Cambridge National

Child Development

R057/01: Health and well-being for child development

Level 1/2 Cambridge National Certificate/Award/Diploma

Mark Scheme for June 2025

OCR (Oxford Cambridge and RSA) is a leading UK awarding body, providing a wide range of qualifications to meet the needs of candidates of all ages and abilities. OCR qualifications include AS/A Levels, Diplomas, GCSEs, Cambridge Nationals, Cambridge Technicals, Functional Skills, Key Skills, Entry Level qualifications, NVQs and vocational qualifications in areas such as IT, business, languages, teaching/training, administration and secretarial skills.

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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.

MARKING INSTRUCTIONS

PREPARATION FOR MARKING
RM ASSESSOR

1. Make sure that you have accessed and completed the relevant training packages for on-screen marking: *RM Assessor Online Training*; *OCR Essential Guide to Marking*.

2. Make sure that you have read and understood the mark scheme and the question paper for this unit. These are available in RM Assessor.

3. Log-in to RM Assessor and mark the **required number** of practice responses ("scripts") and the **required number** of standardisation responses.

MARKING

1. Mark strictly to the mark scheme.

2. Marks awarded must relate directly to the marking criteria.

3. The schedule of dates is very important. It is essential that you meet the RM Assessor 50% and 100% (traditional 40% Batch 1 and 100% Batch 2) deadlines. If you experience problems, you must contact your Team Leader (Supervisor) without delay.

4. If you are in any doubt about applying the mark scheme, consult your Team Leader by telephone, email or via the RM Assessor messaging system.

5. **Crossed-Out Responses**

   Where a candidate has crossed out a response and provided a clear alternative then the crossed-out response is not marked. Where no alternative response has been provided, examiners may give candidates the benefit of the doubt and mark the crossed-out response where legible.

   Rubric Error Responses – Optional Questions

   Where candidates have a choice of question across a whole paper or a whole section and have provided more answers than required, then all responses are marked and the highest mark allowable within the rubric is given. Enter a mark for each question answered into RM Assessor, which will select the highest mark from those awarded. *(The underlying assumption is that the candidate has penalised themselves by attempting more questions than necessary in the time allowed.)*

Multiple-Choice Question Responses

When a multiple-choice question has only a single, correct response and a candidate provides two responses (even if one of these responses is correct), then no mark should be awarded (as it is not possible to determine which was the first response selected by the candidate).

When a question requires candidates to select more than one option/multiple options, then local marking arrangements need to ensure consistency of approach.

Contradictory Responses

When a candidate provides contradictory responses, then no mark should be awarded, even if one of the answers is correct.

Short Answer Questions **(requiring only a list by way of a response, usually worth only one mark per response)**

Where candidates are required to provide a set number of short answer responses then only the set number of responses should be marked. The response space should be marked from left to right on each line and then line by line until the required number of responses have been considered. The remaining responses should not then be marked. Examiners will have to apply judgement as to whether a 'second response' on a line is a development of the 'first response', rather than a separate, discrete response. *(The underlying assumption is that the candidate is attempting to hedge their bets and therefore getting undue benefit rather than engaging with the question and giving the most relevant/correct responses.)*

Short Answer Questions **(requiring a more developed response, worth two or more marks**)

If the candidates are required to provide a description of, say, three items or factors and four items or factors are provided, then mark on a similar basis – that is downwards (as it is unlikely in this situation that a candidate will provide more than one response in each section of the response space).

Longer Answer Questions **(requiring a developed response)**

Where candidates have provided two (or more) responses to a medium or high tariff question which only required a single (developed) response and not crossed out the first response, then only the first response should be marked. Examiners will need to apply professional judgement as to whether the second (or a subsequent) response is a 'new start' or simply a poorly expressed continuation of the first response.

6. Always check the pages (and additional objects if present) at the end of the response in case any answers have been continued there. If the candidate has continued an answer there, then add the annotation 'SEEN' to confirm that the work has been seen and mark any responses using the annotations in section 11.

7. There is a NR (**No Response**) option. Award NR (No Response):
   - if there is nothing written at all in the answer space
   - OR if there is a comment which does not in any way relate to the question (e.g., 'can't do', 'don't know')
   - OR if there is a mark (e.g., a dash, a question mark) which is not an attempt at the question.

Note: Award 0 marks – for an attempt that earns no credit (including copying out the question).

8. The RM Assessor **comments box** is used by your Team Leader to explain the marking of the practice responses. Please refer to these comments when checking your practice responses. **Do not use the comments box for any other reason.**

9. Assistant Examiners will send a brief report on the performance of candidates to their Team Leader (Supervisor) via email by the end of the marking period. The report should contain notes on particular strengths displayed as well as common errors or weaknesses. Constructive criticism of the question paper/mark scheme is also appreciated.

10. For answers marked by levels of response:
To determine the level – start at the highest level and work down until you reach the level that matches the answer
To determine the mark within the level, consider the following

Descriptor	Award mark
On the borderline of this level and the one below	At bottom of level
Just enough achievement on balance for this level	Above bottom and either below middle or at middle of level (depending on number of marks available)
Meets the criteria but with some slight inconsistency	Above middle and either below top of level or at middle of level (depending on number of marks available)
Consistently meets the criteria for this level	At top of level

11. **Annotations**

Annotation	Meaning of annotation
	Tick – correct answer / development of point
	Cross – incorrect answer
L1	Level 1
L2	Level 2
L3	Level 3
BOD	Benefit of doubt (**Do not 'tick'** as well because 'Bod' **does** count as a mark)
^	Omission mark
TV	Too vague
REP	Repeat
SEEN	Noted but no credit given / zero-mark response

12. **Subject Specific Marking Instructions**

If words are emboldened in the bullet points in the answer column these or similar words are required to award the answer.

<table>
<tr><th colspan="3">Question</th><th>Answer</th><th>Mark</th><th>Guidance</th></tr>
<tr><td>1</td><td>(a)</td><td>(i)</td><td>
<table>
<tr><th>Key signs and symptoms of measles</th><th>Tick (✓) four only</th></tr>
<tr><td>Blotchy red rash on face and body</td><td>✓</td></tr>
<tr><td>High fever</td><td>✓</td></tr>
<tr><td>Itchy rash</td><td></td></tr>
<tr><td>Red, sore and watery eyes</td><td>✓</td></tr>
<tr><td>Sore throat</td><td></td></tr>
<tr><td>Spots that become blisters</td><td></td></tr>
<tr><td>White spots inside mouth</td><td>✓</td></tr>
</table>
</td><td>4</td><td>Annotation:
The number of ticks must match the number of marks awarded.

For an incorrect answer use the cross

No other answers are acceptable.

If more than 4 answers are ticked mark the first four only.</td></tr>
<tr><td>1</td><td>(a)</td><td>(ii)</td><td>Up to three marks for a description e.g.:

• Wipe eyes/discharge from eyes away with damp cotton wool/clean eyes.
• Give painkillers/paracetamol/Calpol or ibuprofen.
• Give child plenty of fluids/keep hydrated.
• Make sure child has lots of rest/sleep.
• Tepid sponging/cold compress/wet flannel/fan if child has high temperature/fever.

Award credit for any other appropriate response.</td><td>3</td><td>Any three valid points.

The answer must relate to treatment of measles that parent and carers could give at home.

Do not accept:
• Medicine on its own this is Too Vague (TV)
• Antibiotics
• Any reference to room temperature (this is not treatment)
• Calamine/treatment for rash</td></tr>
</table>

Question			Answer	Mark	Guidance
1	(a)	(iii)	Any **one** from: • Read a story **together.** • Playing a board game **together/**playing with **them.** • Watching tv or film **together.** • **FaceTime/video call/phone call** family and/or friends. **Award credit for any other appropriate response.**	1	The answer **must** relate to **social needs** (relationship with others) and be appropriate for a child at home with measles. Do **not** accept • Playing with friends at home/visits (measles is contagious). • Playing a game – needs to be qualified e.g. with them or together • Talk to them • Spending time with them
1	(a)	(iv)	Any **two** from: • Be reassuring/comforting. • Show empathy/sympathy. • Show love/affection/hugs/cuddles. • Encourage child to talk about feelings. • Explain what is wrong with the child (in a way they can understand) • Tell them they will get better. **Award credit for any other appropriate response.**	2	Answers **must** relate to **emotional needs** (feelings) and be appropriate for a child at home with measles. Do **not** accept: • Spend time with them so they don't feel lonely. • Any reference to security
1	(b)	(i)	Any **two** from: • Firm • Flat • Waterproof/waterproof cover • Is new / good condition/no rips or tears/clean • Fits snuggly without spaces around the edge to trap head/correct size • Fire resistant/retardant/safety (label)/CE mark/EU mark • Breathable	2	Answers **must** relate to a **cot mattress**. Do **not** accept: • Any references to bedding • Soft • Hard Do **not** accept Lion Mark

Question			Answer	Mark	Guidance
1	(b)	(ii)	Any **two** ways from: • Always place baby on their back to sleep • Place baby on the 'feet to foot' position/feet touching the end of the carrycot/pram/Moses basket/cot/next to me cot • Keep baby's head uncovered/blankets no higher than shoulders/tucked in/not loose • Let baby sleep in carrycot/pram/Moses basket/cot/next to me cot in the same room for the first 6 months • Breast feed your baby if you can • Do not let the baby become too hot or too cold • Have light bedding • Sleeping bag • Room temperature should be 16-20 degrees C/ not next to a radiator • Don't smoke during pregnancy/allow smoking in the same room as the baby • Do not sleep/co sleeping with a baby on a bed/sofa/armchair • Remove **extra** blankets/not **too many** blankets • No pillows/cot bumpers/toys/teddies/duvets	**2**	Do **not** accept: • Answers about the (cot) mattress – this is a repeat of the previous question. • Any reference to monitors • **No** blankets

Question			Answer	Mark	Guidance
2	(a)		Any **four** reasons from: • Baby in breech position/feet first/baby in wrong position/wrong way/awkward position/ sideways/transverse. • Mother has pre-eclampsia. • If mother develops a serious illness • Very high blood pressure • Heart rate issues • Baby not getting enough oxygen/not breathing. • When there is severe bleeding/placental abruption • Contractions weak and cervix not opening enough • If the umbilical cord is wrapped around the baby's (neck) • If induction of labour has failed. • If the mother is too ill/tired to continue with labour/prolonged labour/labour not progressing/can't push anymore • If the baby is distressed/slow or fast heartbeat/complications with baby • Labour not gone far enough for forceps/ventouse delivery and baby is distressed • If forceps/ventouse has failed • If the baby is stuck (in the birth canal)/head too big (for the pelvis)/ baby to big to push out* • If the baby has medical problems	**4**	Answers must relate to an **emergency** caesarean section. Do **not** accept: • Multiple births • In an accident • Low blood pressure • Mother is distressed/at risk • Baby is premature • Correct position • Baby under stress • Baby stops moving • *Baby is too big **(on its own)**

Question			Answer	Mark	Guidance
	(b)	**(i)**	Any **two** reasons from: • To check the baby is a **healthy/appropriate/average** weight. • So weight can be tracked over time / on centile charts/gives a baseline • So comparisons can be made over the coming months • To check baby follows the expected patterns of growth.	**2**	Answers must relate to reasons why a baby is weighed immediately after birth. Do **not** accept: • To check if baby is overweight/underweight. • Baby is correct weight
	(b)	**(ii)**	Any **two** from: • Apgar score or the condition it assesses* • Skin/vernix/lanugo • Length • Head circumference.	**2**	***Credit only once** Apgar score or the conditions it assesses i.e. • activity/movement/muscle tone • pulse/heart rate • grimace/reflex • appearance/colour • respiration/breathing Do **not** accept: • Height • Hips • Fingers • Eyes • Feet/check for webbing • Heart • Testicles • Fontanelle • Heel prick test

Question			Answer	Mark	Guidance
2	(c)	(i)	Any **two** ways from: • Talk to Umi/ask her how she is feeling/listen/give advice • Reassure/comfort Umi/tell her she is doing a good job/being a good parent/be there for her • Ask her if there is anything she needs/needs doing • Tell her not to worry about domestic chores • Encourage her to rest/relax/see friends/family • Agreeing times when visitors can call • Encourage her to get help/support if she is struggling/suffering from post-natal depression/well-being • Show love/affection/cuddles/hugs **Award credit for any other appropriate response**	**2**	Answer must relate to **emotional** support
2	(c)	(ii)	Any **two** ways from: • Help with feeding/get up and do the night feed • Help with bathing • Change the nappy • Take the baby for a walk • Take care of visitors • Drive her to appointments/family • Do the shopping • Do the cooking • Do household chores/washing up/tidy up/dusting/washing • Lift **heavy** items for her • Look after the baby **so she can rest/go shopping/see friends/household chores** **Award credit for any other appropriate response**	**2**	Answer must relate to **physical** support Do **not** accept • 'Look after the baby' on its own this is Too Vague (TV) answers must be a specific way • Massage

Question			Answer	Mark	Guidance
3	(a)		Up to **two** marks for an explanation. Eg.: • For a baseline BP measurement (1) later BP readings in pregnancy are related to it. (1) • To check for pre-eclampsia (1) which causes high blood pressure. (1) • To check for high blood pressure (1) as this affects the growth of the baby/slow growth/low birth weight. (1) • To check for high blood pressure (1) as this means less blood flow to the placenta/meaning less oxygen and fewer nutrients/ can lead to premature birth. (1) **Award credit for any other appropriate response**	**2**	Answers must relate to the role of the midwife in taking blood pressure at the first antenatal appointment Do **not** accept: • To check if it is too low • Right / correct level If reference to too high **and** too low no credit can be given (as candidate demonstrates a lack of knowledge)
3	(b)	(i)	Any **two advantages** from: • Heidi will give birth in familiar surroundings/comfort **of own home** • More relaxed/less stressful • Labour not interrupted by journey to hospital • Heidi doesn't have to think about childcare for her other child as she will be at home after the birth/will not be staying in hospital • Heidi is more likely to be looked after by a midwife she knows • Family/unlimited visitors/as many people present at the birth as would like. **Award credit for any other appropriate response**	**2**	Advantages must be relevant to giving birth at home. Do **not** accept: • Quieter environment/less noisy • More private • Comfortable on its own • Other child can be involved in birth • More hygienic

Question			Answer	Mark	Guidance
3	(b)	(ii)	Any **two disadvantages** from: • May have to be transferred to hospital if there are complications • Some types of pain relief are not given at home/epidural • Assisted deliveries are not available at home/ventouse/forceps/caesarean section • **Less** medical staff/specialists/at home (other than midwife) • Not away from the distractions of home life • Less medical equipment/named medical equipment **Award credit for any other appropriate response**	**2**	Disadvantages must be relevant to giving birth at home. Do **not** accept: • Not as safe • Equipment on its own

Question			Answer	Mark	Guidance
3	(c)		Discussion about the benefits to Heidi and her first child (2 years old) of good feeding and bath time routines might include: **Feeding** routine: **Benefits to Heidi and her child:** • Gives order to the day for Heidi and her child • Heidi has more time to herself • Heidi can spend time talking to child/interaction • Heidi and her child can enjoy their time together • Nurturing • Develops relationship between Heidi and her child • Feeding routine helps child become part of the family • Helps their development and learning (e.g. manners/vocabulary/sharing) • Child knows what to expect • Develop good habits for the future • Set mealtimes reduces opportunities for snacking • Helps establish healthy eating **Bath time** routine**:** **Benefits to Heidi and her child**: • Bonding/regular quality time together • Have fun/enjoyment playing together • Less stress/smooth progression to bedtime	**8**	**Annotation:** The number of ticks will not necessarily correspond to the marks awarded. This is a levels of response question – marks are awarded on the quality of the response given in line with the level descriptors below. **Level 3 (high) 6-8 marks** • A **thorough** discussion showing **detailed** understanding of the benefits to Heidi and her first child of good feeding **and** bath time routines • Makes **many** relevant points related to Heidi and her first child **many** of which are developed. • **Both** feeding and bath time are discussed in detail. • **Consistently** uses appropriate terminology. **Level 2 (mid) 3-5 marks** • An **adequate** discussion showing **sound** understanding of the benefits to Heidi and her first child of establishing good bath time and feeding routines. • Makes **some** relevant points related to Heidi and her first child **some** of which are developed. • Bath time and feeding routines are discussed though this may be unbalanced. • Uses **some** appropriate terminology. **Sub-Max 4 marks** if discussion is adequate and shows **sound** understanding however: • It only covers bath time routine **or** feeding routine

			• Heidi can check child's health e.g. any skin problems/rashes/bruises in bath • Bonding • Creates sense of security and belonging for the child • The child learns routines around bath time • Helps the child sleep better • Keeps child clean/gets rid of germs • Helps with the child's learning and development **Award credit for any other appropriate response**		**Level 1 (low) 1-2 marks** • A **brief** discussion which shows **limited** understanding of the benefits to Heidi and her first child of establishing good bath time and/or feeding routines. • Points made **may not be wholly relevant or developed**. • **Little or no** use of appropriate terminology. **0 marks** Response is not worthy of credit.

Question			Answer	Mark	Guidance
4	(a)		Any **four** from: • What happens during labour • What happens during birth • Making a birth plan • Types of pain relief available • Different types of delivery/where to give birth • Feeding and caring for a baby e.g. bathing/safe sleeping/holding baby • Emotions and feelings/mental health during pregnancy and birth • Using relaxation techniques during pregnancy and birth • How birth partner can support	**4**	Do **not** accept (as given in the question): • Healthy lifestyle/smoking/alcohol/recreational drugs/exercise and diet during pregnancy • Foods to avoid during pregnancy
4	(b)		Any t**hree** from e.g.: • Less risk of complications • Protects the health of the unborn baby • To help the baby develop and grow • Reduces the risk of premature birth • Reduces the risk of low birth weight • Reduces the risk of foetal alcohol syndrome • To help maintain a healthy weight for pregnancy/parenthood • Helps the pregnant woman to cope with labour • Helps the pregnant woman to get back into shape after birth • Maintain fitness/exercise for parenthood	**3**	Any **three** valid points. Do **not** accept: • Birth problems • Baby developing right Allow explanations that that refer to the effects if the mother does not keep a healthy lifestyle and diet during pregnancy e.g. instead of, 'To help the baby develop and grow' they explain that 'the baby may not grow and develop as expected'.

Question			Answer	Mark	Guidance
			• Know they are eating foods which give the right nutrients • (nutrients are) passed through the blood/placenta/umbilical cord to the baby • To develop healthy eating habits following the Eatwell Guide / eat a balanced diet / varied diet • Understand the negative impact of smoking during pregnancy/after birth • Understand the negative impact of drinking alcohol during pregnancy/after birth • Understand the negative impact of taking recreational drugs during pregnancy/after birth • Decreases the risk of miscarriage/birth defects/stillbirth/abnormalities **Award credit for any other appropriate response.**		

Question			Answer	Mark	Guidance
4	(c)		Any **four** from: • Unpasteurised milk/cheese/foods • Mould ripened soft cheese e.g. Brie • (Soft) blue cheese e.g. gorgonzola • **Raw or partly cooked** eggs/eggs **not stamped with lion mark** • Duck, goose, quail eggs unless white/yolk cooked solid • **Raw** fish • Shellfish/prawns/shrimps/swordfish/marlin/shark/oily fish/sushi • Liver/liver products • Pate • **Raw/undercooked** meat • Game meats/goose/partridge/pheasant • Cured meats • Liquorice root • Unwashed fruit and vegetables • Alcohol • Caffeine/coffee/tea	4	Do **not** accept: • Eggs on its own -must state raw/partly cooked or no lion mark • Nuts • Processed meats • Seafood/fish on its own – must say raw • Tuna • Meat on its own – must say raw or undercooked

Question			Answer	Mark	Guidance

5	(a)	(i)	Description of how natural family planning prevents pregnancy could include:
			
			• Woman records/monitors the symptoms in her body that indicate:
			  ○ when she is fertile
			  ○ when she is able to conceive
			• woman monitors her:
			  ○ temperature – increases slightly after ovulation for several days
			  ○ cervical mucus/bodily secretions – mucus becomes clear and slippery at/just before ovulation/when woman is most fertile
			  ○ dates of menstrual cycle/calendar method
			  ○ Use of app **to track when fertile**
			• a woman will be fertile/able to conceive for about 8 days each month
			• a woman is most fertile in the days before ovulation/during ovulation and about 24 hours after ovulation.
			• To prevent pregnancy in the days the woman is most fertile to woman could:
			  ○ abstain from sex
			  ○ use another form of contraception.
			
			Award credit for any other appropriate response.
				6	**Annotation:** The number of ticks will not necessarily correspond to the marks awarded. This is a levels of response question – marks are awarded on the quality of the response given in line with the level descriptors below.
					
					Level 3 (high) 5-6 marks
					• A **thorough** description showing **detailed** knowledge and understanding of how natural family planning prevents pregnancy.
					• **Many** relevant points are made.
					• **Consistentl**y uses appropriate terminology.
					
					Level 2 (mid) 3-4 marks
					• An **adequate** description showing **sound** knowledge and understanding of how natural family planning prevents pregnancy.
					• **Some** relevant points are made.
					• Uses **some** appropriate terminology.
					
					Level 1 (low) 1-2 marks
					• A **brief** description which shows **limited** knowledge of how natural family planning prevents pregnancy.
					• **Little or no** use of appropriate terminology.
					
					0 marks
					Response is not worthy of credit.

Question			Answer	Mark	Guidance
5	(a)	(ii)	Any **one advantage** from: • No side effects • Acceptable by many religions and cultures • Up to 99% effective if used correctly • No medication/hormones used • Can be used when breast feeding • No cost	1	Advantage must relate to natural family planning Do **not** accept: • Do not have to see a health professional. • Doesn't interrupt sexual intercourse
5	(a)	(iii)	Any **one disadvantage** from: • Can take a long time to learn to identify fertile days • Doesn't protect against STIs • Illness/infection can change woman's body temperature • Can only have sex at certain times of the month • Need to check fertility signs/monitor and record everyday	1	Disadvantage must relate to natural family planning Do **not** accept: • Not 100% accurate

Question			Answer	Mark	Guidance
5	(b)	(i)	Any **one** from: • If the method of contraception used has failed • If condom has split • If taking pill has been missed • Unwanted / non-consensual sex	1	
5	(b)	(ii)	Any **one** from: • Within 3 days • Within 5 days	1	**Accept:** • Any day between 1-5 • Any hours between 24 – 120 hours
5	(c)		Any **one** from: • (Male or Female) condom • Diaphragm • Cap	1	**Accept** condom on its own

<table>
<tr><th colspan="3">Question</th><th>Answer</th><th>Mark</th><th>Guidance</th></tr>
<tr><td>6</td><td>(a)</td><td></td><td>One mark for each correct answer.

<table>
<tr><th>Definition</th><th>Name of part of female reproductive system</th></tr>
<tr><td>Controls the production of the hormones, oestrogen and progesterone</td><td>Ovary</td></tr>
<tr><td>It keeps the baby securely in place while the woman is pregnant</td><td>Cervix</td></tr>
<tr><td>Where the baby develops until it is born</td><td>Uterus/womb</td></tr>
<tr><td>Where the man’s penis enters the body during sexual intercourse</td><td>Vagina</td></tr>
</table></td><td>4</td><td>No other answers are acceptable.

Contradictory Responses
If candidates have used the same name(s) more than once in the table, then no mark should be awarded for that name(s) even if one of the repeated name(s) is against the correct definition.</td></tr>
<tr><td>6</td><td>(b)</td><td></td><td>Up to four marks for a description.

• Stage after baby is born
• Shortest stage of labour
• Contractions start again
• Placenta is pushed out/delivered
• Injection (of syntocinon) may be given (in thigh) to speed up process
• Umbilical cord is cut/clamped
• Tears or cuts to perineum will be sewn up</td><td>4</td><td>Any four valid points.

The answer must relate to Stage 3 of labour.

Do not accept injection on its own.</td></tr>
</table>

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