-12 marks) Candidates demonstrate clear understanding of the relationship between poverty and self-concept in adulthood. Understanding of the term 'self-concept' is evident. At least two relevant examples are given which are appropriate to adults' self-concept with clear explanation of the links. Evidence from research/reports may be used to support answer, with some understanding shown of 'relative poverty' compared with 'actual poverty'. Has presented answer in a planned and logical sequence, using appropriate health, social care and early years terminology accurately. Sentences and paragraphs are for the most part relevant with the material presented in a balanced, logical and coherent manner which addresses the question; there may be occasional errors of grammar, punctuation and spelling.</p> <p>Level 2 (5-8 marks) Candidates show an awareness of what self-concept is and have made some attempt to link this with examples of poverty. At least two relevant examples are given, which clearly relate to adults, and which demonstrate some understanding of the effects of poverty in adulthood. Sentences and paragraphs may contain irrelevancies or may not always address the main focus of the question. There may be noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 (0-4 marks) Self-concept is identified and some understanding shown of what is meant by poverty. Little attempt is made to make links between the two. At least one example is given but this may be very general in nature and not be directly related to adults. A number of examples of poverty may be given but these are not put into the context of the question. Sentences and paragraphs have limited coherence and structure. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <ul style="list-style-type: none"> (a) lack of employment/poor job prospects/lack of motivation – feeling worthless/hopeless (b) limited feelings of achievement – low self esteem (c) comparisons with others with more money – feeling inadequate (d) made to feel inferior by others eg having to apply for benefits (e) not able to provide for family/children – feelings of guilt (f) poor diet affecting physical appearance/obesity – poor self-image (g) poor housing/surroundings – may feel threatened, vulnerable (h) lack of choice – leisure activities, holidays etc leading to reduced social opportunities (i) unable to afford material possessions which support self-concept (clothes etc) (j) being on benefits leading to feelings of dependency/disempowerment (k) lack of control over life chances – low self efficacy (l) Acheson report linked to lowered life expectancy (m) + <i>any other suitable example</i> <p>✓ for quality</p>		12

Question	Answer	Mark	Total
4 (a)	<p>Level 3 (8-10 marks) At least two differences between the perspectives are given, using two features/examples of each perspective to support the answer. Candidates are likely to name relevant theorists and demonstrate clear understanding of the ‘nature/nurture’ debate, although not necessarily using the exact phrase. Examples may be given to illustrate the theories. Comment about the interaction of influences is likely at this level. Answer is presented in a planned and logical sequence, using appropriate health, social care and early years terminology accurately. Sentences and paragraphs are for the most part relevant with the material presented in a balanced, logical and coherent manner which addresses the question; there may be occasional errors of grammar, punctuation and spelling.</p> <p>Level 2 (5-7 marks) At least two differences between the perspectives is given using one feature/example of each perspective to support the answer. Some understanding is shown of the nature/nurture debate, without necessarily using the term. Appropriate theorists may be named. Sentences and paragraphs may contain irrelevancies or may not always address the main focus of the question. There may be noticeable errors of grammar, punctuation and spelling. <i>Sub max 5 for one difference done well.</i></p> <p>Level 1 (0-4 marks) At least one difference between perspectives is given. Features/ examples of each perspective may be identified but these are not put into the context of the nature/nurture debate. Little attempt is made to link the perspectives and little understanding is shown of the focus of the question. Sentences and paragraphs have limited coherence and structure. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <p>Biological perspective emphasises:</p> <ul style="list-style-type: none"> b1. inheritance b2. genetics b3. maturation/hormones b4. pre-determinism/cannot be changed b5. ‘nature’ b6. life experiences responded to according to inherited predisposition b7. environment and upbringing has no-little effect b8. born with characteristics/personality/intelligence b9. ‘culture free’ 		10

Question	Answer	Mark	Total
4 (a) cont.	Social learning perspective emphasises: s1. observation s2. imitation s3. role models s4. freedom of choice/can control own 'destiny' s5. 'nurture' s6. development influenced by experience s7. environment and upbringing key to development s8. 'blank slate' approach s9. linked to culture/social background ✓ for quality		

Question	Answer	Mark	Total
4 (b)	<p>Level 3 (12-15 marks) Candidates demonstrate clear understanding of an appropriate theory. A range of examples of relevant changes in behaviour which can occur during adolescence are explained and are clearly linked to features of the theory selected. Detailed knowledge of the theory should be evident at this level with specific relevance to the changes which take place during adolescence. Answer is presented in a planned and logical sequence, using appropriate health, social care and early years terminology accurately. Sentences and paragraphs are for the most part relevant with the material presented in a balanced, logical and coherent manner which addresses the question; there will be few errors of grammar, punctuation and spelling.</p> <p>Level 2 (6-11 marks) Candidates describe an appropriate theory and some links are made to explain changes in behaviour during adolescence. Experimental work of theorist may be described but without specific relevance to adolescence. An attempt is made to show how the theory can be used to explain changes in behaviour. Sentences and paragraphs may contain irrelevancies or may not always address the main focus of the question. There may be occasional errors of grammar, punctuation and spelling.</p> <p>Level 1 (0-5 marks) Candidates describe an appropriate theory but make little attempt to use it to explain the changes in behaviour which can occur during adolescence. Description of behaviours characteristic of adolescence may be given but with little reference to the theory chosen. Sentences and paragraphs have limited coherence and structure. Errors of grammar, punctuation and spelling may be noticeable and intrusive.</p> <p>Biological Perspective:</p> <ul style="list-style-type: none"> • during adolescence hormonal changes will influence behaviour • puberty/adolescence represent a maturational process which brings about behavioural changes <p>Eysenck:</p> <ul style="list-style-type: none"> • personality is inherited/genetically pre-programmed, this will determine behaviour and responses • personality traits – introvert/extrovert stable/unstable (neurotic) tough minded/tender minded <p>Cattell:</p> <ul style="list-style-type: none"> • personality is inherited/genetically pre-programmed, this will determine behaviour and responses • Personality traits – 16 personality factors (16PF). Psychometric testing 		15

<p>4 (b) cont</p>	<p>Social Learning Perspective:</p> <ul style="list-style-type: none"> • adolescence is a 'social construct' which is the result of the society that the person is brought up in • responses to the physical changes of puberty are learned behaviours resulting from upbringing and societal influences <p>Bandura:</p> <ul style="list-style-type: none"> • bobo doll experiment likely to be described • behaviour is copied/imitated <i>from</i> those who a <ul style="list-style-type: none"> - person identifies with - person looks up to/sees as role models - person sees being rewarded • it is more likely to be imitated <i>by</i> those who <ul style="list-style-type: none"> - lack self-confidence - have poor self image <p style="margin-left: 400px;">} commonly a feature of adolescence</p> <p>Latane:</p> <ul style="list-style-type: none"> • bystander apathy experiments likely to be described • behaviour conforms to group expectations • people copy the behaviour of those around them • young people in particular want to fit in with peer group • people 'behave like sheep' <p>Tajfel:</p> <ul style="list-style-type: none"> • individuals seek group identity eg by age, interests, gender etc • personal identity is established through socialisation • groups are seen as being 'in-groups' or 'out-groups' • behaviour conforms to the expectations of the in-group • young people in particular want to fit in with their in-group • allocation of rewards experiment <p>✓✓ for high quality response</p>		
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Question	Answer	Mark	Total
5	<p>Level 4 (19-25 marks) Candidates identify Skinner or Pavlov and demonstrate a clear understanding of the chosen theory. A range of examples are given which are relevant to an early years setting and which clearly illustrate the application of the theory. Candidates demonstrate understanding of the limitations of the theory as well as the practical application. Both positive and negative aspects of using a behaviourist approach are explained with examples given and a conclusion drawn. The answer has a clearly defined structure with a logical approach. There is clear application of candidates understanding. Appropriate health and social care terminology is used 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 or spelling.</p> <p>Level 3 (13-18 marks) Candidates identify Skinner or Pavlov and describe their theory with understanding. Examples of how the theory can be applied to an early years setting are given, although they are likely to focus on either positive or negative aspects. Has presented answer in a planned and logical sequence, using appropriate health, social care and early years terminology accurately. Sentences and paragraphs are for the most part relevant with the material presented in a balanced, logical and coherent manner which addresses the question; there may be occasional errors of grammar, punctuation and spelling.</p> <p>Level 2 (7-12 marks) Candidates identify Skinner or Pavlov and describe the theory accurately. A limited attempt is made to apply the theory to an early years setting with at least one example given of how the theory can be used in practice. The limitations of the theory are only minimally addressed, or not referred to at all. Sentences and paragraphs are not always relevant, with material presented which does not address the question. There may be noticeable errors of punctuation, grammar and spelling.</p> <p>Level 1 (0-6 marks) Candidates identify Skinner or Pavlov (allow one mark for identification of theorist only) and make some attempt to describe the theory. Answer may be list like in nature and there is little use of health and social care terminology. There will be little attempt to apply the theory to an early years setting and no practical examples given. Sentences and paragraphs have limited coherence and structure often lacking relevance to the focus of the question. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p>		25

Question	Answer	Mark	Total
5 cont	<p>Application of either theory:</p> <ul style="list-style-type: none"> ✓ clear identification of the required behaviour needed ✓ encourages consistency of approach ✓ behaviour needs to become internalised ✓ choice of 'reward/reinforcement' needs care – tangible rewards eg sweets, prizes/intangible rewards eg praise, attention ✓ frequency of reward needs to be considered ✓ avoid giving attention to unwanted behaviour ✓ difficult to ignore disruptive behaviour ✓ 'catch them being good' may be difficult/seen unfair to children who are normally well behaved ✓ doesn't allow for discussion/negotiation ✓ may give the impression of differing expectations ✓ behaviour modification programmes can be effective but need careful planning and implementation ✓ useful for establishing routines – lining up when the bell goes, stop talking when teacher claps hands <p>Skinner:</p> <ul style="list-style-type: none"> s1. operant conditioning s2. positive reinforcement/praise/reward leads to behaviour being repeated s3. negative reinforcement – avoiding unpleasant situation leads to unwanted behaviour being 'extinguished' s4. based on work with pigeons/rats s5. focus on desired behaviour s6. ignore unwanted behaviour s7. care needed with punishment <p>Pavlov:</p> <ul style="list-style-type: none"> p1. classical conditioning p2. response to stimulus p3. association between good feeling and specific behaviour p4. based on work with animals (salivating dogs) p5. reinforces required responses p6. behaviour becomes automatic p7. establishes a routine 		

F921 Anatomy & physiology in practice

Question	Expected Answer	Mark	Total
1 (a)	<p>One mark for each structure identified, SIX required from</p> <ol style="list-style-type: none"> 1. ovary 2. uterus / womb / accept (myometrium / endometrium) 3. fallopian tube / oviduct 4. fimbriated end of fallopian tube / funnel end 5. cervix / cervical opening / os 6. vagina 	6x1	[6]
(b)	<p>Two marks for each correct function, TWO required from</p> <p>Ovary</p> <ul style="list-style-type: none"> • production of eggs • storage of eggs • hormone secretion • produce the corpus leutum <p>Uterus</p> <ul style="list-style-type: none"> • accept a fertilized ovum • which becomes implanted / site for development of an embryo • development of a fetus • expansion during pregnancy • contracts during birth / contracts after delivery • protects ovum • supplies nutrients to fertilized ovum <p>Vagina</p> <ul style="list-style-type: none"> • provides the route to deliver the baby from the uterus • provides a path for menstrual blood and tissue to leave the body • self-lubrication, reducing friction during sexual activity • accepts penis <p><i>Accept any other valid response</i></p>	3x2	[6]

Question	Expected Answer	Mark	Total
1 (c)	<p>Level 3 [7-8 marks] Candidates will provide a fully developed description of the menstrual cycle that includes accurate terminology. Description of effects will be accurate and well developed. The answer will include accurate terminology and follow a logical sequence. Sentences and paragraphs are relevant with accurate use of appropriate terminology. There may be occasional errors of grammar, punctuation and spelling.</p> <p>Level 2 [4- 6 marks] Candidates will provide a developed description of the menstrual cycle description that includes accurate terminology. Description of effects will be accurate. Sentences and paragraphs are generally relevant but may have minor inaccuracies or lack clarity and depth of understanding. There may be noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 [0 – 3 marks] Candidates' will provide a simple description of the menstrual cycle. Their use of appropriate terminology will be limited. Description of effects may be limited. Sentences and paragraphs are not always relevant, with the material presented in a way that does not always address the question. There may be noticeable errors of grammar, punctuation and spelling.</p> <ul style="list-style-type: none"> • the menstrual cycle may be divided into different phases, and the length of each phase varies from woman to woman and cycle to cycle • during the follicular phase the <u>lining</u> of the <u>uterus</u> thickens, stimulated by gradually increasing amounts of <u>oestrogen</u> • follicles in the <u>ovary</u> begin developing under the influence of hormones, and after several days one or occasionally two follicles become dominant (non-dominant follicles atrophy and die) • the dominant follicle releases an <u>ovum or egg</u> in an event called <u>ovulation</u> • an egg that is fertilized by a sperm will become a <u>zygote</u>, taking one to two weeks to travel down the <u>fallopian tubes</u> to the uterus • if the egg is not fertilised within about a day of ovulation, it will die and be absorbed by the woman's body • after ovulation the remains of the dominant follicle in the ovary become a <u>corpus luteum</u>; this body has a primary function of producing large amounts of <u>progesterone</u> • under the influence of progesterone, the endometrium (uterine lining) changes to prepare for potential <u>implantation</u> of an embryo to establish a <u>pregnancy</u> • if implantation does not occur within approximately two weeks, the corpus luteum will die, causing sharp drops in levels of both progesterone and estrogen • these hormone drops cause the uterus to shed its lining in a process termed menstruation 		[8]

Question	Expected Answer	Mark	Total
2 (a)	<p>One mark for each structure identified, EIGHT required from</p> <ol style="list-style-type: none"> 1. aorta 2. superior vena cava (accept vena cava) 3. right atrium 4. right ventricle 5. pulmonary artery 6. pulmonary vein 7. left atrium 8. left ventricle 	8x1	[8]
(b)	<p>One mark for each way veins differ from arteries, FOUR required from</p> <ul style="list-style-type: none"> • veins have valves • carries low pressure blood • carries blood back to the heart • oxygen content of blood in veins is lower / except pulmonary vein • thinner walls / less layers than an artery 	4x1	[4]
2 (c)	<p>Level 3 [7-8 marks] Candidates will provide a fully developed description of the causes and effects of the cardiac dysfunction that includes at least two causes and two effects. Description of effects will be accurate and well developed. The answer will include accurate terminology and follow a logical sequence. Sentences and paragraphs are relevant with accurate use of appropriate terminology. There may be occasional errors of grammar, punctuation and spelling.</p> <p>Level 2 [4- 6 marks] Candidates will provide a developed description of the causes and effects of the cardiac dysfunction that includes two causes and two effects. Description of effects will be accurate. Sentences and paragraphs are generally relevant but may have minor inaccuracies or lack clarity and depth of understanding. There may be noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 [0-3 marks] Candidates will provide a simple description which may only have one cause and effect of the cardiac dysfunction. Their use of appropriate terminology will be limited. Description of effects may be limited and list like. 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>Physical</p> <p>Heart attack:</p> <ul style="list-style-type: none"> • central crushing pain or discomfort in the chest which often wraps around the body like a tight band • it may spread to, or just affect the arms, throat, neck, jaw, back or stomach and does not go away with rest • also breathless, look pale and sweaty and feel sick, weak or dizzy 		[8]

Question	Expected Answer	Mark	Total
2 (c) cont	<p>Checklist</p> <ul style="list-style-type: none"> • chest pain, usually radiating toward the left shoulder and arm / the arm may be tingling or numb • nausea, vomiting • cold sweats, shortness of breath and lightheadedness • feeling of indigestion • dizziness, weakness, and fainting • abdominal pain <p>Angina</p> <ul style="list-style-type: none"> • is a pain, discomfort or tightness in the centre of the chest • which often spreads to, or just affects the left or right arm, back, neck, jaw or stomach <p>Valvular pain</p> <ul style="list-style-type: none"> • a narrowed heart valve, such as the aortic valve will give a pain similar to angina <p>High Blood Pressure</p> <ul style="list-style-type: none"> • often no symptoms but can exhibit a high colour, occasional headaches, kidney failure and stroke if left untreated • also superficial rupturing of skin surface blood vessels and dizziness <p><i>Many cardiac symptoms and effects are interchangeable.</i></p> <p>Causes</p> <ul style="list-style-type: none"> • genetic disposition • poor diet / increases fats • lack of exercise • smoking • drinking excessively <p><i>Accept any other valid response</i></p>		

Question	Expected Answer	Mark	Total
3 (a)	<p>One mark for each correct function, TWO required from each</p> <p>Gall Bladder</p> <ul style="list-style-type: none"> • stores about 50ml of bile releases bile • releases bile when food containing fat enters the digestive tract • contracts • stores some waste products <p>Liver</p> <ul style="list-style-type: none"> • glycogen storage • plasma protein synthesis • detoxification • produces bile <p>Large Bowel</p> <ul style="list-style-type: none"> • food pushed through the large intestine by a process of muscular-wavelike contractions called peristalsis • absorb the remaining water • stores these unusable food matter • absorbs vitamins that are created by the bacteria inhabiting the colon • compacting the faeces • use of bacterial flora <p>Pancreas</p> <ul style="list-style-type: none"> • production of pancreatic / digestive juices • insulin • gastric enzymes • glucagon • somatostatin • pancreatic polypeptide • trypsinogen • pancreatic lipase • water • salts • sodium bicarbonate • protein digesting enzymes • carbohydrate digesting enzymes <p>Small Bowel</p> <ul style="list-style-type: none"> • it is where the vast majority of digestion takes place • food pushed through the small intestine by a process of muscular-wavelike contractions called peristalsis • most of the nutrients from ingested food are absorbed • digestion of proteins into peptides and amino acids principally occurs in the stomach but some also occurs in the small intestine • lipids (fats) are degraded into fatty acids and glycerol / carbohydrates are degraded into simple sugars 	12x1	[12]

Question	Expected Answer	Mark	Total
3 (a) cont.	<p>Stomach</p> <ul style="list-style-type: none"> • break down large molecules (such as from food) to smaller ones • secrete gastric acid • pepsinogen is secreted • absorption of some ions / water / and some lipid soluble compounds such as alcohol / aspirin / caffeine • digestion of proteins into peptides and amino acids • acid kills microbes • denatures food • churns food • storage of food <p><i>Accept any other valid response</i></p>		
3 (b)	<p>Level 3 [7-8 marks] Candidate will identify one dysfunction and explain how the dysfunction could be diagnosed. The answer will include accurate terminology and follow a logical sequence. Sentences and paragraphs are relevant with accurate use of appropriate terminology. There may be occasional errors of grammar, punctuation and spelling.</p> <p>Level 2 [4-6 marks] Candidate will identify one dysfunction and explain how the dysfunction could be diagnosed. The answer will include accurate terminology. Sentences and paragraphs are generally relevant but may have minor inaccuracies or lack clarity and depth of understanding. There may be noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 [0-3 marks] Candidates will provide an identification / simple description of at least one dysfunction. Their use of appropriate terminology will be limited. Sentences and paragraphs are not always relevant, with the material presented in a way that does not always address the question. There may be noticeable errors of grammar, punctuation and spelling.</p> <p>Dysfunctions include</p> <ul style="list-style-type: none"> • IBS • gastric ulcers • duodenal ulcers • gall stones <p><i>Accept any other appropriate dysfunction</i></p> <p>Diagnosis</p> <ul style="list-style-type: none"> • Barium Swallow / Meal / Follow Through 		[8]

Question	Expected Answer	Mark	Total
3 (b) cont.	<p>When the test is about to begin, you will have</p> <ul style="list-style-type: none"> • an injection to relax the muscles of your digestive system • a white liquid to drink • the white liquid is the barium meal • it 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 • 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>Barium Enema</p> <ul style="list-style-type: none"> • 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>Endoscopy (Gastroscopy or colonoscopy)</p> <ul style="list-style-type: none"> • an endoscope is a long fibre optic tube with a light and camera inside at the top end • the endoscope tube can be swallowed • this allows the doctor to look at the inside of the gullet (oesophagus), stomach and the first part of the small bowel (the duodenum) • the end of the scope is adjusted in any direction by the user and can be directed around bends and corners • the doctor will take biopsies of any abnormal looking areas and can diathermy or snare lesions or polyps • for colonoscopy the scope is inserted through the anus and from here the large bowel can be observed the same principle apply as above <p>Cholecystogram</p> <ul style="list-style-type: none"> • the night before the x-rays 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 		

Question	Expected Answer	Mark	Total
3 (b) cont.	<p>ERCP</p> <ul style="list-style-type: none"> • during ERCP, the doctor will pass an endoscope through your mouth, oesophagus and stomach into the duodenum (first part of the small intestine) • an endoscope is a thin, flexible tube that lets your doctor see inside your bowels • after your doctor sees the common opening to ducts from the liver and pancreas, your doctor will pass a narrow plastic tube called a catheter through the endoscope and into the ducts • your doctor will inject a contrast material (dye) into the pancreatic or biliary ducts and will take X-rays <p>Blood Test</p> <ul style="list-style-type: none"> • markers are chemical substances that can show up in the blood stream in some types of cancer • the marker CEA (carcinoembryonic antigen) sometimes shows up in stomach cancer, as well as other cancers • but half the people with stomach cancer do not have a raised CEA level in their blood • helicobacter pylori is also detectable in blood samples <p>Stool Sample Testing</p> <ul style="list-style-type: none"> • the stool culture is a test that allows the detection and identification of pathogenic bacteria in the stool • in the laboratory, a small amount of a fresh faecal sample is applied to a variety of nutrient media (thin layers of gelatin like material in sterile covered plastic dishes) • these media are selective, each encourages the growth of some bacteria and discourages the growth of others • samples can also be tested for body cells and occult blood cells <p>Clinical observation of symptoms</p> <ul style="list-style-type: none"> • pain • nausea, vomiting • haematemesis • occult blood PR • high temperature in association • diarrhoea • constipation • wind <p><i>Or any other appropriate test or observation</i></p>		

Question	Expected Answer	Mark	Total
4 (a)	<p>One mark for each function, TWO required from</p> <ul style="list-style-type: none"> • urine production • urine storage in the bladder • osmo-regulation • removal of waste products • reabsorption of water / minerals • filters blood • regulates blood volume • regulates blood pressure • maintains blood ionic composition • homeostasis <p>Accept any other appropriate dysfunction</p>	2x1	[2]
(b)(i)	<p>Level 3 [7-8 marks] Candidates will describe the causes and physiological effects of one dysfunction of the renal system that they have studied The answer will include accurate terminology and follow a logical sequence. The descriptions of two effects will be accurate. Sentences and paragraphs are relevant with accurate use of appropriate terminology. There may be occasional errors of grammar, punctuation and spelling.</p> <p>Level 2 [4-6 marks] Candidates will provide the causes and physiological effects of one dysfunction of the renal system that they have studied. The answer will include accurate terminology. The descriptions of two effects will be accurate. Sentences and paragraphs are generally relevant but may have minor inaccuracies or lack clarity and depth of understanding. There may be noticeable errors of grammar, punctuation and spelling. <i>Sub-max of 4 for either causes or effects done well.</i></p> <p>Level 1 [0-3 marks] Candidates will provide an identification / simple description of at least one effect. Their use of appropriate terminology will be limited. Description of effect(s) may be limited. Sentences and paragraphs are not always relevant, with the material presented in a way that does not always address the question. There may be noticeable errors of grammar, punctuation and spelling.</p> <p>Dysfunctions</p> <ul style="list-style-type: none"> • renal failure or impaired function due to external influences or neoplasm • renal infection / urinary infection • renal calculi / stones • prostate dysfunction 		[8]

Question	Expected Answer	Mark	Total
4 (b)(i) cont.	<p>RENAL FAILURE</p> <p>Causes</p> <ul style="list-style-type: none"> • injury • hypertension • substance abuse such as solvents and drugs • lengthy infections <p>Effects</p> <ul style="list-style-type: none"> • renal failure is the decrease or cessation of glomerular filtration where the kidneys almost entirely or abruptly stop working • the main feature is the suppression of urine flow characterised by scanty urine production • daily urine output will be between 50 and 250 ml • renal failure will cause oedema due to salt and water retention; acidosis due to the kidneys inability to excrete acidic substances • increased levels of urea in the blood elevated potassium levels, cardiac arrest and anaemia • poor absorption of calcium due to no vitamin D conversion in the kidney • fever / high temperature • in severe cases, high blood, creatinine and ammonia known as uraemia • this can give nausea, vomiting, hiccups and loss of appetite • patient may develop yellow –brown skin discolouration • pericarditis and high blood pressure coupled with neuropathy twitching and lack of concentration <p>RENAL INFECTION</p> <p>Causes</p> <ul style="list-style-type: none"> • is where any part of the urinary system is attacked and affected by bacteria or viruses <p>Effects</p> <ul style="list-style-type: none"> • this can lead to impaired function, production of malodorous urine or infected discharges from the system • the body may be affected by fever, rigors, rashes and joint pain • if candidates are explaining STI's then they may comment on burning sensation when passing urine and latent effects such as infertility and heart and brain problems in tertiary syphilis 		

Question	Expected Answer	Mark	Total
4 (b)(i) cont.	<p>RENAL CALCULI / COLIC</p> <p>Causes</p> <ul style="list-style-type: none"> • this is the production of stones, gravel or small lakes of calcium in crystalline form • can be present in any part of the urinary system • can be family trait / genetic influence • dietary link to oxalate found in rhubarb, spinach and coffee • dehydration <p>Effects</p> <ul style="list-style-type: none"> • impeded flow of urine • excruciating pain and in severe cases renal failure • fever / high temperature • in severe cases high blood urea • creatinine and ammonia known as uraemia • this can give nausea, vomiting, hiccups and loss of appetite • patient may develop yellow –brown skin discolouration • pericarditis and high blood pressure coupled with neuropathy twitching and lack of concentration <p>PROSTATE</p> <p>Causes</p> <ul style="list-style-type: none"> • can be enlarged, infected, calcified, dysfunctionate or infiltrated with cancer <p>Effects</p> <ul style="list-style-type: none"> • urinary retention, pain, frequency, hesitancy and retrograde ejaculation and burning sensations • inflammation and infections can set in • noctourea dysurea, incomplete emptying and bleeding are also common • with acute urinary retention you often get many of the symptoms associated with uraemia • neoplasms can be benign or malignant • malignancies can spread to the liver, lung, bone and brain <p>As the dysfunction is based around a single system many symptoms and effects are common to the different dysfunctions</p>		

Question	Expected Answer	Mark	Total
4 (b)(ii)	<p>Level 3 [8-10] Candidates will describe in detail at least one way the named renal dysfunction could be treated and describe in detail the treatment that is available. 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>Level 2 [5-7] Candidates will describe one way that the named renal dysfunction could be treated. 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>Level 1 [0-4] Candidates will identify the treatment. 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>Treatments include:</p> <p>Peritoneal dialysis</p> <ul style="list-style-type: none"> • uses the person's peritoneal membrane to act as a dialysis mechanism • it involves filling the abdominal cavity via a catheter with a dialysate solution in a closed system • waste products from the blood then diffuse across the peritoneal membrane • this may take several hours • the fluid is then drained back into the bag • this is replaced by a fresh bag of dialysate and the process is carried out again <p>Haemodialysis</p> <ul style="list-style-type: none"> • involves filtering the blood through an artificial kidney called a dialyser • the patient has a semi-permanent arterio-venous shunt inserted into the vessels of their wrist so they can connect to the machine via an artery • inside the dialyser the blood is run through tubes or across a semi-permeable membrane on the other side of which is the dialysate • this allows waste products to be continuously removed as the dialysate is being constantly changed • the cleaned (dialysed) blood enters the body through the shunt via a vein in the wrist 		[10]

Question	Expected Answer	Mark	Total
4 (b)(ii) cont.	<p>Renal transplant</p> <ul style="list-style-type: none"> • the operation lasts about four hours and is carried out under a general anaesthetic • a donor kidney that has been cross match for acceptability is removed from the donor • the surgeon will make an incision in the abdomen either on the right or left side depending on where to insert the kidney • they do not usually remove failed kidneys unless they are causing problems • the new kidney will be placed above the pelvic brim and connected to the iliac vessels so that the kidney is supplied with blood • the ureter is then connected to the bladder so that urine can drain away • a stent (plastic tube) may be inserted to stop the ureter blocking • the kidney usually starts functioning immediately • anti rejection drugs are taken by the patient to reduce the risk of rejection <p>Drug therapy</p> <ul style="list-style-type: none"> • treatment will be relative to the dysfunction chosen eg the use of imuno-suppressant drugs with transplant patients or the use of anti- coagulants on dialysis patients etc • the use of antibiotics for infections e.g. septrin analgesia for renal colic eg morphine based pain killers, co-proxamol (distalgesic) <p>Renal Colic Treatment</p> <ul style="list-style-type: none"> • stones can be prevented by keeping the person hydrated or by increasing the intake of water and other fluids • there are chances that the stones may pass through the urinary tract on their own • extracorporeal shock wave lithotripsy (ESWL) which is conducted on stones less than one centimeter in the upper ureter • percutaneous nephrolithotomy (PNL) is another surgical treatment that is conducted on larger stones in the upper urinary tract • ureteroscopy is conducted on the patients having stones in lower tract. This may incorporate ultrasonic lithotripsy <p>Prostate Cancer</p> <p>Hormone therapy</p> <ul style="list-style-type: none"> • is the standard treatment for prostate cancer which has spread to surrounding tissues or other parts of the body • it works by reducing the amount of the hormone testosterone in the body (you may hear it called 'androgen-withdrawal') 		

Question	Expected Answer	Mark	Total
4 (b)(ii) cont	<ul style="list-style-type: none"> • this slows down or stops the growth of prostate cancer cells, which depend on testosterone to multiply • hormone therapy can be given as tablets or injections, or a combination of both • the ability of hormone therapy to control prostate cancer is variable, but it can be effective for many years <p>Bisphosphonates</p> <ul style="list-style-type: none"> • are part of the standard therapy for the treatment and prevention of skeletal complications in men with metastatic prostate cancer • skeletal complications include fractures and hypercalcaemia (high levels of calcium in the blood) • they work by reducing the breakdown of bone caused by the cancer • bisphosphonates are also used for the treatment of bone pain in men with metastatic prostate cancer, either on their own, or alongside other therapies, such as radiotherapy • zoledronic acid is currently the only bisphosphonate licensed for use and proven effective in prostate cancer <p>Radiotherapy</p> <ul style="list-style-type: none"> • if the cancer has spread to the bones Radiotherapy can provide long-lasting and effective pain relief for isolated areas and more widespread pain <p>Chemotherapy</p> <ul style="list-style-type: none"> • if the prostate cancer stops responding to hormone therapy patient may be given chemotherapy • the chemotherapy drug docetaxel has been shown to improve survival, pain and quality of life in men with hormone resistant disease <p>Enlarged Prostate</p> <ul style="list-style-type: none"> • transurethral resection of the prostate (TURP) is the most common operation for BPO • your surgeon inserts a thin, tube-like telescope (a resectoscope) into the urethra • the resectoscope includes a camera and specially adapted surgical instruments • this allows the surgeon to see the prostate clearly. A wire loop attachment that carries an electric current is used to 'chip away' at the prostate • transurethral incision of the prostate (TUIP) may be appropriate for men who have a less enlarged prostate • it is a quicker operation than TURP and instead of 'chipping away' a portion of the prostate, small cuts are made in the bladder neck and the prostate to improve the flow of urine • open prostatectomy is only recommended for men whose prostate is very large • it is a major operation carried out under general anaesthesia and may require up to a week in hospital 		

Question	Expected Answer	Mark	Total
	<ul style="list-style-type: none">• an incision is made in the lower abdomen in order to remove part of the prostate• laser therapy (using a laser probe to vaporise prostate tissue) and transurethral microwave thermotherapy (using heat to remove some of the prostate tissue via a probe) Accept any other appropriate response		

Question	Expected Answer	Mark	Total
5	<p>Level 4 [16-20] Candidates will thoroughly explain possible causes of a musculo-skeletal dysfunction that they have studied and give a comprehensive assessment of the effects of the named dysfunction. 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>Level 3 [11-15] Candidates will explain possible causes of a musculo-skeletal dysfunction that they have studied and give a detailed assessment of the effects of the named dysfunction. They will demonstrate the ability to present their answer in a planned and logical sequence using appropriate and accurate terminology. Sentences and paragraphs are for the most part relevant and material will be presented in a balanced, logical and coherent manner that addresses the question. There may be occasional errors in the use of grammar, punctuation and spelling.</p> <p>Level 2 [6-10] Candidates will attempt to explain/describe in detail possible causes of a musculo-skeletal dysfunction that they have studied and assess the effects of the named dysfunction. 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>Level 1 [0-5] Candidates will describe possible causes of a musculo-skeletal dysfunction that they have studied and identify effects of the named dysfunction. Their answer will be limited and may contain 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>CAUSES</p> <p>Arthritis <i>Genetic (inherited) factors:</i></p> <ul style="list-style-type: none"> • scientists have discovered that certain genes known to play a role in the immune system are associated with a tendency to develop rheumatoid arthritis • some people with rheumatoid arthritis do not have these particular genes; still others have these genes but never develop the disease 		[20]

Question	Expected Answer	Mark	Total
5 cont.	<p><i>Environmental factors:</i></p> <ul style="list-style-type: none"> • many scientists think that something must occur to trigger the disease process in people whose genetic makeup makes them susceptible to rheumatoid arthritis • a viral or bacterial infection appears likely, but the exact agent is not yet known • this does not mean that rheumatoid arthritis is contagious: a person cannot catch it from someone else <p><i>Hormonal factors:</i></p> <ul style="list-style-type: none"> • some scientists also think that a variety of hormonal factors may be involved • women are more likely to develop rheumatoid arthritis than men, pregnancy may improve the disease, and the disease may flare after a pregnancy • breastfeeding may also aggravate the disease • contraceptive use may alter a person's likelihood of developing rheumatoid arthritis • this may contribute to the swelling and tissue destruction seen in rheumatoid arthritis • these hormones, or possibly deficiencies or changes in certain hormones, may promote the development of rheumatoid arthritis in a genetically susceptible person who has been exposed to a triggering agent from the environment. <p><i>Immunological factors:</i></p> <ul style="list-style-type: none"> • alternatively our own immune system can turn and attack body systems causing cell disruption and joint destruction <p>Osteoporosis</p> <ul style="list-style-type: none"> • people with impaired peak bone density may also be at risk of developing osteoporosis • some people have lower bone density than others, so will develop osteoporosis sooner at menopause • anorexia lowers your peak bone density, as does repeated dieting, and therefore osteoporosis is more likely later on • if your mother has osteoporosis, the risk is higher • osteoporosis occurs in women with pre-menopausal lack of menstrual periods caused by low oestrogen levels • women such as ballet dancers, who exercise excessively on restricted diets, are prone to osteoporosis • the earlier menopause occurs, the greater the risk of osteoporosis • hysterectomy and removal of the ovaries lead to loss of bone mass if hormone replacement therapy is not given • taking corticosteroids such as cortisone or prednisone for longer than 6 months means you're a candidate for osteoporosis • other factors that increase risk of osteoporosis include: an overactive thyroid gland; chronic liver disorder; rheumatoid arthritis 		

Question	Expected Answer	Mark	Total
5 cont.	<p>Parkinson's disease</p> <p><i>Inherited:</i></p> <ul style="list-style-type: none"> • early onset forms of the disease are often inherited, and in a number of families, scientists have identified particular gene mutations that seem to be responsible, but these cases remain the minority • in most cases, a specific faulty gene is not identified • if you have a close relative with Parkinson's, it means the risk of developing the condition at some time is raised, but still overall pretty low, at 2-5% <p><i>Environmental triggers:</i></p> <ul style="list-style-type: none"> • some studies have shown that Parkinson's disease strikes more often in developed countries, and is commoner in rural areas, and in certain professions - the reasons are unclear, but there is speculation that exposure to environmental toxins like pesticides may play a part • some of the medications used for treating psychiatric disorders, epilepsy, nausea and high blood pressure can have side effects which include symptoms of parkinsonism, which usually disappear on stopping the drug • viruses may also trigger Parkinson's disease or Parkinsonism - similar symptoms occur transiently after herpes virus infections • neurons transmit signals between these two areas by releasing a chemical messenger called dopamine - in Parkinson's disease, and in toxin, drug or virus induced Parkinsonism; dopamine producing neurons in the substantia nigra are damaged or destroyed • loss of noradrenalin producing neurons may explain why some Parkinson's patients suffer from other symptoms as well as movement problems, like fatigue and blood pressure changes <p><i>Other potential causes are viruses and pesticides but evidence is lacking</i></p> <p>Multiple Sclerosis</p> <ul style="list-style-type: none"> • MS is not contagious - you cannot catch it from someone • various environmental factors may trigger an inborn susceptibility to MS - this is known as a Genetic Predisposition to the illness • this is different from a genetic or hereditary illness, which is directly passed on from parent to child. In the case of MS this does not happen. All that having a family member with MS does is increases your likelihood of developing MS from around 1 in 1000 to around 1 in 50. It therefore makes you more predisposed to the illness but it is still highly unlikely that you will actually develop it • also if MS were a genetic illness, then in the case of identical twins (who have an identical genetic make up), if one twin developed MS, then we would expect the 		

Question	Expected Answer	Mark	Total
5 cont.	<p>other one to get MS too. In actual fact though only 20-30% of all identical twins both develop MS. That is why there are thought to be various environmental factors also involved</p> <ul style="list-style-type: none"> • in the development of MS in these genetically susceptible individuals • evidence suggests MS results from an autoimmune process in which immune cells (T cells) mistake myelin, the fatty coating around nerve cell fibres in the brain & spinal chord, for a foreign invader and attack it • the autoimmune attack is believed to occur through a process called 'molecular mimicry'. Molecular mimicry means that part of a molecule of a given protein closely resembles a part of another totally different protein. Because one protein can mimic another in this way, the immune system can think it is attacking a foreign body when in actual fact it is actually self-tissue it is attacking. The reason why and as to how this process occurs is not yet known. • a viral trigger may play a role and although no specific viral triggers have yet been isolated it suspected that infection with one or more childhood illnesses (e.g. Epstein-Barr, [human herpes virus 6] HHV-6) could be involved in the development of MS in later life <p>EFFECTS</p> <p>Arthritis</p> <ul style="list-style-type: none"> • inflammation of one or more joints causing redness, swelling, pain and loss of joint mobility • may be caused by wear and tear or may be a symptom of a generalised disease • swelling can be due to fluid collections • osteoarthritis is the gradual destruction of weight bearing joints and sometimes the hands, it cannot be reversed • rheumatoid arthritis affects hands, knees, shoulders, ankles and can produce painless round rheumatoid nodules under the skin • can cause damage to tissue throughout the body unlike osteoarthritis <p>Osteoporosis</p> <ul style="list-style-type: none"> • bones lose their density, worse with age and more common in women, fractures are common in hip wrist and spine with associated nerve damage • the bones lose calcium, phosphate and the matrix breaks down • lack of oestrogen in menopause, factors that attribute and accelerate it are diet, lack of exercise, smoking, excessive alcohol and prolonged bed rest • other effects could include anorexia, thyroid hormone change and corticosteroids 		

Question	Expected Answer	Mark	Total
5 cont.	<p>Parkinson's</p> <ul style="list-style-type: none"> • disease of the central nervous system giving gradual, progressive muscle tremors, rigidity and clumsiness • a mask like expression awkward, • shuffling walk with a stooped posture, • slow monotonous voice • walking, talking and tasks become progressively difficult • later stages mental deterioration • dementia occurring <p>Multiple sclerosis</p> <ul style="list-style-type: none"> • progressive and debilitating CNS disease involving on going destruction of the myelin sheaths of nerves • this effectively causes short circuits in the system and disrupts signals • therefore all systems can be affected in some way • cause or trigger is said to be viral, auto immune response that T cells target myelin as foreign <p>EFFECTS</p> <p><i>Physical:</i></p> <p>p mobility problems and the inability to move around</p> <p>p carry out daily tasks</p> <p>p personal hygiene</p> <p>p take part in gainful employment,</p> <p>p education,</p> <p>p recreation</p> <p><i>Intellectual:</i></p> <p>i lack of understanding of the problems and causes their dysfunction</p> <p>i poor education on the effects dysfunction</p> <p>i failure to believe the facts and effects</p> <p><i>Emotional</i></p> <p>e low self esteem</p> <p>e low self worth</p> <p>e low self concept</p> <p>e disempowerment</p> <p>e anger</p> <p>e frustration</p> <p>e fear</p> <p>e stress</p> <p><i>Social effects:</i></p> <p>s effects on socialising</p> <p>s effects on personal relationships</p> <p>s isolation</p> <p>s personal isolation due to illness or stigma</p> <p>Accept any other appropriate activity that cannot be achieved</p> <p>The application of appropriate PIES effects should also be rewarded. Accept any other valid evaluative comment</p>		

F924 Social trends

Question	Expected Answer	Mark	Total
1 (a)	<p>One mark for each identification, THREE required from</p> <ul style="list-style-type: none"> • economic benefits eg fill skills gap • cultural benefits eg music and lifestyle • may create greater tolerance • may break down prejudice and discrimination • increase in revenue to the government through taxation <p>Accept any reasonable answer linked to benefits and knowledge of other cultures.</p>	3x1	[3]
(b)	<p>One mark for each identification, THREE required from</p> <ul style="list-style-type: none"> • may lead to economic problems - may refer to unemployment • may lead to overcrowding • may lead to greater racial tension • new migrants may be used as scapegoats • pressure on health services/maternity • pressure on education services <p>Accept any reasonable answer linked to possible problems facing society</p>	3x1	[3]

Question	Expected Answer	Mark	Total
1 (c)	<p>Level 3 response: 8 – 9 marks Candidates can give a detailed description of at least two ways the statutory services will need to adapt. Examples will be provided to illustrate the points referred to. The answer will be written in an essay format and will be developed logically and there will be evidence of synthesis within the work. There will be few errors of spelling, punctuation and grammar.</p> <p>Level 2 response: 4 - 7 marks Candidates can give a basic description of at least two ways statutory services will need to adapt. Limited ability to organise relevant material using some appropriate terminology. Sentences and paragraphs not always relevant with the material presented in a way that does not always address the question. There will be noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 response: 0 – 3 marks Candidates will give a basic description of one way the services will need to adapt. Sentences and paragraphs have limited coherence and structure often being of doubtful relevance to the main focus of the question. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p> <ul style="list-style-type: none"> (a) information provided in several languages (b) translation services will be provided (c) consideration will be given to cultures that have strict gender roles eg need for female professional advice services (d) consideration will be given to cultural and dietary requirements (e) consideration will be given to culturally sensitive services eg family planning and sexual health services (f) advocate services may be offered (g) training of staff in cultural awareness (h) recruitment of more staff from wider ethnic backgrounds (i) consideration given to religious belief and practice (j) need to possibly divert resources to meet different needs 		[9]

Question	Expected Answer	Mark	Total
2	<p>Level 3 response 11 – 15 marks Candidates will discuss the way childhood is not a fixed concept and that our view of it is determined by historical and social factors. They will show an in depth understanding that childhood has changed and today children are regarded as vulnerable and in need of protection. Whereas in the past they were an economic asset. Today we live in a child centred society. At the upper end they will show an understanding that in recent years children have increasingly been pressured into being young adults at an earlier age through media pressure etc. They will refer in depth to at least two ways childhood has changed. Discussion will be developed logically and there will be evidence of synthesis within the work. There will be few errors of spelling, punctuation and grammar.</p> <p>Level 2 response 6 – 10 marks Candidates will outline at least two ways childhood has changed. They will show an understanding that childhood is not fixed and today our definition is based upon protection and vulnerability. There will be noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 response 0 – 5 marks Candidates will write in very general terms about children and answers will read like common sense statements such as children's lives are easier/harder today. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p> <ul style="list-style-type: none"> (a) childhood is not fixed – it varies from culture to culture and over time (b) children today are seen as vulnerable and a number of laws have been passed to protect them – Children Act, Every Child Matters (c) other laws define childhood- Drinking, smoking, sex etc (d) confusion over the definition eg marry at 16 but vote at 18 (e) possible moral panic over childhood today – paedophiles, risk assessments etc (f) growing stage of childhood – education up to 18, laws restricting employment etc (g) growing pressures on children to adopt adult behaviour from the media etc, particularly for young girls (h) childhood depression today 		[15]

Question	Expected Answer	Mark	Total
3 (a)	<p>One mark for each identification and one for each explanation, TWO required from</p> <ul style="list-style-type: none"> • wanting to establish a career: delaying children in order to get on career ladder and seeking promotion • cost of children: women are having less children and can therefore delay the start of childbirth • fashion towards smaller families: it is now acceptable to delay childbirth until much later • reduced infant mortality: no need to have large number of children for some to survive • greater science and technology: women can now with assistance have children more safely at older ages • increase in time spent in education: joining the workforce later and having children later • materialistic nature of society: enjoyment rather than having children • contraception: this allows women to delay childbirth 	2x2	[4]
3 (b)	<p>One mark for identification and one for explanation, TWO required from</p> <ul style="list-style-type: none"> • balancing domestic and work responsibilities: women continue to be disadvantaged by taking time off work to have children • discrimination in the workplace: despite legislation this continues particularly in some professions • male dominated occupations: particularly difficult for women to get to the top in some areas eg law and business • stereotyping: Still continues where women are expected to work part time and in occupations where promotion is difficult 	2x2	[4]
3 (c) (i)	<p>One mark for identification of a sample and up to three marks for the description.</p> <p>Accept any accurate sample: Random, quota, stratified, opportunity, snowball: One mark</p> <p>Explanation:</p> <ul style="list-style-type: none"> • one mark for brief explanation: choosing people to ask questions to get relevant responses • two extra marks for linking the explanation to women and balancing careers and children: choosing a range of people to meet the relevant population 	1x1	[4]

Question	Expected Answer	Mark	Total
3 (c) (ii)	<p>Three reasons required. Two marks for each one. One mark for identification only.</p> <ul style="list-style-type: none"> • build up a rapport: sample are likely to be honest and trusting towards the interviewer • can go into more depth: follow up leads given by the interviewee • can see body language: leads to greater understanding of the interviewee • people less likely to lie compared with questionnaires: honesty through trust and cooperation • good response rate is likely: important for getting a true picture of the topic being studied • interviewer can explain purpose of the research and answer questions: will lead to less confusion for the interviewee 	3x2	[6]
3 (d)	<p>Level 4 response 10 – 12 marks Candidates will discuss at least two practical problems and two ethical issues. Explicit reference will be made to research into women and careers. Candidates will present the material in a well planned and logical sequence with a clearly defined structure using appropriate terminology confidently and accurately. Sentences and paragraphs consistently relevant and well structured in a way that directly addresses the question. There will be few if any errors of grammar, punctuation and spelling.</p> <p>Level 3 response 7 - 9 marks Candidates will discuss at least one practical problem and one ethical issue. Some reference will be made to the topic of women and careers. Ability to present relevant material in a planned and logical sequence, using appropriate and logical terminology accurately. Sentences and paragraphs, for the most part relevant, with the material presented in a balanced, logical and coherent manner which addresses the question. There may be occasional errors of grammar, punctuation and spelling.</p> <p>Level 2 response 4 - 6 marks Candidates will describe at least one problem/issue and will refer to either practical or ethical. Limited ability to organise relevant material using some appropriate terminology. Sentences and paragraphs not always relevant with the material presented in a way that does not always address the question. There may be noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 response 0 –3 marks Candidates will identify one relevant problem/issue. The answer will not be put into context and may be in a list format. Sentences and paragraphs have limited coherence and structure often being of doubtful relevance to the main focus of the question. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p>		[12]

Question	Expected Answer	Mark	Total
3 (d) cont.	<p>P: Practical</p> <ul style="list-style-type: none"> • small sample: unable to access relevant group of women • cannot generalise: only local women interviewed or lack of mixed social class or ethnic backgrounds • time consuming • importance of good interview skills: male interviewer interviewing women • potential interview bias • Hawthorne effect • recording the information • not reliable or easy to replicate • culture of area where research takes place eg working/ middle class • financial cost of interviewing <p>E: Ethical</p> <ul style="list-style-type: none"> • invasion of privacy • sensitive questions: difficult with issues linked to the family • confidentiality • informed consent • give access to findings to the interviewees • right to withdraw • anonymity 		

Question	Expected Answer	Mark	Total
4 (a)	<p>One mark for correct answer:</p> <ul style="list-style-type: none"> • cohabitation or cohabiting <p>One mark for identification and one mark for explanation. Two required.</p>	1x1	[1]
4 (b)	<p>Two marks for each, TWO required from</p> <ul style="list-style-type: none"> • increase in cohabitation: more people living together as a trial marriage and marrying later • women having careers: increased opportunities for women in the workplace – establishing a career before a permanent relationship • lower birth rates: less children and at later stage • increase in educational qualifications and time in education: changing priorities for men and particularly women • greater social acceptance of living alone: less pressure to settle down at an early age • greater travel and experiences prior to marriage: leads to deferred marriage and postponement of permanent relationships • change in social attitudes towards later marriages / secularisation: less religious pressure to enter into a stable married relationship 	2x2	[4]
4 (c)	<p>Level 3 response 11 – 15 marks Candidates will be able to refer at least two possible reasons to support the statement and two reasons to reject the statement. At the upper end candidates will discuss the possible bias in the report as it has been produced by an organisation that openly supports marriage. Discussion will be developed logically and there will be evidence of synthesis within the work. There will be few errors of spelling, punctuation and grammar. Sentences and paragraphs will be well structured in a way that directly addresses the question. Appropriate terminology will be used accurately.</p> <p>Level 2 response 6 – 10 marks Candidates will be able to refer to at least one possible reason to support the statement and at least one reason to reject the statement or at least two reasons for or against the statement. Discussion will be developed coherently but there may be noticeable errors of grammar, punctuation and spelling. Sentences and paragraphs may not always be relevant in a way that directly addresses the question.</p> <p>Level 1 response 0 – 5 marks Candidates will identify at least one reason to support or reject the statement. It is likely to be a common sense answer that makes generalised statements about unmarried couples. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p>		[15]

Question	Expected Answer	Mark	Total
4(c) cont.	<p>S = support</p> <ul style="list-style-type: none"> • links to anti social behaviour • lower levels of educational performance by children • higher levels of drug addiction • creates a dependency culture • leads to the growth of an underclass • creates generations of underachievement • higher crime levels amongst children • strain on benefits system <p>R = reject</p> <ul style="list-style-type: none"> • stereotype and all the problems identified are found in all family types • problems existed in the past when most couples were married • blame culture – society is targeting particular groups for social problems • one-sided report, not objective and balanced • trying to turn the clock back to a perceived golden age • narrow view of family life in a society where diversity is widespread • marriage certificate not needed for stable relationship • staying together because they want to not because they have to 		

Question	Expected Answer	Mark	Total
5	<p>Level 4 response 16 – 20 marks Candidates will be able to assess in depth at least two possible implications for family and household members. They will show a clear understanding of the changes taking place in the provision of social care as a result of demographic changes. Ability to present relevant material in a well planned and logical sequence with a clearly defined structure, using appropriate terminology confidently and accurately. Sentences and paragraphs consistently relevant are well structured in a way that directly addresses the question. There will be few if any errors of grammar, punctuation and spelling.</p> <p>Level 3 response 11 – 15 marks Candidates will explain at least two possible implications for family and household members. Ability to present material in a planned and logical sequence using appropriate and logical terminology accurately. Sentences and paragraphs for the most part relevant with the material presented in a balanced logical and coherent manner which addresses the question. There may be occasional errors of grammar, punctuation and spelling.</p> <p>Level 2 response 6 – 10 marks Candidates will describe at least one possible implication for family and household members. Limited ability to organise relevant material using some appropriate terminology. Sentences and paragraphs not always relevant with the material presented in a way that does not always address the question. There may be noticeable errors of grammar, punctuation and spelling.</p> <p>Level 1 response 0 – 5 marks Candidates will identify one possible implication for family and household members. The answer is likely to be common sense and be written in a bullet point format. Sentences and paragraphs have limited coherence and structure often being of doubtful relevance to the main focus of the question. Errors of grammar, punctuation and spelling will be noticeable and intrusive.</p> <ul style="list-style-type: none"> • need to get used to the idea that the state will provide less and less to fund social care • responsibility for care is shifting from local councils to families and individuals • care is likely to be provided for only those with the most serious problems • Increasing contributions for home care from the service user • need to prepare for older age earlier through private pensions and savings • impact on other family members particularly daughters 		[20]

Question	Expected Answer	Mark	Total
5 cont.	<ul style="list-style-type: none">• impact on other informal carers eg friends, neighbours and voluntary services• impact of demographic changes and post code lottery – clear explanation provided• privatisation of the social care services with the better off being able to get the care and the less well off struggling• impact on women and careers• impact on the structure of families – possible growth in extended families and 3 or 4 generation families		

Grade Thresholds

Advanced GCE (Subject) (Aggregation Code(s))
January 2009 Examination Series

Unit Threshold Marks

Unit		Maximum Mark	A	B	C	D	E	U
F910	Raw	100	81	72	64	56	48	0
	UMS	100	80	70	60	50	40	0
F911	Raw	50	42	37	32	27	23	0
	UMS	100	80	70	60	50	40	0
F912	Raw	50	42	37	32	27	23	0
	UMS	100	80	70	60	50	40	0
F913	Raw	100	81	71	61	51	41	0
	UMS	100	80	70	60	50	40	0
F914	Raw	50	42	37	32	27	22	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	42	37	32	27	22	0
	UMS	100	80	70	60	50	40	0
F917	Raw	50	42	37	32	27	22	0
	UMS	100	80	70	60	50	40	0
F918	Raw	100	79	69	59	50	41	0
	UMS	100	80	70	60	50	40	0
F919	Raw	50	42	37	32	27	23	0
	UMS	100	80	70	60	50	40	0
F920	Raw	100	71	62	53	44	35	0
	UMS	100	80	70	60	50	40	0
F921	Raw	100	83	74	65	56	48	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	80	70	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	210	180	150	120	0
% in grade		1.2	17.0	50.3	80.0	95.2	100

166 candidates aggregated this series

AS Double Award (H303)

H303	AA	AB	BB	BC	CC	CD	DD	DE	EE
UMS (max 600)	480	450	420	390	360	330	300	270	240
% in grade	1.9	4.9	17.5	27.2	39.8	59.2	72.8	85.4	97.1

106 candidates aggregated this series

GCE Single Award (H503)

	Maximum Mark	A	B	C	D	E	U
H503	300	240	210	180	150	120	0
% in grade		7.1	21.4	64.3	71.4	92.9	100

15 candidates aggregated this series

GCE Double Award (H703)

H703	AA	AB	BB	BC	CC	CD	DD	DE	EE	U
Max 1200	960	900	840	780	720	660	600	540	480	0
% in grade	0.0	0.0	0.0	0.0	0.0	50.0	50.0	50.0	75.0	100

6 candidates aggregated this series

For a description of how UMS marks are calculated see:

http://www.ocr.org.uk/learners/ums_results.html

Statistics are correct at the time of publication.

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