



NCFE CACHE Level 3 Applied General Award in Health and Social Care (603/2913/0)

NCFE CACHE Level 3 Applied General Certificate in Health and Social Care (603/2914/2)

March 2024

Assessment code: AGAHSC

Paper number: P002211

Mark Scheme

v1.1 Post-standardisation

This mark scheme has been written by the Assessment Writer and refined, alongside the relevant questions, by a panel of subject experts through the external assessment writing process and at standardisation meetings.

The purpose of this mark scheme is to give you:

- examples and criteria of the types of response expected from a learner
- information on how individual marks are to be awarded
- the allocated assessment objective(s) and total mark for each question.

Marking guidelines

General guidelines

You must apply the following marking guidelines to all marking undertaken throughout the marking period. This is to ensure fairness to all learners, who must receive the same treatment. You must mark the first learner in exactly the same way as you mark the last.

- The mark scheme must be referred to throughout the marking period and applied consistently. Do not change your approach to marking once you have been standardised.
- Reward learners positively giving credit for what they have shown, rather than what they might have omitted.
- Utilise the whole mark range and always award full marks when the response merits them.
- Be prepared to award zero marks if the learner's response has no creditworthy material.
- Do not credit irrelevant material that does not answer the question, no matter how impressive the response might be.
- The marks awarded for each response should be clearly and legibly recorded in the grid on the back of the question paper.
- If you are in any doubt about the application of the mark scheme, you must consult with your Team Leader or the Chief Examiner.

Guidelines for using extended response marking grids

Extended response marking grids have been designed to award a learner's response holistically and should follow a best-fit approach. The grids are broken down into levels, with each level having an associated descriptor indicating the performance at that level. You should determine the level before determining the mark.

When determining a level, you should use a bottom up approach. If the response meets all the descriptors in the lowest level, you should move to the next one, and so on, until the response matches the level descriptor. Remember to look at the overall quality of the response and reward learners positively, rather than focussing on small omissions. If the response covers aspects at different levels, you should use a best-fit approach at this stage, and use the available marks within the level to credit the response appropriately.

When determining a mark, your decision should be based on the quality of the response in relation to the descriptors. You must also consider the relative weightings of the assessment objectives, so as not to over/under credit a response. Standardisation materials, marked by the Chief Examiner, will help you with determining a mark. You will be able to use exemplar learner responses to compare to live responses, to decide if it is the same, better or worse.

You are reminded that the indicative content provided under the marking grid is there as a guide, and therefore you must credit any other suitable responses a learner may produce. It is not a requirement either, that learners must cover all of the indicative content to be awarded full marks.

Assessment objectives

This unit requires learners to:

A01	Recall knowledge and show understanding.
A02	Apply knowledge and understanding.
A03	Analyse and evaluate knowledge and understanding.

Past Paper

Qu	Mark scheme	Total marks
1 (a)	<p>Mia has been assigned a midwife.</p> <p>Which health and social care regulatory body regulates the midwife's profession?</p> <p>Award one (1) mark for:</p> <ul style="list-style-type: none"> • The Nursing and Midwifery Council (NMC) (1). 	<p>1</p> <p>AO1=1</p>
1 (b)	<p>Give an example of another regulatory body in health and social care.</p> <p>Give an example of a profession that this regulatory body regulates.</p> <p>Award one (1) mark for correct identification:</p> <ul style="list-style-type: none"> • Health & Care Professions Council / HCPC (1). • Social Work England (1) • General Medical Council / GMC (1) • Ofsted (1). <p>Award one (1) mark for a correct profession:</p> <ul style="list-style-type: none"> • Arts Therapists (1) • Biomedical Scientists (1) • Chiropodists / Podiatrists (1) • Dieticians (1) • Hearing Aid Dispensers (1) • Occupational Therapists (1) • Operating Department Practitioners (1) • Orthoptists (1) • Paramedics (1) • Physiotherapists (1) • Practitioner Psychologists (1) • Prosthetists / Orthotists (1) • Radiographers (1) • Speech and Language Therapists (1). <p>Accept any other suitable response.</p>	<p>2</p> <p>AO1=2</p>

1 (c)	<p>Give four (4) reasons why it is important that health professionals are regulated.</p> <p>Award one (1) mark for each example, up to four (4) marks:</p> <ul style="list-style-type: none">• ensures a duty of care to individuals and others / safety of service users (1)• gives the public trust and confidence in the health professionals / maintain professionalism (1)• professionals work within clear protocols, which meet legal requirements (1)• ensure that professionals have agreed proven standards to work within / meet their roles and responsibilities (1)• have / maintain their skills and knowledge to practice effectively (1)• enables consistency / same standard of care / continuity of provision (1)• meet the needs of the service user (1)• supports quality of care (1). <p>Accept any other suitable response. P4-3</p>	4 AO2=4
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<p>1 (d)</p>	<p>When working at the GP Practice, Marco must apply care values to protect the interests of his patients.</p> <p>Identify four (4) examples of these care values.</p> <p>Award one (1) mark for each example, up to four (4) marks:</p> <ul style="list-style-type: none"> • duty of care (1) • safeguarding (1) • person-centred care (1) • partnership (1) • dignity (1) • respect (1) • equality (1) • diversity (1) equality • rights (1) • communication (1) • confidentiality / privacy (1) • choice (1) • independence (1). <p>Accept any other suitable response.</p>	<p>4</p> <p>AO1=4</p>
	<p>Do not credit skills e.g. communication, empathy, patients.</p>	

2	<p>Marco works with multi-disciplinary teams to provide care plans for older patients whose needs are best met by moving to a nursing home.</p> <p>Discuss how Marco and the multi-disciplinary teams can work together and what they need to consider when providing optimal care and support for individuals.</p>	<p>12</p> <p>AO2=6</p> <p>AO3=6</p>															
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<p>Indicative content</p> <p>AO2</p>																	

- Marco and the other members of the multi-disciplinary team will recognise that the care plan must be best suited for individual patients.
- The age and / or medical conditions of some patients may present many issues that the team need to consider when formulating a care plan.
- Patients may have age-related or other related mental health issues, such as the ability to make decisions; and physical conditions, affecting independent living, such as mobility and manipulation issues. These factors will influence the care plan.
- There will be patients who have medical conditions that may present multifactorial issues and the team may need to work within mental health legislation, so as to ensure they are compliant with the Care Act 2014.
- The team will be aware of each other's responsibilities within the team.
- Benefits of a multi-disciplinary team involving a range of health professionals to provide an optimal care package.
- Acknowledge a diverse multi-disciplinary team can bring different ideas and specialisms together to form an optimal care package.
- The care plan may need adapting over time.
- The team must recognise the importance of including all relevant team members, carers, family, and the patient, in the decision-making process.

A03

- Marco and the multi-disciplinary team must ensure that a care plan is in a patient's best interests and may need to consult family members, and the person that holds power of attorney (health) (POA or LPA).
- Patients may by virtue of their age and / or medical conditions present multifactorial issues, which may present further constraints and implications that the team will have to consider.

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| | <ul style="list-style-type: none">• Patients may have age-related or other mental health issues, that may fluctuate and may also have accompanying physical | |
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Past Paper

	<p>difficulties. The team will have to work within mental health legislation, as well as ensuring they are compliant with the Care Act 2014 when considering how best to support patients that present with mental and physical difficulties.</p> <ul style="list-style-type: none"> • The team will be aware of each other’s responsibilities, and individuals must ensure that they will undertake their own responsibilities, designated by the team. • Having a diverse multi-disciplinary team with different medical specialisations means that each team member can focus on different aspects, ensuring that patients’ needs are fully met and managed. • Such a diverse team must work effectively to provide a care plan agreeable to all parties. • Working effectively and efficiently as a team will increase productivity, save time and ensures that a patient’s care plan is put in place in a timely manner. • The care plan is not set in stone and it can evolve, and needs revisiting on a regular basis, or when it becomes obvious that aspects of the care plan are no longer optimal. • A holistic approach will take into account the opinions and knowledge of a variety of team members, the patient, POA, and family. <p>Accept any other suitable response.</p>	
<p>3 (a)</p>	<p>Briefly explain three (3) reasons why the Mental Health Act 2007 was put in place.</p> <p>Award one (1) mark for each reason, up to three (3) marks:</p> <ul style="list-style-type: none"> • maintain safety of person with disorder (1) • maintain safety of others (1) • can be treated irrespective of patient consent (where the patient doesn’t have capacity) (1) • the intervention must be the minimum necessary (1) • prevents treatment without consent (1) • supports people in being heard (1) • ensures intervention is at a minimum level (1). <p>Accept any other suitable response.</p>	<p>3</p> <p>AO2=3</p>

<p>3 (b)</p>	<p>Describe why the Mental Health Act 2007 may be applied when providing care to patients with dementia.</p>	<p>2</p>
	<p>Award up to two (2) marks for an accurate description:</p> <ul style="list-style-type: none"> • where there may be fluctuation and deterioration of the mental state of the patient with dementia (1) • resulting in varied ability to give informed consent (1) • intervention to prevent patients with dementia from harming themselves (1) or others (1). <p>Accept any other suitable response.</p>	<p>AO3=2</p>
<p>4 (a)</p>	<p>There are organisational or structural barriers that may affect a multi-disciplinary team’s ability to provide care plans for patients.</p> <p>Identify four (4) barriers.</p> <p>Award one (1) mark for each correct identification, up to four (4) marks:</p> <ul style="list-style-type: none"> • agency priorities (1) • availability of staff resources (1) • financial resources (1) • infrastructural resources / equipment (1) • time constraints (1). <p>Accept any other suitable response.</p>	<p>4</p> <p>AO1=4</p>
<p>4 (b)</p>	<p>Explain how two (2) organisational or structural barriers may affect a multi-disciplinary team’s ability to provide care plans for patients.</p> <p>Award two (2) marks for each explanation, up to four (4) marks:</p> <ul style="list-style-type: none"> • agency priorities that are not in line with the particular requirements of a specific care plan (1), may lead to delays or suboptimal care (1) • availability of staff resources as insufficient staffing or incorrect skill mix (1), may result in a shortage of time to implement less critical aspects of the care plan (1) • lack of financial resources will result in insufficient funds (1), this may result insufficient funds to pay the staff required (1) 	<p>4</p> <p>AO2=4</p>

	<ul style="list-style-type: none">• lack of equipment (1), may result in it not being possible to implement aspects of the care plan as the necessary equipment may be missing (1)• resource limitations can result in time constraints (1), which may result in the less critical aspects of the care plan not being carried out or not being carried out adequately (1). <p>Accept any other suitable response.</p> <p>Do not award a mark for identifying the barrier.</p>	
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Past Paper

Past Paper

4 (c)	<p>There are roles and responsibilities that make sure practitioners communicate efficiently in a multi-disciplinary team meeting.</p> <p>Explain these roles and responsibilities.</p>	<p>6</p> <p>AO2=3</p> <p>AO3=3</p>															
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<p>Indicative content</p> <p>AO2</p> <ul style="list-style-type: none"> • Multi-disciplinary teams are used to improve patient care. • Using different methods such as: verbal, email, use of source material, photos, digital media may influence effective communication in multi-disciplinary teams. • It is important team members' knowledge is up-to-date. • It is necessary to communicate positively and intervene appropriately. • Care planning must be done as agreed by the team. • Team members may use the team to treat their own patients. • The team works best if all members contribute equally. • The answer identifies some of the relevant attributes, shown below, showing an understanding of the communication dynamics of an effective multi-disciplinary team. 																	

Past Paper

- dissemination of information
- exchange knowledge, understanding and skills
- practise positive communication
- carry out care assessments and care planning
- intervene
- protect and safeguard
- manage risk
- make referrals
- advocate
- secure resources
- manage information.

Accept any other suitable response.

AO3

- Different ways of dissemination, (such as verbal, email, use of source material, photos, digital media) may be used to provide information to the team. Reasons for choices will be given, for example: a recording of abnormal walking will be helpful in explanation of this condition rather than a verbal description only.
- It is important to provide up-to-date and relevant knowledge for one's own professional input into the team, so that team members' contributions are effective, and the team's conclusions are optimal.
- It is important to communicate positively and intervene appropriately so that all points of view are equally provided to the team.
- It is essential to engage in the process of care planning as directed by the conclusions of the team.
- Positive team interactions contribute to the efficient working of the team and any deficits in effectiveness may affect the operation of the team.
- You must perform those duties in the care plan that you are responsible for, as determined by the team.
- Clearly explain that the above attributes interact and contribute to the efficient working of team and how deficits may make the function of the team more difficult.
- Many of the relevant attributes below should be linked showing a clear understanding of the communication dynamics of an effective multi-disciplinary team.
 - Dissemination of information
 - exchange knowledge, understanding and skills

	<ul style="list-style-type: none"> ○ practise positive communication ○ carry out care assessments and care planning ○ intervene ○ protect and safeguard • manage risk • make referrals ○ advocate ○ secure resources ○ manage information. <p>Accept any other suitable response.</p>	
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<p>5</p>	<p>Drivers of patient care, related to the needs of an individual patient, may impact on health and social care provision.</p> <p>Identify four (4) drivers.</p> <p>Award one (1) mark for each correct identification, up to four (4) marks:</p> <ul style="list-style-type: none"> • demographics (1) • personalisation (1) • co-production (1) • integration (1) • community capacity (1) • whole-systems approach (1) • information management (1) • prevention, early intervention and reduction (1) • reablement (1) • rehabilitation (1) • wellbeing (1) • values based (1) • resources / money (1) • facilities (1). <p>Accept any other suitable response.</p>	<p>4</p> <p>AO1=4</p>
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6 (a)	<p>A 10-week-old foetus has been exposed to a disease known to cause possible deformity.</p> <p>Analyse the possible impact of the disease on the future development of the unborn child and the impact this could have on the unborn child’s parents.</p>	<p>9</p> <p>AO1=3</p> <p>AO2=3</p> <p>AO3=3</p>															
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<p>Indicative content</p> <p>AO1</p> <ul style="list-style-type: none"> • Deformities at 10 weeks may affect the foetus development. 																	

Past Paper

- Deformities at 10 weeks may also affect the development after birth.
- Parents will have to decide whether to keep the foetus or terminate.
- Parents will probably need counselling and advice.
- Parents will have to make difficult choices.
- Parents may have to look after a severely disabled child.
- One parent may wish to make different decisions to the other parent.
- Parents may seek advice externally.

AO2

- The mother is 10 weeks pregnant and contracted a disease at a time in her pregnancy, when the organs of the foetus are developing.
- The disease is likely to cause severe deformity in some of the organs in the foetus as the development of the organs may be compromised.
- Organs may be deformed and will remain deformed for the whole lifetime of the child.
- At this stage in the pregnancy, it is not possible to check for all deformities by other means.
- The parents will have to consider moral issues, including elective abortion or continuation of pregnancy.
- Extent of known disability is probably unknown impacting on the parents' decisions as the pregnancy develops.
- If the baby is viable at birth, then the parents will need to make decisions as to the best care for the baby.
- The parents will probably need counselling and advice to help them make decisions.
- The parents will need to understand the consequences and implications of their choices.
- The parents will need to consider the issues of living with a severely disabled child.
- Joint decision-making process between parents may be positive or negative.
- The parents may take counsel from their chosen spiritual / community leaders.

AO3

- The mother is 10 weeks pregnant, which is in the first trimester of pregnancy.
- The mother contracted a disease in the past month, which is likely to cause deformity in some of the organs of the foetus, such as the eyes, ears brain, heart etc.
- The disease may affect the development of organs and the resulting deformity will remain for the whole lifetime of the child.
- It is not possible to check for all deformities by other means such as scans at this stage in the pregnancy and for many potential deformities later on in the pregnancy.
- The parents will have to consider moral issues, including elective abortion and keeping the baby and level of commitment to care vs care in a specialised facility.
- The parents will be aware that the time frame for making a decision as to whether or not abort the foetus is relatively short (23 weeks and 6 days), although the time frame can be extended for disability.
- If the parents delay the decision-making process for an elective abortion, they may be less likely to consider this on the basis of the potentially improved viability of the foetus in the womb.
- If the parents decide to continue the pregnancy and the baby is viable at birth, then the parents will need to make decisions as to the best care for the baby depending on degree of disability if present.
- The parents may need counselling and advice to assist them with their decision-making processes.
- The parents' decision must be informed, so that they understand the consequences and implications of their choices, so accurate information must be available.
- The parents will need to consider the issues of living with a severely disabled child.
- The parents may take counsel from their chosen spiritual / community leader(s), however this may cause conflict if the parents have contradictory beliefs.

	<ul style="list-style-type: none">• A conclusion will be based on the complexity and long-term implications of the parent's choices and the difficulties they face now, and in the future. It is important to try and ensure that the parents can make the best choice with respect to their future life, belief and cultural systems, as well as legal constraints.	
	Accept any other suitable response.	

Past Paper

<p>6 (b)</p>	<p>Table 1 shows the gestation period and average weight of babies of non-smokers and babies of smokers.</p> <p>Table 1. Gestation Period and Average Weight of Babies: NonSmokers and Smokers.</p> <table border="1" data-bbox="405 405 1166 656"> <thead> <tr> <th>Gestation</th> <th>Average weight (g) non-smoker</th> <th>Average weight (g) smoker</th> </tr> </thead> <tbody> <tr> <td>36</td> <td>2700</td> <td>2400</td> </tr> <tr> <td>38</td> <td>3100</td> <td>2700</td> </tr> <tr> <td>40</td> <td>3300</td> <td>2900</td> </tr> </tbody> </table> <p>Using the data in Table 1, briefly describe the effects of smoking on average birthweight and discuss its effects on the development of the foetus.</p> <p>AO2</p> <p>Award one (1) mark for a brief description:</p> <ul style="list-style-type: none"> all data shows that smokers on average produce babies of a lower weight (1). <p>AO3</p> <p>Award one (1) mark for each correct discussion point, up to two (2) marks:</p> <ul style="list-style-type: none"> all data in Table 1 shows a reduction in birth weight of greater than 10% (1) negatively affects (1) increase in developmental delays (1) the proportion of weight reduction (or the total weight reduction) tends to increase as the gestation period increases (1) smoking affects foetal development in the later stages (1). <p>Accept any other suitable response.</p>	Gestation	Average weight (g) non-smoker	Average weight (g) smoker	36	2700	2400	38	3100	2700	40	3300	2900	<p>3</p> <p>AO2=1</p> <p>AO3=2</p>
Gestation	Average weight (g) non-smoker	Average weight (g) smoker												
36	2700	2400												
38	3100	2700												
40	3300	2900												
<p>6 (c)</p>	<p>Table 2 shows the number of cigarettes smoked to the percentage of babies born pre-term.</p>	<p>3</p>												

Table 2. Relation of smoking to percentage of babies born preterm.		AO2=1
Number of cigarettes smoked (during pregnancy)	Percentage (%) of babies born pre-term	AO3=2
Non-smokers	8.0	
1 – 9 cigarettes per day	11.5	
10 or more cigarettes per day	17.0	

Using the data in Table 2, briefly describe how the number of cigarettes smoked affects the percentage (%) of babies born pre-term.

AO2

Award one (1) mark for the description:

- non-smokers produce the lowest proportion of pre-term babies (1).

AO3 Discussion not asked in question,

Award up to two (2) marks for a correct ~~discussion~~ development point, up to two (2) marks:

- the difference in pre-term births between all smokers and non-smokers is small (1)
- smoking more than ten cigarettes a day causes a greater increase in preterm babies (1)
- it is known that that smoking reduces the gestation period, so the data in the tables reinforce this knowledge (1).

Accept any other suitable response.

<p>6 (d)</p>	<p>Name any four (4) features you would expect to see in a 9week-old foetus.</p> <p>Award one (1) mark for each feature, up to four (4) marks:</p> <ul style="list-style-type: none"> • face is formed (1) • accept individual features of the face e.g. ears (1), eyes (1), nose (1) • hands are formed (1) • feet are formed (1) 	<p>4</p> <p>AO1=4</p>
	<ul style="list-style-type: none"> • fingers are forming (1) • arms have formed (1) • legs have formed (1) • toes are forming (1). <p>Accept any other suitable response.</p>	
<p>7 (a)</p>	<p>Name three (3) organisations that can be inspected by Ofsted.</p> <p>Award one (1) mark for correct identification, up to three (3) marks:</p> <ul style="list-style-type: none"> • educational establishments for learners of all ages (1) • childcare facilities (1) • adoption agencies (1) • fostering agencies (1) • initial teacher training (1) • children’s social care services (1). <p>Accept any other suitable response.</p>	<p>3</p> <p>AO1=3</p>

<p>7 (b)</p>	<p>Ofsted have different types of inspection depending on the previous grade awarded to an organisation.</p> <p>Explain two (2) types of Ofsted inspection in health and social care.</p> <p>Award up to two (2) marks for each description, up to four (4) marks:</p> <ul style="list-style-type: none"> • short Ofsted / ungraded inspection (1) visits are for those organisations that have scored highly on the previous visits (1), Grade 1 (Outstanding) and Grade 2 (Good) (1) • long / full / standard inspection (1) for organisations that have a lower score (1), a Grade 3 (Requires Improvement) or a Grade 4 (Inadequate) judgement (1) • regular short-notice inspections / monitoring visit (1) for organisations with an overall effectiveness of inadequate / have serious weaknesses / are in special measures (1) has been triggered by a serious incident or complaint (1) Accept any other suitable response. 	<p>4</p> <p>AO2=4</p>
<p>7 (c)</p>	<p>Explain why the contents of an Ofsted report may influence Mia's choice of school for her five-year-old son, Juan.</p>	<p>2</p>
	<p>Award up to two (2) marks for an accurate explanation:</p> <ul style="list-style-type: none"> • an Ofsted report may influence Mia's choice of school for Juan as it assesses many aspects of a school's performance (1) • observed quality of education, allows Mia to make an informed decision (1). <p>Accept any other suitable response.</p>	<p>AO2=2</p>

8	<p>Evaluate how Bronfenbrenner’s Ecological Systems Theory may be applied to Juan’s relationship with his immediate and wider environment, and how this may affect his development.</p>	<p>6</p> <p>AO2=3</p> <p>AO3=3</p>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Level</th> <th style="text-align: center;">Marks</th> <th style="text-align: left;">Description</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">5 – 6</td> <td> <p>Application of knowledge is appropriate and accurate and shows clear understanding.</p> <p>Analysis to demonstrate understanding of concepts and / or theories is detailed and highly effective. Clear links are made</p> </td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">3 – 4</td> <td> <p>Application of knowledge is mostly appropriate, showing some clear understanding. There may be a few errors.</p> <p>Analysis to demonstrate understanding of concepts and / or theories is effective and mostly relevant. Some clear links are made.</p> </td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1 – 2</td> <td> <p>Application of knowledge is limited and may show a lack of understanding. There may be a number of errors.</p> <p>Analysis to demonstrate understanding of concepts and / or theories lacks detail and may have limited effectiveness and relevance. Links may be made but are often inappropriate.</p> </td> </tr> <tr> <td></td> <td style="text-align: center;">0</td> <td>No relevant material.</td> </tr> </tbody> </table>			Level	Marks	Description	3	5 – 6	<p>Application of knowledge is appropriate and accurate and shows clear understanding.</p> <p>Analysis to demonstrate understanding of concepts and / or theories is detailed and highly effective. Clear links are made</p>	2	3 – 4	<p>Application of knowledge is mostly appropriate, showing some clear understanding. There may be a few errors.</p> <p>Analysis to demonstrate understanding of concepts and / or theories is effective and mostly relevant. Some clear links are made.</p>	1	1 – 2	<p>Application of knowledge is limited and may show a lack of understanding. There may be a number of errors.</p> <p>Analysis to demonstrate understanding of concepts and / or theories lacks detail and may have limited effectiveness and relevance. Links may be made but are often inappropriate.</p>		0	No relevant material.
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<p>Indicative content</p> <p>AO2</p> <ul style="list-style-type: none"> • The microenvironments: the house and school are the most important environments for affecting Juan’s development. • Major changes such as moving house and starting school are disruptions and these have an effect on Juan. 																	

	<ul style="list-style-type: none">• Marco starting a new job, issues with Mia’s pregnancy, may affect the quality of interaction that they have with Juan, as well as between each other.• Both of these environments (house and school) are new and impose many stresses on Juan.• The interactions between these microsystems, are at the mesosystem level and interactions at the mesosystem level can be stressful as Juan copes with differences between these environments.• Juan has many external factors that affect his microenvironment and that these could have a significant impact on his development. <p>Other factors that may affect development are acceptable.</p> <p>A03</p> <ul style="list-style-type: none">• Major changes such as moving house and starting school are important disruptions at the chronosystem level which impacts on all other more psychologically critical levels.• Encompasses most of the relevant environmental factors at hierarchical levels and uses the relevant information from the scenario when explaining and applying Bronfenbrenner’s Ecological Systems Theory.• The scenario does have significant interactions at the exosystem level with Marco starting a new job, and Mia’s pregnancy, creating stress that impacts on Juan (& Mia).• If Mia receives worrying information from her visits to clinical specialists, this may affect her interaction with Juan (and Marco).• The psychological importance of Juan’s main microenvironments, which are the house and the school are new and may impose many stresses on Juan. The interactions between these microsystems are the mesosystem and these interactions at the mesosystem level can be stressful as Juan copes with differences between these environments and the fact that both the home and the school are new environments.	
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	<ul style="list-style-type: none"> Juan has many higher-level environmental factors impinging on his microenvironment and that these could have a significant impact on his development. May acknowledge that the scenario does not provide much information regarding the macrosystem (cultural, social economic, political factors) and these may also have an impact. <p>Accept any other suitable response.</p>	
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9	<p>Human life span is divided into different life stages depending on age.</p> <p>i) Name two (2) life events that may affect human development during the infancy life stage.</p> <p>ii) Name two (2) life events that may affect human development during the late adulthood life stage.</p> <p>Award up to two (2) marks for correct identification in each life stage, up to four (4) marks:</p> <ul style="list-style-type: none"> infancy – separation (1), nursery (1), feeding (1), toilet training (1) late adulthood – loss of parents (1), loss of life partner (1), retirement (1), leisure time (1), age-related medical conditions (1), moving to a care home (1), become grandparent (1) employment (1), redundancy (1), relationships (1), parenthood (1), marriage (1), divorce (1). <p>Accept any other suitable response.</p>	<p>4</p> <p>AO1=4</p>
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Assessment Objective Grid

Question	AO1	AO2	AO3	Total
1 (a)	1			1
1 (b)	2			2
1 (c)		4		4

1 (d)	4			4
2		6	6	12
3 (a)		3		3
3 (b)			2	2
4 (a)	4			4
4 (b)		4		4
4 (c)		3	3	6
5	4			4
6 (a)	3	3	3	9
6 (b)		1	2	3
6 (c)		1	2	3
6 (d)	4			4
7 (a)	3			3
7 (b)		4		4
7 (c)		2		2
8		3	3	6
9	4			4
Total	29	34	21	84