

GCE

Health and Social Care

Unit **F918**: Caring for Older People

Advanced GCE

Mark Scheme for June 2015

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

Mark schemes should be read in conjunction with the published question papers and the report on the examination.

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Annotations

Annotation	Meaning
	Positive
	Negative
	Benefit of doubt
	Cross
	Level 1
	Level 2
	Level 3
	Level 4
	Repeat
	Noted but no credit given
	Too vague
	Tick
	Development of point
	Omission mark

Question		Answer	Marks	Guidance
1	a	<p>Mental confusion is the inability to think clearly or as quickly as normal.</p> <p>An older person can feel disorientated and have difficulty paying attention, remembering and making decisions.</p>	1	<p>A full sentence is needed-one word answers not acceptable- alternatives that are acceptable</p> <ul style="list-style-type: none"> • Loss of concentration • Loss of memory- short/long term • Thoughts can be muddled • Dementia
1	b	<ul style="list-style-type: none"> • Cannot hold a conversation as forget how to talk • Cannot remember what they have said • Cannot remember who they are talking to • Personality changes affect confidence(self-esteem) to speak • Feel embarrassed as says inappropriate words/ can't remember the words • Disorientation affects their understanding of where they are and who they can talk to/ cannot understand other person • Loss of ability to read body language • Loss of concentration 	2x1	<p>Accept any other appropriate examples as long as links between mental confusion and communication</p>

Question		Answer	Marks	Guidance
1	c	<p>Answers should describe ways informal carers would support</p> <p>Ways include-</p> <ul style="list-style-type: none"> • Help with personal care eg. bathing/ washing/ hair/ dressing undressing/ going to toilet • Help with practical daily living tasks eg. shopping/changing bed/managing finances • Help with house eg housework /cleaning/garden • Help to maintain a balanced diet making/preparing meals • Help to give or organise medication/take to medical appointments • Take out to activities/church/day centre or for a drive around eg. go to the coast • Talk to them/ share memories/reassure • Do activities with them eg.gardening, playing cards, reading, watching TV • Organise friends/family to visit • Refer to practitioners for an assessment/ updating on current situation/treatment/medication • Liaise with practitioners who are providing support • Encourage them to use aids or organise own coping strategies eg. memory notes/memory cushion/photos/reminiscence/music • Take them out on trips/visits/places of interest • Keep personal belongings/objects in the same place <p>How supports-</p> <ul style="list-style-type: none"> • They will feel more independent/involved • Help with personal hygiene and how they look • Feel empowered and more in control • Mental stimulation- bringing back memories • Feel happier/ improves motivation • Health care needs are met- feel healthier/more energetic • Feel more 'normal'- less embarrassed • Improves confidence/self esteem • Practice keep using communication skills 	3x2	Accept any realistic examples of ways of supporting and how this support would help

Question		Answer	Marks	Guidance
1	d	<p>Three values of care with links to use by social care practitioners</p> <ul style="list-style-type: none"> • Maintaining confidentiality • Promoting equality and diversity..... • Promoting individual rights and beliefs <p>Social care practitioners include social worker/home care assistant/occupational therapist/counsellor/day centre assistant</p> <p>Maintaining confidentiality</p> <ul style="list-style-type: none"> • respect older person’s wishes for information to be kept private • do not talk about their 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 older person by name at home so that they can be identified • keep personal records/information in a locked filing cabinet/cupboard <p>Promote equality and diversity:</p> <ul style="list-style-type: none"> • never stereotype individuals • identify and fight their own prejudices • use language that older person can understand • provide care according to his needs • challenge others who may discriminate against them 	6 3x2	To get 2 marks there must be how a practitioner would use the care value with an older person who is mentally confused.

Question	Answer	Marks	Guidance	
	<ul style="list-style-type: none"> • check older person has understood what is said • listen carefully to older person • use appropriate body language • not labelling people • respecting an older person's sexuality • not verbally abusing the older person • not physically abusing older person • providing information in chosen language • providing meals according to their preferences • not having favourites <p>Promote individual rights and beliefs:</p> <ul style="list-style-type: none"> • encourage older person to be independent • allow older person to have choices about his care and treatment • ask older person what he needs and wishes • provide equipment so that older person can do more for himself • make sure all care is carried out safely /provide a safe environment • treat older person with dignity and respect • recognise older person's beliefs/practice religion • enable older person to maintain his identity • encourage older person to express his preferences • raise awareness of how to complain • being aware of older person's cultural needs • addressing older person correctly/calling them by the name the older person prefers 			

Question		Answer	Marks	Guidance
2	a	<p>Physical-</p> <ul style="list-style-type: none"> tired/ fatigued as having to do household tasks eg. cleaning, gardening Cannot go to do sport/leisure activities as cannot leave Gill on her own Joins in new activities eg.dancing Deterioration in own health <p>Intellectual-</p> <ul style="list-style-type: none"> Cannot follow own hobbies so loses concentration as no free time Loss of motivation as bored doing repetitive caring tasks every day More activities as goes with Gill to day centre/support groups Sense of purpose/achievement as looking after Gill <p>Emotional-</p> <ul style="list-style-type: none"> Stressed/frustrated as never gets a break worried as Gill is ill and he has all the responsibility Sad/depressed/upset as he no longer has his wife with him doing activities they used to do together Loss of confidence/esteem as role of caring is demanding and draining Loss of own identity as just a carer/cannot continue working Proud and happy caring for Gill <p>Social-</p> <ul style="list-style-type: none"> lonely/isolated as cannot get out to meet friends Lack of conversation as family/friends do not visit Improved as more family/friends pop in for a chat to see Gill Financial consequences of not working/increased benefits 	3x2	<p>Explanations can be interchangeable</p> <p>Accept positive answers</p>

Question		Answer	Marks	Content	Guidance
2	b	<ul style="list-style-type: none"> • assess the ability of Ryan to provide care social services must take this into consideration • care plan will be written to make sure Gill and Ryan's needs are met • professionals work together with Ryan to provide care • information given about services available • allow Ryan to have maximum support • Ryan will be fully involved in the assessment of her needs • choices will be offered • services delivered in a seamless manner • provide respite care to give Ryan a break • Ryan is not expected to take on duties of professional care worker 	9	<p>Answers must analyse how the Act helps Ryan to support Gill with her Sensory impairment. Examples of Gill's needs and tasks done will be included to achieve level 3 sub-max of 5 if no links to Ryan</p>	<p>Levels of response</p> <p>Level 3 [8-9 marks] Candidates will clearly analyse at least two ways the Carers Recognition and Services Act 1995 could support Ryan to care for Gill at home. Answers will be factually accurate, using appropriate terminology. There will be evidence of synthesis within the answers. There will be few, if any, errors of grammar, punctuation and spelling.</p> <p>Level 2 [5-7 marks] Candidates will describe at least two ways the Carers Recognition and Services Act 1995 could support Ryan to care for Gill at home. Answers will be factually accurate. There will be evidence of coherence within the answers. There may be noticeable errors of grammar, punctuation and spelling. Sub max of 5 of one way done well</p> <p>Level 1 [1 – 4marks] Candidates will identify ways the Carers Recognition and Services Act 1995 could support Ryan to care for Gill at home. Answers are likely to be list-like. 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>0-No response worthy of credit</p>

Question			Answer	Marks	Guidance
3	a	i	Osteoporosis Rheumatoid arthritis Osteo-arthritis Rheumatism	1	Accept arthritis' once BOD
3	a	ii	<p>Dangers all relevant to above disorders-</p> <ul style="list-style-type: none"> • more prone to falling as mobility impaired eg. getting in/out of bed-walking in the garden- joints inflamed/stiff/pain • likely to drop hot things/burn themselves as weak joints • could stumble/ fall down stairs as will have difficulty holding on to stair rail when climbing steps / stairs • difficulty getting in and out of the bath/shower – movement difficult/bending • could drop jars / bottles cut themselves as difficult to open/hold • may get knocked down by a car as slower crossing the road • Risk of hypothermia/severe shock if fall and no-one knows they have fallen/ not wanting to move • Unable to prepare food/get around home so malnourished as strength and flexibility is less in hands/fingers • Pain in joints could cause them to forget what they are doing eg. whilst cooking • Difficulty reaching objects eg.high shelves objects could fall on them <p>Osteoporosis- accept links to</p> <ul style="list-style-type: none"> • bones break more easily doing any activity more likely to have injuries eg. broken hip, arm, wrist 	3x2	<p>Accept any other reasonable 'danger' with explanation linking to named musculo-skeletal disorder.</p> <p>Danger and explanations can be inter-changeable</p> <p>Do not accept repeats</p>

Question		Answer	Marks	Content	Guidance
					Levels of response
3	b	<ul style="list-style-type: none"> • Assess their needs – to ensure that potential risk areas are supported/independence promoted • assess home for aids/adaptations – to maintain safety eg. in kitchen/bathroom/choice • talk to his family/carers – to ensure all their needs are identified and supported • advise about daily living routines – to show them new ways of avoiding dangers/doing tasks themselves • teach new skills – to help them have the confidence to use the aids/adaptations competently, without risk. • observe them doing tasks/activities – to find areas of difficulty/danger • show how to use aids/adaptations – to ensure safety/managing on their own • arrange for specialist to come and fit adaptations – to ensure they are fitted correctly • talk to them about their difficulties – to find out specific needs/to help them understand their disorder • provide information about services available – to enable them to access them and improve safety • produce a care plan – to inform others of their responsibilities to minimise risks in their day to day lives/encourage a feeling of being in control • arrange for other services to give support – to meet their needs fully.eg. attend lunch club for a nutritious meal 	8	<p>Focus is on the minimising of potential dangers for an older person with a musculo-skeletal disorder.</p> <p>Level 3- clear analysis</p> <p>Level 2-attempt to analyse at least one/two methods of support</p> <p>Level 1- identification only</p>	<p>Level 3 [7-8 marks] Candidates will thoroughly analyse the role of an occupational therapist in supporting older people with musculo-skeletal disorders in their day to day lives. At least two methods of support will be given which are realistic demonstrating a high level of understanding of their role with accurate application of underpinning knowledge. Answers will be factually accurate, using appropriate terminology. There will be evidence of synthesis within the work. There will be few errors of grammar, punctuation and spelling.</p> <p>Level 2 [4-6 marks] Candidates will attempt analysis of the role of an occupational therapist in supporting older people with musculo-skeletal disorders in their day to day lives. One or two methods of support will be given which will be realistic demonstrating sound understanding of their role with clear application of underpinning knowledge. Answers will be factually accurate. There will be evidence of coherence within the answers. There may be noticeable errors of grammar, punctuation and spelling. Sub max of 4 for one way done well</p> <p>Level 1 [1–3 marks] Candidates may identify the role of an occupational therapist but understanding will be superficial. Answers are likely to be list like, muddled, demonstrating little</p>

Question			Answer	Marks	Guidance	
					Content	Levels of response
						knowledge or understanding. Errors of grammar, punctuation and spelling 0- No response worthy of credit

Question			Answer	Marks	Guidance
4	a	i	<ul style="list-style-type: none"> • lung cancer • emphysema • chronic obstructive pulmonary disease(COPD) 	1	
	a	ii	<p>Effects must be related to named disorder-</p> <ul style="list-style-type: none"> • becomes very breathless / lungs less efficient so will find it hard to move around, needs oxygen • excessive/persistent coughing so in pain/embarrassed/tired • lungs produce mucus/phlegm which he coughs up so stays at home • increased danger to himself • lack of sleep due to chronic coughing/pain in chest • less active/ exercising may be difficult • dizzy/light headed- lack of oxygen • increased health care needs/needs professional support • from carers/ help with personal-daily living tasks • effects of treatment/medication eg. cancer treatments/ provided oxygen/limits mobility as on oxygen • low self-esteem/ confidence as gets frustrated with himself/angry/embarrassed • stress/depression/self-fulfilling prophecy due to effects of condition • scared about death/illness • loss of friends/poor social life/can't join in activities as no energy • decreased motivation/lack of concentration as too ill • does not go out as embarrassed because of effects of condition eg. heavy breathing • coughing up blood 	3x2	<p>Accept any other relevant, accurate effect with description Answers can be interchangeable</p> <p>Check effects on NHS website</p>

Question		Answer	Marks	Guidance
4	b	<ul style="list-style-type: none"> • increased safety and security –warden nearby • They are self-contained, purpose-built flats, houses or bungalows with their own front doors and kitchens and bathrooms/ or bedsits/flats in a group or block with own front door on to an indoor corridor. • They offer independent living (an older person can come and go as they want to making sure they let the scheme manager/warden know.) • The facilities available vary depending on the individual scheme, but some have restaurants and guest rooms for family and friends. • Many have communal areas such as a laundry room, lounge and gardens. • They provide residents with opportunities for socialising with each other and the wider community.eg. outings /trips/ weekly lunches /bingo. • They are run by scheme managers or wardens who may live on the site or work office hours. The scheme manager is there to help arrange suitable support for residents, to manage any repair work on the properties and to help out in emergencies 24/7. • They focus on residents' wellbeing and get to know them and listen to their concerns/they may call in daily-eg. can refer to other care services for support-eg. home care assistant • Residents also have access to 24-hour emergency care assistance via an alarm system linked to a monitoring centre or to the warden which will contact a family member, GP or emergency service if needed 	4x1	<p>Accept any accurate answer</p> <p>There is also 'extra- care ' sheltered accommodation where personal care is offered.- allow this</p>

Question		Answer	M	Content	Guidance
					Levels of response
4	c	<p>Reasons for his family-</p> <ul style="list-style-type: none"> • increased safety/security for Chris so family less stressed • warden on call in emergency so family less worried • support available which can reduce caring demands on family • make new friends so Chris feels less • Isolated and family can visit less • raised confidence/ raised self-esteem in family as Chris is more confident • more active lifestyle for Chris improving his health so family reassured • excursions/trips arranged so family do not need to take out so much • regular visits from warden/care manager so family know he has regular supervision • able to continue being independent family see him improving his quality of life • can talk to others so not always dependent on family's advice <p>Reasons why Chris does not want to go-</p> <ul style="list-style-type: none"> • feels upset to leave his old home and memories • feels people see him as inadequate- does not think he needs any help • dependent on others prefers family to help him • living near others which he does not like • lose old friends and places he used to go • loss of self esteem/ self confidence • depression • feel he is losing control of his life • family will visit him less 	9	<p>Focus on viewpoints of family and Chris</p> <p>Reasons can be interchangeable but accept only once</p>	<p>Level 3 [7–9 marks] Candidates will comprehensively discuss at least two reasons for moving into sheltered accommodation giving both possible viewpoints for Chris and his family. Answers will be factually accurate, using appropriate terminology. There will be evidence of synthesis within the work. There will be few errors of grammar, punctuation and spelling.</p> <p>Level 2 [4–6 marks] Candidates will attempt to discuss the reasons for moving into sheltered accommodation, an attempt at discussing both possible viewpoints for Chris and his family will be considered superficially. Answers will be factually accurate. There will be evidence of coherence within the answers. There may be noticeable errors of grammar, punctuation and spelling. Sub-max of 4 if answer only focuses on reasons for Chris or for his family.</p> <p>Level 1 [1–3 marks] Candidates may identify reasons for moving into sheltered accommodation for Chris or his family. Evaluation will be lacking. Understanding will be superficial. Answers are likely to be muddled, demonstrating little knowledge or understanding. Errors of grammar, punctuation and spelling will be noticeable and intrusive</p> <p>0- No response worthy of credit</p>

Question		Answer	Marks	Guidance
5	a	<p>Effects of bereavement-</p> <ul style="list-style-type: none"> • denial/disbelief/shock/numbness • anger/refusing to let go/searching for the person • bargaining/coming to terms/mitigation • deep sadness/depression/stress • acceptance/moving on/reconstruction/relief/ feel happy looking back/ • more time • isolation/ loneliness • loss /emptiness • physical effects such as weight loss, not eating. • lack of concentration, • sleep disturbance. • a loss of memory, • loss of self-esteem and identity. • Neglect their appearance for a time and feel that nothing matters any more • Insecure/scared 	4 x1	Accept any other accurate answer
	b	<ul style="list-style-type: none"> • stress/worry can make digestive disorder worse • eg. IBS, ulcerative colitis/ weaken immune system • eating is a social activity and Anne-Marie neglects meals now alone so is malnourished. • depression and sadness/ can't be bothered to eat/no motivation so poor diet making digestive disorder worse • Anne-Marie always cooked for herself/ or her husband always cooked so does not have a reason to cook anymore just snacks and never eats proper meals/does not have skills • The routine of meals has been neglected now husband not there so she does not have a regular mealtime • Physical effects of digestive disorder eg. severe pain/bloating discourage Anne-Marie to cook- no husband to encourage her even though she is unwell • Lack of balanced diet/ not getting right nutrients eg. no fibre makes chronic constipation, Crohn's disease worse • Obesity links to diabetes, Anne-Marie may eat the wrong foods/snacks/fatty foods/food high in sugar and becomes obese due to depression • Forget to take medication as grieving so digestive condition worsens 	2x2	Accept any other accurate answer- explanations can be interchangeable

Question		Answer	Marks	Content	Guidance
					Levels of response
5	c	<p>Third sector services, coping strategies and how they support Anne-Marie</p> <ul style="list-style-type: none"> • Support groups give advice / guidance, meet others in similar situation, share experiences to improve her understanding of her disorder • Community transport take her to hospital appointments to improve her digestive disorder through medical appointments • Community transport take her out shopping so can improve her diet by buying better foods • Meals on wheels provide balanced meals delivered to the home improves nutrition • faith groups provide support with shopping, social activities and counselling so she feels less depressed and alone/more motivated • Age UK provide advice and guidance, social activities, organise trips improves her motivation • Age UK- counselling service/ other care/support services-eg. personal care • Luncheon clubs – at church/charity run so Anne Marie can have a nutritious meal with someone to talk to • Internet specialist digestive disorder charities' websites provide information and advice on symptoms and treatments • Any other relevant third sector service eg. Cruse/Pet therapy 	7	Sub- max of 4 for one coping strategy done well	<p>Level 3 (6-7 marks) Candidates will comprehensively describe how at least two different coping strategies provided by third sector services could provide support Anne Marie's care needs; explicit reference to her digestive disorder and/or bereavement will be made. There will be evidence of synthesis within the answers. There will be few, if any errors of grammar, punctuation and spelling.</p> <p>Level 2 (4-5 marks) Candidates will attempt to describe how at least two different coping strategies provided by third sector services provide support to Anne Marie. There may be some reference to digestive disorders and/or bereavement. Use of appropriate terminology; evidence of synthesis within the work. There will be few, if any, errors of grammar, punctuation and spelling.</p> <p>Level 1 (1-3 marks) Candidates may identify one or two coping strategies. There will be limited reference to Anne Marie's needs and digestive disorders and/or bereavement. Basic understanding of the coping strategies they could provide. Errors of grammar, punctuation and spelling.</p> <p>0- No response worthy of credit</p>

Question	Answer	Marks	Guidance
6 a	<p>Role + health care needs/disorders + how they support</p> <p>Healthcare assistants (HCAs) work within hospital or community settings under the guidance of a qualified healthcare professional. They work alongside <u>nurses</u>, they may sometimes be known as nursing auxiliaries or auxiliary nurses.</p> <p>The types of duties include the following: their role could link to all disorders- digestive/ musculo-skeletal/ respiratory/circulatory/nervous/sensory</p> <ul style="list-style-type: none"> • washing and dressing • feeding • helping older people to mobilise • toileting • bed making • generally assisting with patients' overall comfort • monitoring patients' conditions by taking temperatures, pulse, respirations and weight • blood pressure/blood tests(under supervision) <p>Physiotherapists help and treat people with physical problems and symptoms</p> <ul style="list-style-type: none"> • They assess and identify movement needs.(hospital and community) • They give health advice and support eg. preventative healthcare • They provide different treatments and rehabilitation. Eg.they use manual therapy, therapeutic exercise and massage. <p>Registered dietitians focus on advice on nutrition, diet and food.</p> <ul style="list-style-type: none"> • They show older people how to improve their nutrition/plan a food diary. • They are also involved in the diagnosis and dietary treatment of disorders which can be part of an older person's medical treatment • work with older people with special dietary needs to understand what they can eat or cannot eat. Eg. Lowering cholesterol/ lower salt intake/ alter diet to cope with reduced mobility • give advice to other healthcare professionals/community groups/families about diets and nutrition of older people 	3x3	Accept any other relevant aspects of each role- to gain the 3 marks there must an explanation of their role, a link to identified health care needs or disorders and how they support those care needs.- stroke

Question		Answer	Marks	Guidance	
				Content	Levels of response
6	b	<p>Increasing health care needs to roles-</p> <ul style="list-style-type: none"> • community role- health care needs increasing eg. lack of mobility, lack of strength means harder to keep up the commitment needed for the role • voluntary worker- health care needs may mean time spent at hospital or having treatment so does not have as much free time to be able to volunteer • other volunteers they have known may visit them instead for a chat, give support eg. with shopping • role within family-as a parent/grandparent role reversal cared for by children/no longer able to care for grandchildren • wife/ husband/partner dependent on them now for care/ helping with day to day living tasks • may become closer to family as they visit more often/move in with family • job role not able to continue work/forced retirement • Increasing health care needs to lifestyle- • participation in leisure activities could be limited as too unwell, need to rest more • going on holidays now limited as too ill for travelling • social activities/outings could be limited as physical needs increasing eg. need to be near a toilet. • Belonging to social groups/faith groups affected by health care needs harder to go/ mobility poorer • Could join a day centre make new friends, go on organised outings where their increased health care needs are understood eg. dementia needs <p>Accept any relevant health care needs linked to lifestyle and/or roles.</p>	11	<p>Focus is on Roles and lifestyles being affected by increasing health care needs</p> <p>Linking to the increasing health care needs-</p> <p>Sub-max of 5 marks for a role or lifestyle done well</p>	<p>Level 3 (9-11 marks) Candidates will comprehensively analyse the effects of increasing specific health care needs on both an older person's roles and lifestyle. Examples of health care needs will be included. Answers will be factually correct, using appropriate terminology. There will be evidence of synthesis within the answers. There will be few, if any errors of grammar, punctuation and spelling. A conclusion will be included.</p> <p>Level 2 (5-8 marks) Candidates will attempt to analyse the effects of increasing health care needs on an older person's roles and lifestyle. There may be some reference to health care needs. There will be evidence of coherence within the answers. There may be some errors of grammar, punctuation and spelling.</p> <p>Level 1 (1-4 marks) Candidates will identify either health care needs/ roles/lifestyle. Little attempt at links will be made. There is likely to be errors of grammar, punctuation and spelling.</p> <p>0- No response worthy of credit</p>

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