



Rewarding Learning

ADVANCED
General Certificate of Education
January 2014

Health and Social Care

Assessment Unit A2 9

assessing

Unit 9: Providing Services

[A6H31]

MONDAY 13 JANUARY, MORNING

**MARK
SCHEME**

General Marking Instructions

Introduction

Mark schemes are published to assist teachers and students in their preparation for examinations. Through the mark schemes teachers and students will be able to see what examiners are looking for in response to questions and exactly where the marks have been awarded. The publishing of the mark schemes may help to show that examiners are not concerned about finding out what a student does not know but rather with rewarding students for what they do know.

The Purpose of Mark Schemes

Examination papers are set and revised by teams of examiners and revisers appointed by the Council. The teams of examiners and revisers include experienced teachers who are familiar with the level and standards expected of students in schools and colleges.

The job of the examiners is to set the questions and the mark schemes; and the job of the revisers is to review the questions and mark schemes commenting on a large range of issues about which they must be satisfied before the question papers and mark schemes are finalised.

The questions and the mark schemes are developed in association with each other so that the issues of differentiation and positive achievement can be addressed right from the start. Mark schemes, therefore, are regarded as part of an integral process which begins with the setting of questions and ends with the marking of the examination.

The main purpose of the mark scheme is to provide a uniform basis for the marking process so that all the markers are following exactly the same instructions and making the same judgements in so far as this is possible. Before marking begins a standardising meeting is held where all the markers are briefed using the mark scheme and samples of the students' work in the form of scripts. Consideration is also given at this stage to any comments on the operational papers received from teachers and their organisations. During this meeting, and up to and including the end of the marking, there is provision for amendments to be made to the mark scheme. What is published represents this final form of the mark scheme.

It is important to recognise that in some cases there may well be other correct responses which are equally acceptable to those published: the mark scheme can only cover those responses which emerged in the examination. There may also be instances where certain judgements may have to be left to the experience of the examiner, for example, where there is no absolute correct response – all teachers will be familiar with making such judgements.

- 1 (a) Write down three ways private sector services for older service users might be funded (AO1)

Answers may include any three of the following points

- direct payment, e.g. by service users or family members
- health insurance
- payment by statutory sector/government
- private investment/bank loan
- donations, e.g. to patient comfort fund
- bequests

All other valid responses will be given credit

(3 × [1])

[3]

- (b) Discuss how the following needs of older people might be met by staff working in a residential setting (AO1, AO2, AO3)

Social needs

Answers may include discussion of any of the following points:

- Social needs such as the need for communication or interaction with others can be met by having areas where older people have opportunities to mix with others, by encouraging visits from family and friends or by providing group recreational activities such as reminiscence therapy, participating in hobbies such as painting, sewing, gardening and going on outings and by staff talking to the elderly people

All other valid responses will be given credit

[1] for key phrase(s), [2] for adequate discussion, [3] for fuller discussion

(1 × [3])

[3]

Emotional needs

Answers may include any of the following:

- Emotional needs such as esteem needs, the need for a sense of belonging, the need for a sense of autonomy, or emotional well-being and the need to feel respected can be met by providing the opportunity to form groups where service users can support each other, or by referrals for counselling/therapies, or by involving residents in decisions about their care thus giving them a sense of control – through empowerment and provision of advocacy support, being treated with dignity, through staff spending time talking and listening etc; spiritual care, e.g. access to religious services can also address emotional needs.

[1] for key phrase(s), [2] for adequate discussion, [3] for fuller discussion

All other valid responses will be given credit

(1 × [3])

[3]

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- (c) Discuss how inspections might influence the standards of care provided for service users in a private nursing home (AO1, AO2, AO3)

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Answer may reflect discussion of one or more of the following points

- inspections focus on a range of indicators, e.g. aesthetic environment, service users' experience, incidence of infection and so service provider needs to address these indicators and in doing so influences standards
- observations are made by inspectorate on a range of factors including staff – service user interactions, daily routines, standard of food provided, etc. and grade is awarded to the setting on the basis of outcomes – this process is likely to influence standards in all these areas as setting is keen to do well as this affects public perception and ultimately income
- results of inspections are published by the inspectorate and these reports are often used by service users and families to inform decisions about whether or not to use the service or to demand improvements and as a result the inspection process is likely to influence standards of care positively
- positive inspection reports can serve to motivate staff and boost staff morale thus positively affecting standards of care
- inspections can mean care homes devise and implement policies which can contribute to better standards of care
- inspections can lead to changes being made, e.g. introduction of stimulating activities, improvements in menus and so this directly influences standards of care
- follow up inspections, unannounced inspection and the threat of closure as a result of inspections can encourage high standards

Level 1 ([1]–[2])

Overall impression: basic

- displays limited knowledge of how inspections might influence the standards of care provided for service users
- there is limited discussion.

Level 2 ([3]–[4])

Overall impression: adequate

- displays adequate knowledge of how inspections might influence the standards of care provided for service users
- there is adequate discussion.

Level 3 ([5]–[6])

Overall impression: competent

- displays very good knowledge of how inspections might influence the standards of care provided for service users
- there is competent discussion

[6]

- (d) Discuss three strengths and three weaknesses of the private sector providing care to meet the needs of older people (AO1, AO2, AO3, AO4)

Strengths of the private sector

Answers may address any three of the following points

- greater choice for service users
- creates competition between service providers and so may contribute to raising standards of care provided
- service users can receive treatment sooner
- service users can receive one-to-one care
- flexibility is better, e.g. appointment times
- environment may be more pleasant, e.g. room in private hospital
- may be able to provide very specialist care and advanced technology

Weaknesses of the private sector

Answers may address any three of the following points

- operates to make a profit so standards of care may not be as high as they should be
- need for profit may mean low ratio of staff to patients/residents which may negatively impact on the quality of care
- some private sector organisations may not be as well regulated as the statutory sector
- can be very expensive for service users/cost can be prohibitive
- can be unreliable – may “pull” provision if it becomes unprofitable

All other valid responses will be accepted.

Level 1 ([1]–[3])

Overall impression: basic understanding

- displays limited knowledge of the strengths and weaknesses of the private sector providing care to meet the needs of older people
- there is limited discussion
- quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

Level 2 ([4]–[6])

Overall impression: adequate knowledge and understanding

- displays adequate knowledge of the strengths and weaknesses of the private sector providing care to meet the needs of older people
- there is adequate discussion
- answers which focus **only** on the strengths **or only** on the weaknesses of the private sector providing care cannot achieve beyond this band
- quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some

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clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

Level 3 ([7]–[9])

Overall impression: competent knowledge and understanding

- displays very good to excellent knowledge of the strengths and weaknesses of the private sector providing care to meet the needs of older people
- there is competent discussion
- at the top of this mark band candidates should discuss three strengths and three weaknesses of the private sector providing care to meet the needs of older people
- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear.

Level 4 ([10]–[12])

Overall impression: highly competent knowledge and understanding

- displays very good to excellent knowledge of the strengths and weaknesses of the private sector providing care to meet the needs of older people
- there is highly competent discussion
- at the top of this mark band candidates should discuss in detail three strengths and three weaknesses of the private sector providing care to meet the needs of older people with clear application to older people
- quality of written communication is excellent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is extremely well organised with the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard and ensure that meaning is absolutely clear.

[0] will be awarded for a response not worthy of credit

[12]

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- 2 (a) Write down three **different** ways the following practitioners might support older people who live in the community (AO1)

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A social worker

Answers may include any three of the following points

- carries out an assessment of need
- organises a care plan/care package
- monitors progress/reviews care plan
- liaises with other health care workers, e.g. occupational therapist, speech therapist, community nurse, GP
- organises case conferences
- gives advice or information, e.g. on how to access benefits
- makes referrals to other agencies, e.g. Help the Aged
- liaises with informal carers
- write reports
- arranges for advocacy services or act as an advocate
- provides emotional support/counselling
- monitors direct payments
- carries out home visits to assess needs

All other valid responses will be given credit.

(3 × [1])

[3]

A district nurse

Answers may include any three of the following points

- provides nursing care, e.g. direct care such as change dressings
- takes bloods
- administers medication
- may prescribe medication if nurse is prescriber
- responsible for care planning
- liaises with other health care professionals, e.g. GP or social worker
- may provide support and advice for home care workers or informal carers
- writes reports
- provides family and or informal carers with information related to health promotion,
- accident prevention
- monitors care provided/care plan

All other valid responses will be given credit.

(3 × [1])

[3]

- (b)** Discuss three reasons for the ageing population in Northern Ireland (AO1, AO2)

Answers may address any three of the following points:

- improvements in technology, e.g. in diagnosis and treatments
- advances in medical research, e.g. drugs, vaccinations
- better educated – more awareness of risk factors for disease
- better use of health services so problems dealt with, increasing life expectancy
- greater availability of health professionals, e.g. GP, district nurses compared to years ago
- improved living conditions, e.g. housing
- improved working conditions leading to fewer industrial illnesses/accidents
- improved nutrition
- improvements in lifestyle due to improved knowledge of factors affecting health and well-being
- improved access to health care, e.g. right to ask for a specialist referral
- improved preventative care, e.g. screening for bowel cancer
- wider availability of health and fitness facilities leading to improvements in physical health
- fewer children being born has affected the age structure of the population
- improved access to health information, e.g. internet sites such as NHS Direct

Other valid responses will be given credit.

[1] for key phrase/s [2] for adequate discussion [3] for fuller discussion
(3 × [3]) [9]

- (c)** Discuss three benefits for older people of receiving care in the community (AO1, AO2, AO3, AO4)

Answers may address any three of the following points:

- promotes normalisation and avoids the risk of institutionalisation – this leads to greater contentment and leads to maintenance of independence which can boost self-esteem
- promotes social integration – this means that older people are made to feel that they have an important role to play in modern society and that they are still valued as individuals who deserve to continue to live in their own homes and receive any support they might need
- reduces stigma associated with age – helps to promote a vision of ageing as a very normal part of the life cycle and promotes the notion that just because you are older doesn't mean you have to automatically lose your independence by being forced to leave your home and enter residential accommodation
- promotes positive self-esteem – older people are more likely to see themselves as individuals who can continue to live in their

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own homes with the necessary support and so they feel more independent and they continue to be responsible for their own welfare which can promote positive physical and mental well-being

- helps to sustain family/social contacts – older people living in their own homes in the community are more likely to be able to maintain contact with family and friends who can visit them more easily than they might if they were in a residential home and so this can mean that they are less likely to feel lonely or left out of the family network
- promotes empowerment – gives older people a greater sense of power and control as many feel that when they enter a residential home a lot of power and control is lost – for example due to health and safety concerns older people may not be able to make themselves a cup of tea whereas at home they can continue to be independent in this manner this therefore allows them to retain a sense of power and control/autonomy over their own lives
- enables older people to stay at home in familiar family environment – many elderly people have lived in their home for many years and being allowed to stay there as opposed to going into a residential home can mean that they do not have to face the massive emotional upheaval of leaving their homes which can be very distressing.

Other valid responses will be given credit.

[1] for key phrase/s [2] for adequate explanation [3] for fuller discussion of benefit

(3 × [3])

[9]

- (d)** Codes of practice ensure the provision of quality care for older service users. Discuss the validity of this statement (AO1, AO2, AO3, AO4)

Answers may address some of the following points

- codes protect the rights and promote the interests of service users
- codes encourage staff to strive to establish and maintain the trust and confidence of service users
- codes require staff to uphold public trust and confidence
- codes require staff to support the independence of the service user
- codes require staff to be accountable for the quality of their work
- codes require staff to take responsibility for maintaining and improving their knowledge and skills
- codes guide staff and reduce confusion regarding job roles and expectations
- they inform and guide practice so that service users receive appropriate care and treatment
- codes clearly identify standards of professional conduct and facilitate disciplinary action by regulatory bodies
- codes of conduct help to promote fair treatment for all individuals
- codes reflect legislative requirements for appropriate standards of care

Also accept specific examples from codes relating to quality of care

- confidentiality
- need to gain informed consent
- anti-discriminatory practice
- respect patients/service users as individuals
- co-operate with others in teams
- minimise risk to service users

However –

- codes do not guarantee quality care as there is evidence that staff do not always adhere to codes
- codes of practice may not be implemented/it is difficult to monitor compliance
- codes of practice may be ignored by poor managers, e.g. may be reluctant to give staff time to train to update knowledge

All other valid points will be given credit.

Level 1 ([1]–[3])

Overall impression: limited

- displays limited knowledge and understanding of the extent to which codes of practice ensure the provision of quality care for service users
- there is limited discussion
- quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

Level 2 ([4]–[6])

Overall impression: adequate

- displays adequate knowledge and understanding of the extent to which codes of practice ensure the provision of quality care for service users
- there is adequate discussion
- quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

Level 3 ([7]–[9])

Overall impression: competent

- displays very good to excellent knowledge and understanding of the extent to which codes of practice ensure the provision of quality care for service users
- there is competent discussion
- to achieve in this mark band candidates should demonstrate understanding that codes of practice do not guarantee that quality care is provided

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- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear

[0] is awarded for a response not worthy of credit

[9]

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- 3 (a) (i) Which ‘giant evil’ identified by William Beveridge in 1942, reflected the need for the establishment of the National Health Service in Britain? (AO1)

Only accept

- disease

(1 × [1])

[1]

- (ii) Explain three other features of Beveridge’s plan for the provision of welfare in Britain in the 1940s (AO1, AO2)

Answers may address any three of the following points:

- idleness – job creation schemes
- squalor – housing development schemes
- want – establishment of a benefits system through national insurance deductions
- ignorance – education reform – 1944 Education Act

Other valid responses will be given credit.

[1] for key phrase(s), [2] for explanation

(3 × [2])

[6]

- (b) Discuss the following ideologies with regard to the provision of health and social welfare (AO1, AO2, AO3)

Social democracy

Answers may address any of the following points

- values collective responsibility – everyone should contribute to health and care service provision through national insurance and the existence of a welfare state
- supports state involvement – where the government controls health and care services
- charitable and private health and welfare provision is acceptable only if it is a matter of choice – the overriding ideology is that the state system must be comprehensive and provide a high standard of health and social care services
- social justice – everyone should be equally entitled to state support, e.g. universal benefits like state pensions
- a strong belief that citizens have the right to be free from poverty therefore the state should provide for those with disabilities or illnesses who cannot work in a bid to reduce inequality and prevent poverty

Other valid responses will be given credit.

[1] for key phrase/s [2] for adequate discussion [3] for fuller discussion
(1 × [3]) [3]

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Liberalism

Answers may address any of the following points

- emphasises personal and family responsibility for health and care, proponents of informal care
- too much state involvement causes dependency – services should be targeted at those in need of additional support not everyone leading to a strong belief in means testing and this would reduce levels of dependency
- state should provide services as a “safety net” for the relatively small numbers of ‘deserving’ citizens who cannot provide for themselves, e.g. the sick, elderly and children
- privatisation – private sector should be involved in delivering services because in a free market competition is the likely outcome and this leads to efficiency so is ultimately more cost effective than bureaucratic government agencies
- a strong belief in public/private partnerships to improve competitiveness and obtain better value for money
- a strong belief that there should be a mixed economy of welfare provision (state, voluntary, private and informal), with the state providing services where private companies could not profit or where charities cannot undertake the task

Other valid responses will be given credit.

[1] for key phrase/s [2] for adequate discussion [3] for fuller discussion
(1 × [3]) [3]

- (c) Discuss three ways rationing health treatments can affect the professionals who deliver services **and** three ways it can affect older patients who are denied treatment (AO1, AO2, AO3, AO4)

Answers may address any three of the following points

Effect of rationing on professionals

- may find it difficult to develop a good relationship with service users
- may feel frustrated, helpless, guilty or disempowered
- if not delivering the best treatment – may affect morale
- may be taken to court/civil actions which can be costly
- may be put under pressure, e.g. as a result of media attention or by increasing morbidity or deterioration of patients who are not being treated
- may be subject to abuse from distressed family or individual
- may become involved in lobbying activities
- may cause problems in relationships between professionals and managers
- may lose their jobs

Effect of rationing on older patients

- may feel undervalued – impact on self-esteem

- may feel angry, frustrated, let down
- may engage in research themselves in a bid to find treatment
- may bring a law suit against the health provider which can be stressful for them
- their condition may deteriorate
- they may become depressed or develop mental health problems
- PIES impact – discussion of any of these
- may have to move house to another area – post code lottery
- may feel a burden on families due to stress of situation
- may end up paying privately for treatment and this could be very expensive and could leave them in poverty

Other valid responses will be given credit.

Level 1 ([1]–[3])

Overall impression: basic understanding

- displays limited knowledge of how rationing health and social care treatment might affect the professionals who deliver services and how it might affect the older people denied the treatment
- there is limited discussion
- may list points
- quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

Level 2 ([4]–[6])

Overall impression: adequate knowledge and understanding

- displays adequate knowledge of how rationing health and social care treatment might affect the professionals who deliver services and how it might affect the older people denied the treatment
- there is adequate discussion
- answers which focus **only** on the effects of rationing on the professionals **or only** on the effects of rationing on older people cannot achieve beyond this band
- quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

Level 3 ([7]–[9])

Overall impression: competent knowledge and understanding

- displays very good to excellent knowledge of how rationing health and social care treatment might affect the professionals who deliver services and how it might affect the elderly person denied the treatment
- there is competent discussion
- at the top of this mark band candidates should discuss the effect of

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rationing care and treatment **on both** the professionals and older people

- quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear.

Level 4 ([10]–[12])

Overall impression: highly competent knowledge and understanding

- displays very good to excellent knowledge of how rationing health and social care treatment might affect the professionals who deliver services and how it might affect the older people denied the treatment
- there is highly competent discussion
- at the top of this mark band candidates should discuss in detail three effects of rationing on professionals **and** three effects on the older people denied treatment
- quality of written communication is excellent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is extremely well organised with the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard and ensure that meaning is absolutely clear.

[0] is awarded for a response not worthy of credit [12]

- (d) The aim of policies within care settings for older people is to promote high standards of care. Discuss how the whistle-blowing policy, the safeguarding vulnerable adults policy and the staff training policy can help to achieve this aim. (AO1, AO2, AO3, AO4)

Answers may discuss some of the following points

Whistle-blowing

- helps to eliminate bad practice and so service users are much more likely to experience appropriate care and treatment
- staff know inappropriate behaviour may be reported and risk losing their job and so this helps to promote high standards of care by acting as a deterrent
- provides staff with a framework for doing something about practice which is not appropriate
- gives staff the confidence to report poor practice of colleagues
- helps to create a safer environment for service users
- provides a route for disciplinary action against those who are guilty of misconduct so they can be dismissed from their job consequently this helps to protect vulnerable service users
- creates an awareness among staff of the need to provide appropriate care and treatment at all times

Safeguarding vulnerable adults

- requires staff to be checked by police and social services in order to avoid exploitation and abuse of vulnerable adults
- defines abuse – gives staff a better understanding of what constitutes abuse in order to minimize the chances of it occurring
- sets out clear lines of responsibility and reporting so that staff know exactly what to do if they suspect an older person is being abused – protects service users from danger
- identifies signs and symptoms of abuse so staff can recognise if it is happening
- promotes a sense of security for older people and their families

Staff training policy

- should help to ensure that staff know service users' rights
- should lead to anti-discriminatory practice
- should mean staff are aware of signs and symptoms of abuse and be able to act to safeguard service users
- should help to minimise risk of accidents happening and thus mean service users are safe from harm
- should lead to provision of better care, e.g. through team working
- should mean staff have improved knowledge and understanding of needs of service users and how they can be met
- should help to ensure staff are appropriately trained to do their jobs so service users experience best care
- allows for up-skilling of staff so service users should get best care
- should mean staff are familiar with policies, procedures and legislation that impact on care being provided and so care standards should reflect this
- staff understand their own job roles and those of others – leads to better team working to meet service users' needs
- should mean staff deal more effectively with family and visitors
- should mean staff have improved knowledge and understanding of older people's needs and how they can be met
- should mean staff are appropriately trained to do their jobs so older people should experience best care

Other valid responses will be given credit

Level 1 ([1]–[4])

Overall impression: basic

- Displays limited knowledge and understanding of how named policies within care settings promote high standards of care – may list points or discuss only one policy
- There is limited analysis
- Quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended

meaning is not clear.

Level 2 ([5]–[8])

Overall impression: adequate

- Displays adequate knowledge and understanding of how named policies within care settings promote high standards of care
- There is adequate discussion
- At the top of this mark band at least two policies have been discussed in detail
- Quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

Level 3 ([9]–[12])

Overall impression: competent

- Displays very good to excellent knowledge and understanding of how named policies within care settings can promote high standards of care
- There is competent discussion
- At the top of this mark band all three policies have been discussed
- Quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear.

Level 4 ([13]–[15])

Overall impression: highly competent

- Displays very good to excellent knowledge and understanding of how named policies within care settings can promote high standards of care
- There is highly competent discussion
- At the top of this mark band all three policies have been discussed extensively
- Quality of written communication is excellent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is extremely well organised with the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard and ensure that meaning is absolutely clear.

[0] is awarded for a response not worthy of credit

[15]

Total

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40

100