

**GCE**

**Health and Social Care**

Unit **F918**: Caring for Older People

Advanced GCE

**Mark Scheme for June 2017**

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















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

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

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## Annotations

Annotation	Meaning
	Positive
	Negative
	Benefit of Doubt
	Cross
	Example
	Level 1
	Level 2
	Level 3
	Repeat
	Too vague
	Tick
	Developed point
	Omission
BP	Blank Page
	Seen but not worthy of any credit

**Subject-specific Marking Instructions**

- Question 2 put L1, L2 or L3 next to the end of each hazard considered depending on how many RA stages covered.
- Insert SEEN at the end of any lengthy passage scoring no marks and on any work on the additional sheets.
- The tick + annotation may be used in extended answers to indicate a section of high quality

Question	Answer	Marks	Guidance
1	<p data-bbox="248 277 324 309"><b>a</b></p> <p data-bbox="371 277 577 309"><b>Osteoarthritis:</b></p> <ul data-bbox="371 320 1211 496" style="list-style-type: none"> <li>• joint pain</li> <li>• joint stiffness</li> <li>• inflamed /swollen/ deformed joints</li> <li>• loss of muscular function- shoulder/arm/hands cannot lift arm</li> <li>• poor mobility</li> </ul> <p data-bbox="371 533 1505 596">Explanation – loss of protective cartilage in joint –bone ends rub, bone growths develop –also rub. Body’s immune response results in inflammation and swelling.</p> <p data-bbox="371 633 672 665"><b>Rheumatoid arthritis:</b></p> <ul data-bbox="371 676 1211 852" style="list-style-type: none"> <li>• joint pain</li> <li>• joint stiffness</li> <li>• inflamed /swollen/ deformed joints/redness</li> <li>• loss of muscular function- shoulder/arm/hands cannot lift arm</li> <li>• poor mobility</li> </ul> <p data-bbox="371 879 1411 943">Explanation – auto-immune disease- body’s immune system attacks joint linings causing inflammation, thickening and joint damage</p> <p data-bbox="371 979 577 1011"><b>Osteoporosis:</b></p> <ul data-bbox="371 1023 772 1118" style="list-style-type: none"> <li>• Wrist, hip, spinal fractures</li> <li>• Stooping/curvature of back</li> <li>• Brittle bones</li> </ul> <p data-bbox="371 1155 1456 1299">Explanation – bone destruction out paces bone formation usually due to changes in hormone levels –oestrogen levels dropping in females especially after menopause/testosterone levels dropping in men. Bone becomes thinner and more fragile.</p> <p data-bbox="371 1326 560 1358"><b>Rheumatism:</b></p> <p data-bbox="371 1362 1111 1426">Although in specification this is no longer a medical term. Accept any of the rheumatoid arthritis answers</p>	4 2x2	<p data-bbox="1650 277 2056 341">Two marks for each developed explanation</p> <p data-bbox="1650 378 2056 442">One mark for a description only –not explained</p> <p data-bbox="1650 478 1877 510">x2 for each effect</p>

		<p>Accept any other accurate physical effect and explanation <b>including resultant physical effects e.g</b> <i>reduced mobility in joint (1) – means cannot carry out physical activity such as opening a jar lid (1)</i> must be specific</p> <p>I E S effects are not acceptable</p>		
1	b	<ul style="list-style-type: none"> <li>Handled gripper –use for picking up objects on ground as difficult to bend</li> <li>Adaptations for getting dressed as difficult to grip/pull</li> <li>Jar opener as hard to grip and turn</li> <li>Kneeling frame for gardening – handles aid in getting up again</li> <li>Bath adaptations eg .hoist/ handles to avoid falling/slipping on getting in and out due to reduced mobility</li> <li>Walking/shopping carrying aid - prevent falling/lifting due to decreased mobility</li> <li>Wheelchair – allows longer journeys outside if she can only walk a short distance</li> <li>Stair lift installed / handrails on stairs– allows access to upstairs with reduced risk of falling</li> <li>Walking stick – support/reduce stress on damaged joint – reduce further damage – increase mobility</li> <li>Adapted cutlery – easier to grip</li> <li>Long shoe horns – enables shoes to be put on without bending</li> </ul> <p>Accept any other appropriate answer</p>	4 2x2	<p>Two marks for developed description. One mark for identification of aid/adaptation only</p> <p>x2</p>
1	c	<ul style="list-style-type: none"> <li>Provides information on condition – information on likely developments</li> <li>Suggestions of possible treatments – first hand experiences shared</li> <li>Links to support agencies/financial help – can inform or help – forms difficult</li> <li>Localised branches as well as on-line – in touch with local situation</li> <li>Social activities with others with same condition – reduce social isolation</li> <li>Benefits – Jane provided with information, realises she is not alone, practical suggestions, assistance ,social possibilities</li> </ul> <p>Accept any appropriate alternatives – some answer parts are interchangeable.</p>	4 2x2	<p>Two marks for developed explanation that relates to Jane's benefits One mark for description only of action of support group</p> <p>x2</p>

Question		Answer	Marks	Guidance
2	a	<p><b>Physical symptoms</b></p> <ul style="list-style-type: none"> <li>• Cough that doesn't go away after two or three weeks/ a long-standing cough that gets worse</li> <li>• Chest infections</li> <li>• Coughing up blood</li> <li>• An ache or pain when breathing or coughing</li> <li>• Breathlessness/dizziness/light headed</li> <li>• Wheezing</li> <li>• Fatigue /tiredness or lack of energy (must be qualified)</li> <li>• Loss of appetite or unexplained weight loss</li> <li>• A high temperature (fever) of 38C (100.4F) or above</li> <li>• Difficulty swallowing or pain when swallowing</li> <li>• A hoarse voice</li> <li>• Swelling of your face or neck</li> <li>• Chest or shoulder pain</li> </ul> <p>Accept any other appropriate answer.</p>	3 3x1	One mark for each simple description

Question		Answer	Marks	Guidance	
				Content	Levels of response
2	b	<p><b>Social effect + reason why</b></p> <ul style="list-style-type: none"> <li>• Embarrassed by having to move around with oxygen cylinder</li> <li>• Embarrassed by questions and stares</li> <li>• Frustrated and embarrassed by being in wheelchair</li> <li>• Frustrated/embarrassed by restrictions of transport/access</li> <li>• Loss of confidence now unwell, prefers to isolate himself</li> <li>• In a state of shock does not want to answer questions about himself</li> <li>• He is afraid to go out due to breathlessness/dizziness/light headed</li> <li>• He is worried about any problems with constant coughing all the time in front of friends</li> <li>• He is embarrassed by coughing up mucus/ blood in mucus</li> <li>• He does not want to go out due to pain in chest, back, shoulders/</li> <li>• He feels very unwell – eg. effects from pneumonia/bronchitis</li> <li>• He does not want to go out to eat/to restaurants as not very hungry</li> <li>• Lacking energy due to poor oxygen intake</li> <li>• He has stopped his leisure activities due to effects of the condition eg extreme tiredness</li> <li>• He has to spend a lot of time with doctor appointment/hospital/ for medication and treatment and he feels this is all he can cope with/no time to go out</li> <li>• He finds it hard to concentrate on conversations due to effects of his medication/treatments</li> </ul> <p>He finds it hard to talk due to his voice being hoarse/harsh sounds with each breath (stridor)</p>	10	<p><b>Level 3</b> Fully developed explanation. Accurate terminology. High QWC.</p> <p><b>Level 2</b> Sound explanation. Accurate terminology. Mid-QWC.</p> <p><b>Level 1</b> Basic explanation. Limited use of terminology. Low-QWC.</p> <p>Accept any other relevant reason linked to social effects.</p>	<p><b>Level 3 ( 9-10 marks)</b> Candidates will clearly explain at least two social effects of Josh's disorder with reasons why. Answers will be factually correct using appropriate terminology. There will be evidence of synthesis within the answers. There will be few errors of grammar, punctuation and spelling.</p> <p><b>Level 2 (5-8 marks)</b> Candidates will explain two social effects of Josh's disorder with brief reasons. Answers will be factually correct. There will be evidence of coherence within the answers. There may be noticeable errors of spelling, punctuation and grammar.</p> <p><b>Level 1 (1-4 marks)</b> Candidates will briefly explain/identify social effects of respiratory disorders. There may/may not be identified reasons. Candidates give minimal description.</p> <p><b>0- no response worthy of credit</b></p>



Question	Answer	Marks	Guidance
3	a <b>Physical effects</b> <ul style="list-style-type: none"> <li>• Blurred vision, poor colour definition</li> <li>• Hearing impairment/deafness include accurate examples- cannot determine voices from background noise</li> <li>• Permanent background sound/distraction</li> <li>• Sight impairment/blindness /loss of central vision, deterioration of sight, increased eye pressure</li> <li>• Smell-deterioration/loss/changes –cannot smell or taste food</li> <li>• Taste- deterioration/loss/changes –cannot taste food or component of taste</li> <li>• Touch-deterioration/loss/changes –loss of sensitivity leading to fumbling, damage of tissues through undetected injury/burn</li> </ul> <p>Accept any other appropriate answer</p>	1	One mark for one simple point.

Question		Answer	Marks	Guidance
3	b	<ul style="list-style-type: none"> <li>• Difficulty cooking/eating-enjoying meals as sight impaired/ taste/smell changes</li> <li>• Difficulty getting dressed as sight impaired</li> <li>• Difficulty cleaning home as sight impaired</li> <li>• Difficulty shopping as hearing/sight impaired</li> <li>• Communication problems/unable to follow a conversation-hearing and sight difficulties</li> <li>• Safety impaired increased risk of accidents in the home/outside- can't see obstacles/difficulty on pavements- crossing the road cannot hear crossing noise</li> <li>• Hygiene problems cannot see if clothes need changing/ cannot see in bathroom</li> <li>• Reading/ watching television cannot see to read ( be careful as TV does have subtitles so if cannot hear given as explanation -it is possible to use these)</li> <li>• Radio cannot hear</li> <li>• No longer able to drive as cannot see well enough</li> <li>• Difficulty socialising/meeting others -unable to hear doorbell/ know when visitors at the door</li> <li>• Become dependent on informal or formal care/ aids/adaptations – because can't see properly</li> <li>• May be unable to work – because of impairment (specified)</li> <li>• Difficult to exercise – can't see equipment to follow instructions</li> </ul> <p>Accept any reasonably well argued point</p>	6 3x2	<p>Answers can be interchangeable-</p> <p>Daily living example one mark.</p> <p>Link to sensory disorder/reason second mark.</p> <p>Do not credit repetition.</p>

Question		Answer	Marks	Guidance
3	c	<ul style="list-style-type: none"> <li>•</li> <li>• Get aids and adaptations – allows independence around the home</li> <li>• Talk to occupational therapist for advice on aids and adaptation-</li> <li>• Visit optician/hearing aid specialist for glasses/hearing aids</li> <li>• Join a support group to share experiences/problems</li> <li>• Go to GP/hospital consultant for diagnosis and medication/ surgery/information re long term</li> <li>• Research using leaflets/ books/internet to increase understanding/prognosis/possible solutions</li> <li>• Talk to family- ask for support for daily living tasks finding difficult</li> <li>• Seek advice/ support from third sector organisations eg. RNID; RNIB, church –eg. audio description on TV; signed theatre performances; hearing loops; equipment assessment services; volunteer drivers; befrienders</li> <li>• Order talking newspapers/talking books so can listen- new technology investigate</li> <li>• Ask for an assessment from social services for possible support- eg. home care/ or move into residential care/sheltered accommodation</li> <li>• Re-organise home so objects in same place and can be found easily</li> </ul>	4 2x2	<p>Simple description one mark</p> <p>Full expanded description with appropriate reference to practitioners/groups etc. two marks</p> <p>Accept learn braille – to be able to read independently</p> <p>Accept “get a guide dog” as alternative to seek advice etc from RNIB (it takes an assessment usually followed by a long wait before a guide dog is assigned)</p> <p>Accept any other relevant coping strategy that is relevant to an older person with a sensory impairment</p>

Question		Answer	Marks	Guidance
3	d	<p><b>Social care practitioners</b></p> <ul style="list-style-type: none"> <li>• Social worker- assess needs to produce a care plan/refer to other services</li> <li>• Occupational therapist- assess home for aids and adaptations/ advise on safe practices around home/show how to use aids – NOT provide aids</li> <li>• Day care centre support worker- give advice/offer activities/encourage to meet others for advice and conversation</li> <li>• Home care assistant- support with daily living tasks/ personal hygiene/meal preparation</li> </ul> <p>Accept any other relevant social care practitioner</p>	<p>4</p> <p>2 x 2</p>	<p>One mark for practitioner</p> <p>Second mark for explaining role linked to Sheila</p>

Question		Answer	Marks	Content	Guidance
4	a	<p><b>Physical effects of stroke</b></p> <ul style="list-style-type: none"> <li>• <b>Face</b> – the face may have dropped on one side, the person may not be able to smile or their mouth or eye may have dropped.</li> <li>• <b>Arms</b> – the person with suspected stroke may not be able to lift both arms and keep them there because of arm weakness or numbness in one arm.</li> <li>• <b>Speech</b> – their speech may be slurred or garbled, or the person may not be able to talk at all despite appearing to be awake</li> <li>• paralysis (usually of one side of the body)</li> <li>• sudden loss or blurring of vision</li> <li>• dizziness /problems with balance and co-ordination</li> <li>• difficulty swallowing (dysphagia)</li> <li>• a sudden and very severe headache resulting in a blinding pain</li> <li>• loss of consciousness</li> <li>• death of brain tissue due to lack of oxygen</li> </ul>	2 2x1	Descriptions may be linked to death of brain cells receiving or sending nerve information from and to body systems.	2x1  One mark for each physical effect.

Question	Answer	Marks	Guidance
4	b  <b>Promote individual rights and beliefs</b> <ul style="list-style-type: none"> <li>• encourage Trevor to be independent/do as much for himself as possible (example required)</li> <li>• allow Trevor to have choices e.g. about his care/ treatment/ clothes/ meals/ meal times</li> <li>• ask Trevor what are his own preferences/ needs and wishes are</li> <li>• provide equipment so that Trevor can do more himself</li> <li>• make sure all care is carried out safely /provide a safe and clean environment</li> <li>• treat Trevor with dignity and respect</li> <li>• recognise Trevor's beliefs/practice religion</li> <li>• enable Trevor to maintain his identity</li> <li>• raise awareness of how he can complain</li> <li>• being aware of Trevor's cultural needs</li> <li>• addressing Trevor correctly/calling him by preferred name</li> </ul>	6 3x2	One mark for simple statement, e.g. appropriate task or individual right or belief  Full mark of two for each linked explanation that provides a reason for action

Question		Answer	Marks	Guidance	
4	c	<p>It is accepted that residential homes will have measures in place the question is dealing with <b>potential</b> dangers for example:</p> <ul style="list-style-type: none"> <li>• Diana could wander from the home, get lost, have an accident or suffer exposure</li> <li>• Diana could wander into rooms of other residents and become upset and belligerent as confused and disorientated.</li> <li>• Diana could be disorientated within the home and suffer an accident on stairs or with implements such as knives</li> <li>• Diana could gain access to a kitchen area and forget to turn off gas or a piece of electrical equipment, could burn herself or cause explosion/fire putting herself and others at risk</li> <li>• Diana may become confrontational to staff and fellow residents due to confusion, frustration and anger.</li> <li>• Diana may become confused during fire practices or a genuine evacuation –could cause injury to herself or others</li> </ul> <p>Accept any other appropriate examples</p> <p>Analysis should link the potential danger to harm to specific individuals – Diana herself and /or fellow residents/staff</p>	12	<p><b>Content</b></p> <p><b>Level 3</b> Fully developed analysis. Accurate terminology. High QWC.</p> <p><b>Level 2</b> Sound analysis. Accurate terminology. Mid-QWC.</p> <p><b>Level 1</b> Basic analysis. Limited use of terminology. Low-QWC.</p>	<p><b>Level 3 ( 9-12 marks)</b> Candidates will clearly analyse at least two potential dangers with appropriate examples. Answers will be factually correct using appropriate terminology. There will be evidence of synthesis within the answers. There will be few errors of grammar, punctuation and spelling.</p> <p><b>Level 2 (5-8 marks)</b> Candidates will briefly analyse two dangers. There will be brief links to appropriate examples. Answers will be factually correct. There will be evidence of coherence within the answers. There may be noticeable errors of spelling, punctuation and grammar.</p> <p><b>Level 1 (1-4 marks)</b> Candidates will merely identify or list dangers without linking to specific examples. Candidates give minimal description.</p> <p><b>0- no response worthy of credit</b></p>

Question		Answer	Marks	Guidance	
				Content	Levels of response
5	a	<p><b>Community care services support provided</b></p> <ul style="list-style-type: none"> <li>• GP services prescribe medication/refer to specialists at hospital e.g. for diagnostic MRI- investigations</li> <li>• GP services will refer to support groups/ refer to community health facilities</li> <li>• Community Nursing services monitor health / progress/monitor health/administering medication/ take blood pressure /pulse</li> <li>• Counselling services talk to Trisha about her concerns/ give advice / guidance/ help Josh to cope with changes in his lifestyle</li> <li>• Occupational Therapy services- assess Trisha's ability to cope at home/ write a care plan</li> <li>• Ambulance service- provide transport to hospital appointments/treatments/operation</li> <li>• Health Visiting services- monitor health/ provide advice and guidance</li> <li>• Hospice / intermediate care centre services provide emergency treatment /end of life care</li> <li>• Dietetics/Nutritionist services discuss coping strategies/advise about changes in her diet/dietician could is eating nutritious diet to maintain her strength</li> <li>• Hospital services-consultant services/radiographer hospital nurses provide nursing care</li> <li>• Social worker- financial support, accommodation issues, care support</li> <li>• Home care assistant –washing, cooking, housework</li> <li>• Internet services -NHS health websites/ MS websites for information/support/case Studies</li> </ul> <p>Respite care – gives a break so Gerard better able to cope later</p>	10	<p>Accept relevant examples of practitioners who work for the services</p> <p><b>Level 3</b> Fully developed analysis. Accurate terminology. High QWC.</p> <p><b>Level 2</b> Sound analysis. Accurate terminology. Mid-QWC.</p> <p><b>Level 1</b> Basic analysis. Limited use of terminology. Low-QWC.</p> <p><b>Sub max 6</b> marks for ONE type of</p>	<p><b>Level 3 (9-10 marks)</b> Candidates will analyse in detail how at least two different community care services could provide support for Trisha at this time. A thorough understanding of the support provided 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><b>Level 2 [5 – 8 marks]</b> Candidates will analyse how at least two different community care services could provide support for Trisha at this time. A basic understanding of the support they could provide will be evident. Answers will be factually accurate. There will be understanding of the support they could provide will be evident. Answers will be factually accurate. There will be evidence of coherence within the answers. There may be occasional errors of grammar, punctuation and spelling.]</p> <p><b>Level 1 [1 – 4 marks]</b> Candidates may briefly analyse/identify one or two different community care services could provide support for Trisha at this time. There will be limited reference to specific types of services or the support provided. Understanding will be superficial. Answers are likely to be muddled, demonstrating little</p>



		Care not to accept third sector/ informal carers.		service covered very well)	<p>knowledge or understanding. Errors of grammar, punctuation and spelling may be noticeable and intrusive</p> <p><b>0 marks– No response worthy of credit</b></p>
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Question		Answer	Marks	Guidance	
				Content	Levels of response
5	b	<p><b><u>Carers( Recognition and Services) Act 1995</u></b></p> <p><b>Strengths</b></p> <ul style="list-style-type: none"> <li>Gerard has a right to ask for an assessment of his ability to care</li> <li>Local authorities duty to take into account the results of this assessment when looking at what support to provide to the person cared for- Jane (the service user) –</li> <li>Gerard not expected to be a professional</li> <li>Support provided eg. respite care/ care plan/ professionals working together</li> <li>Gerard and Jane right to be involved in these decisions</li> <li>Choices and information must be available to them</li> <li>Support if Gerard provides a substantial amount of care on a regular basis</li> <li>Financial support for Gerald if he is providing significant care</li> </ul> <p><b>Weaknesses</b></p> <ul style="list-style-type: none"> <li>It is complicated, and makes it difficult for Gerard to understand how to get support themselves.</li> <li>Currently, Gerard does not have a legal right to receive support, although local authorities can provide support at their discretion. This means that access to assessment and the range of support on offer can vary considerably.</li> <li>Gerard must be providing “a substantial amount of care on a regular basis” in order to qualify for an assessment. This will means may not able to have an assessment.</li> <li>Difficulty of access to an assessment, takes a long time</li> </ul>	10	<p><b>Level 3</b> Fully developed evaluation. Accurate terminology High QWC.</p> <p><b>Level 2</b> Sound evaluation. Accurate terminology Mid-QWC.</p> <p><b>Level 1</b> Basic evaluation. Limited use of terminology Low-QWC.</p> <p>Annotaion Use+ and - -</p>	<p><b>Level 3 (9-10 marks)</b> Candidates will thoroughly evaluate at least one strength and one weakness of the Act. 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><b>Level 2 [5- 8 marks]</b> Candidates will make a limited evaluation of one strength and one weakness of the Act. Answers will be factually accurate. There will be evidence of coherence within the answers. There may be occasional errors of grammar, punctuation and spelling. <b>Sub-max of 5 marks if only positive or negative points made</b></p> <p><b>Level 1 [1 – 4 marks]</b> Candidates may identify/list strengths/and or weaknesses of the Act. Understanding will be superficial. Answers are likely to be muddled, demonstrating little knowledge or understanding. Errors of grammar, punctuation and spelling may be noticeable and intrusive</p> <p><b>0 marks</b> No response worthy of credit</p>

Question		Answer	Marks	Guidance	
				Content	Levels of response
6	a	<p>How Peter could plan + the benefit</p> <p><b><u>Physically</u></b></p> <ul style="list-style-type: none"> <li>• Stop smoking if applicable</li> <li>• Reduce alcohol consumption</li> <li>• Lose weight if necessary</li> <li>• Increase exercise</li> <li>• Follow a healthy diet</li> <li>• Take supplements</li> <li>• Be outdoors as much as possible</li> <li>• Have a medical examination</li> </ul> <p>Benefits – enters older years as healthy as possible with diet to negate bone changes, exercise to maintain fitness and mobility, weight loss to minimise joint damage, heart disease, strokes, cancers associated with old age</p> <p><b><u>Economically</u></b></p> <ul style="list-style-type: none"> <li>• Save up money- so can use during retirement e.g. for holidays</li> <li>• Take out a private pension/ contribute to work pension-regular income</li> <li>• Talk to financial advisers- help to make financial planning decisions</li> <li>• Find out about benefit entitlement so know how to budget income</li> <li>• Pay off mortgage –so less expenditure</li> <li>• Downsize home to reduce size of bills</li> <li>• Sell car/change car no longer afford it</li> <li>• Apply for travel cards/bus/train passes so can travel more cheaply</li> <li>• Continue to work part time so still some income</li> <li>• Insurance policies adequate – providing for future</li> <li>• Clear debts – no interest to pay</li> </ul>	10	<p><b>Level 3</b> Fully developed analysis. Accurate terminology. High QWC.</p> <p><b>Level 2</b> Sound analysis. Accurate terminology. Mid-QWC.</p> <p><b>Level 1</b> Basic analysis. Limited use of terminology. Low-QWC.</p> <p>Answers can be interchangeable</p> <p><b>Sub-max of 5</b> for one way analysed well</p>	<p><b>Level 3 (9-10 marks)</b> Candidates will thoroughly analyse how Peter can plan for his older years. There will be at least two ways and two benefits. 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><b>Level 2 [5-8 marks]</b> Candidates will analyse how Peter can plan for his older years. There will be two ways and at least one benefit. Answers will be factually accurate. There will be evidence of coherence within the answers. There may be occasional errors of grammar, punctuation and spelling.]</p> <p><b>Level 1 [1 – 4 marks]</b> Candidates may briefly analyse/identify /list ways Peter can plan for his older years. There may some benefits identified. Understanding will be superficial. Answers are likely to be muddled, demonstrating little knowledge or understanding. Errors of grammar, punctuation and spelling may be noticeable and intrusive</p> <p><b>0 marks</b> No response worthy of credit</p>

Question		Answer	Marks	Guidance	
				Content	Levels of response
6	b	<p><b><u>Positive effects of changes</u></b></p> <ul style="list-style-type: none"> <li>• spend more time together with partner, become closer, do more activities together; eg. holidays/ leisure activities feel happy/content/relaxed/fitter</li> <li>• see more of family – as may look after grandchildren- feel needed/valued</li> <li>• become carer of partner due to illness/ ill health feel needed</li> <li>• increased ability to participate in community activities- feel involved</li> <li>• voluntary role- raises confidence/ self -esteem/ gives a new identity</li> <li>• good neighbour- uses organisational skills/ being kind- feels good to give</li> <li>• leisure roles- new friends/ companionship/ conversation</li> <li>• no longer an employee- less stress/ flexible lifestyle/choice</li> <li>• full time to part time role- enjoyable/ mentally stimulating/motivating</li> </ul> <p><b><u>Negative effects of these changes</u></b></p> <ul style="list-style-type: none"> <li>• relationship with partner may cause arguments</li> <li>• becoming a carer - stressful/ tiring</li> <li>• no longer an active role at work / become depressed due to lack of mental stimulation/ill health</li> <li>• loss of work role/identity- feel devalued/no longer</li> </ul>	10	<p><b>Level 3</b> Fully developed evaluation. Accurate terminology High QWC.</p> <p><b>Level 2</b> Sound evaluation. Accurate terminology Mid-QWC.</p> <p><b>Level 1</b> Basic evaluation. Limited use of terminology Low-QWC</p> <p>Accept relevant role changes</p> <p>Effects are</p>	<p><b>Level 3 (9-10 marks)</b> Candidates will thoroughly evaluate at least two role changes experienced by an older person in retirement. 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><b>Level 2 [5-8 marks]</b> Candidates will make a limited evaluation of two role changes experienced by an older person in retirement. Answers will be factually accurate. There will be evidence of coherence within the answers. There may be occasional errors of grammar, punctuation and spelling.]</p> <p><b>Submax 5 if all positive or all negative</b></p> <p><b>Level 1 [1 – 4 marks]</b> Candidates may identify/list strengths/and or weaknesses of a role change/s experienced by an older person in retirement. Understanding will be superficial. Answers are likely to be muddled, demonstrating little knowledge or understanding. Errors of grammar, punctuation and spelling may be noticeable and intrusive</p>

		<p>needed/ realisation that time is passing by / closer to death –</p> <ul style="list-style-type: none"> <li>• no work to go to miss work colleagues/lonely</li> <li>• rely on family financially – no longer has income from work/loss of independence</li> <li>• rely on family for care- lack of choice/ freedom/ disempowered</li> <li>• new voluntary-community roles too demanding/tiring/stressful</li> <li>• part time role- feel uninvolved/ not needed/ devalued-</li> <li>• No role- stereotyped by others-negative attitudes cause low self esteem</li> </ul>		<p>inter-change-able</p> <p><b>Sub-max of 5</b> marks for one role change done well</p> <p>Annotaion</p> <p>Use+ and</p> <p>-</p>	<p><b>0 marks</b> No response worthy of credit</p>
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