

Cambridge **NATIONALS LEVEL 1/2**

# **CHILD DEVELOPMENT**



Combined feedback on the January 2018 exam paper  
(including selected exemplar candidate answers and  
commentary)

Unit R018 – Health and well-being for child development

Version 1

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# INTRODUCTION

This resource brings together the questions from the January 2018 examined unit (Unit R018), the marking guidance, the examiners comments and the exemplar answers into one place for easy reference.

We have also included exemplar candidate answers with commentary for questions 4(c), 4(d)(i) and 5(c).

The examiner's comments are taken from the Report to Centre for this question paper.

The Question Paper, Mark Scheme and the Report to Centre are available from:

<https://interchange.ocr.org.uk/>

**OCR**  
Oxford Cambridge and RSA

**Level 1/2 Cambridge National in Child Development**  
R018/01 Health and well-being for child development

**Monday 8 January 2018 – Afternoon**  
Time allowed: 1 hour 15 minutes

No additional materials required for this Question Paper



First name  
 Last name  
 Centre number  Candidate number

**INSTRUCTIONS**

- Use black ink. You may use an HB pencil for graphs and diagrams only.
- Complete the boxes above with your name, centre number and candidate number.
- Answer all the questions.
- Write your answer to each question in the space provided. If additional space is required, use the lined page(s) at the end of this booklet. The question number(s) must be clearly shown.
- Do not write in the barcodes.

**INFORMATION**

- The total mark for this paper is **80**.
- The marks for each question are shown in brackets [ ].
- The quality of extended responses will be assessed in questions marked with an asterisk (\*).
- This document consists of **16** pages.

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**Unit R018/01: Health and well-being for child development**  
Level 1/2 Cambridge National Certificate in Child Development

**Mark Scheme for January 2018**



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## GENERAL EXAMINER COMMENTS ON THE PAPER

The majority of candidates answered all the questions and a wide spread of marks were achieved. There were very few 'no response' answers, often these were for single word, factual answers indicating a gap in the candidate's knowledge.

Time appears to have been used effectively and longer answer questions were attempted by the majority, suggesting that candidates had enough time to produce their responses. Most candidates were able to complete all of the questions on the examination paper itself with few using the extra pages at the back of the script or requiring additional answer books.

Many candidates had been well prepared for the examination and were able to apply their knowledge to produce well-structured, responses correctly using terminology from the specification. For Section A questions, that are context based, many candidates produced good responses that clearly related to the context provided, enabling them to achieve higher marks.

Although it was clear that they possessed knowledge some candidates were unable to gain high marks as they did not do what the question asked. Centres need to guide candidates about the command verbs in the questions – identify, describe, explain, analyse etc. For example, producing a list of ways parents can keep their child safe online, when an 'explanation' of example ways has been asked for, will not achieve more than level one marks.

Labelling of work continued on the extra pages was correct in many cases, but there were some that had to be worked out by the Examiner as the numbering was incorrect. It would be helpful if candidates could be encouraged to give the correct question number and the correct part of the question for example 3(b).

A number of scripts proved challenging to mark due to the poor handwriting. This can be very difficult for Examiners to decipher and candidates should be encouraged to write as clearly as possible so that they can gain full credit for their responses.

### Resources which might help address the examiner comments:

From the link below, you'll find 'The OCR guide to examinations' (along with many other skills guides)

<http://www.ocr.org.uk/i-want-to/skills-guides/>

## Questions 1(a) and (b)

### Section A

Answer **all** the questions.

1 Seema is 6 months pregnant. She is attending an antenatal appointment with her midwife to discuss arrangements for the birth of her baby. Seema wants to know what happens during the first stage of labour.

(a) Give the meaning of the term 'antenatal'.

**One** definition. **One** mark.

**Antenatal:**

- ante = before natal = birth
- pre-birth
- before birth

[1]

(b) Identify **four** features of the first stage of labour so that Seema knows what to expect.

1. **Four** identifications required. **One** mark each.

**Features of stage one:**

.... **Show**

- 2. a 'show'/discharge of blood-stained mucus
- back ache/back pain
- nausea/vomiting/diarrhoea

.....

.....

.....

3. **Waters break**

- waters break – membranes rupture
- amniotic fluid escapes via the vagina
- 4. cervix starts to soften so that it can open/dilate
- head moves down in the pelvis/moves into position

.....

.....

.....

.... **Contractions**

- regular muscular contractions/begin to have contractions
- contractions start slowly, but become stronger
- contractions open up the cervix
- usually longest stage – can last 15 – 18 hours

[4]

### Mark Scheme Guidance

#### Question 1(a):

Any **one** answer from the list.

#### Do not accept:

- during pregnancy
- after conception.

#### Question 1(b):

Any **four** points from the list.

#### No repeats.

Wording of answers does not have to exactly match that of the mark scheme.

**Do not accept:**

- uterus opens
- show of the baby's head/crowning
- moves into birth canal.

**Examiner comments**

**Question 1(a)** – The majority of candidates understood the term 'antenatal'. A small number however referred to 'care during pregnancy' or 'classes that pregnant women go to'.

**Question 1(b)** – Correctly answered by the majority of candidates with many gaining full marks. Common incorrect responses were signs of pregnancy, 'crowning' or 'pain relief needed'. Some answers were a little vague particularly about the cervix dilating where a number wrote that 'the vagina gets wider'.

## Question 1(c)

(c) Seema also needs advice about the use of pethidine or gas and air (Entonox) for pain relief during her labour.

Complete the tables below by giving **two** different advantages and **two** different disadvantages for pethidine and Entonox.

Do not use an advantage in one type of pain relief as a disadvantage in the other type.

**Four** marks for advantages. **Four** required.

**Four** marks for disadvantages. **Four** required.

Pethidine	
Advantages	Disadvantages
<p><b>1 Advantages:</b></p> <ul style="list-style-type: none"> <li>• lasts between 2 and 4 hours</li> <li>• administered by midwife – doctor not needed</li> <li>• strong pain killer</li> <li>• also helps mother to relax</li> <li>• useful in early stages of labour.</li> </ul>	<p><b>1 Disadvantages:</b></p> <ul style="list-style-type: none"> <li>• have to have an injection/afraid of needles</li> <li>• can take 20 minutes to work</li> <li>• can cross placenta and make baby drowsy</li> <li>• the drug can affect baby's first feed</li> <li>• can affect baby's breathing</li> <li>• can make mother sick</li> <li>• can make mother disorientated/woozy/sleepy.</li> </ul>
<b>2</b>	<b>2</b>

[4]

Gas and air (Entonox)	
Advantages	Disadvantages
<p><b>1 Advantages:</b></p> <ul style="list-style-type: none"> <li>• does not affect the baby/no harmful side-effects for baby</li> <li>• works very quickly</li> <li>• mother can control own intake</li> </ul>	<p><b>1 Disadvantages:</b></p> <ul style="list-style-type: none"> <li>• does not relieve all the pain – not a strong pain killer</li> <li>• short term effect/wears off quickly</li> <li>• gives mother a very dry mouth</li> </ul>
<p><b>2</b></p> <ul style="list-style-type: none"> <li>• drug does not stay in the system</li> <li>• contains oxygen, which is good for baby</li> <li>• can be used for home or water birth</li> <li>• easily breathed in through mask/mouthpiece.</li> </ul>	<p><b>2</b></p> <ul style="list-style-type: none"> <li>• can make mother sick</li> <li>• can make mother light-headed/dizzy/drowsy.</li> </ul>

[4]

## Mark Scheme Guidance

### Pethidine

- two advantages – 1 mark each
- two disadvantages – 1 mark each.

### Gas and air (Entonox)

- two advantages – 1 mark each
- two disadvantages – 1 mark each.

**Do not credit any repeats.**

**Do not use an advantage in one type of pain relief as a disadvantage in the other type.**

### Do not accept:

For Pethidine

- works quickly
- safe
- reference to epidural
- can have more than one injection

For Entonox

- sometimes it doesn't work/not effective
- makes the baby stressed/distressed

For either Pethidine or Entonox

- drug free
- could be allergic to it
- reduces pain/won't feel pain/stops pain
- no side effects

### Examiner comments

A mixture of responses with only a small number of candidates gaining full marks. Many confused Pethidine with an epidural. Many responses were often vague or repetitive stating that it relieves/reduces pain. Some candidates used one advantage as a disadvantage for the other which is repetition. Overall candidates seemed to be more familiar with gas and air.

## Question 1(d)

(d) Seema's baby is delivered with the assistance of forceps.

Describe **how** and **why** a forceps delivery may be used.

**Two** marks for a correct description.

### Forceps delivery

#### How:

- large metal tongs are placed around the baby's head
- some forceps are designed to turn the baby into the right position to be born
- used by an obstetrician by gently easing the head out to help deliver the baby.

[2]

#### Why:

- when there are concerns over baby's heart rate/baby distressed
- if baby is in an awkward position
- if mother is too exhausted / too tired to push
- if contractions are not strong enough to push the baby out
- if labour is progressing too slowly
- if mum has had an epidural and can't feel to push
- difficulties in getting the baby out.

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## Mark Scheme Guidance

Any **two** points.

1 mark for 'how'.

1 mark for 'why'.

#### Do not accept:

- when the baby is stuck
- pull the baby out.

## Examiner comments

A number of candidates gave clear 'how' and 'why' gaining full marks. Many gained only one mark usually for the 'how', with less clarity about 'why' forceps would be used. There were many rather graphic descriptions, lacking accuracy, suggesting forceps are used for 'gripping', 'grabbing' and 'clamping' the baby's head and 'pulling it out'.

## Questions 2(a) and (b)

2 Tracey's baby has just been born. The midwife tells Tracey and her partner Ash that she is going to check the baby's APGAR score.

The table below shows APGAR scores.

Score	0	1	2
Appearance	blue / pale	body pink toes and fingers blue	completely pink
Pulse	absent	slow – below 100 per minute	fast – above 100 per minute
Grimace	no response	grimace	crying / cough / sneeze
Activity	limp	some limb movement	active movement
Respiration	absent	slow - irregular	strong cry

(a) Explain the purpose of the APGAR score.

Two marks for a correct explanation.

**Purpose of APGAR score:**

- assessing/checking the health of a newborn baby to identify any problems/ complications
- a quick appraisal of initial health – how the baby is doing in the first few minutes of life
- evaluates five vital signs – what they are for explanation
- taken immediately after birth and again 5 minutes later to indicate whether help or additional attention may be needed
- assessing if help with breathing is needed – oxygen or airway
- needs to be cleared out
- to identify if urgent attention from a paediatrician is required.

(b) Tracey and Ash's baby has an APGAR score of 9.

State what an APGAR score of 9 means.

Two marks for a correct answer.

**APGAR score of 9:**

- indicates a healthy baby
- the baby is in good to excellent condition
- only needs routine care
- no additional help is needed –breathing, lungs/airway clear, heart rate good
- a 'normal' score
- higher the score the better the baby is doing
- baby has no complications.

## Mark Scheme Guidance

### Question 2(a):

#### Two marks:

- accurate purpose given
- detail in the explanation clearly shows understanding.

#### One mark:

- a use identified
- limited or no explanation.

Question is 'explain' so do not accept vague answers such as:

- shows if baby is well
- shows baby is healthy.

### Question 2(b):

Any **one** point.

Do not credit simple repetition of details from the table without additional information.

#### Do not accept:

- shows the baby is ok.

## Examiner comments

**Question 2(a)** – Some candidates were very knowledgeable about the purpose of the APGAR score responding well and gaining full marks for answers including reference to checking or assessing the baby to identify any complications, need for specialist help or tests taken immediately after birth and five minutes later to determine the condition of the baby. Other weaker answers were very vague such as 'shows if a baby is healthy'.

**Question 2(b)** – Generally well answered with many candidates gaining the mark for shows the baby is healthy. A few candidates thought that 9 was a poor score or gave vague answers such as 'the baby is ok'.

## Question 2(c)

(c) (i) Name the white greasy substance found on the baby's skin at birth.

**One** mark for correct identification.

Vernix

[1]

(ii) Name **one** reflex action of a newborn baby.

**One** mark for correct identification.

**Reflexes:**

- grasp/grasping/gripping
- rooting
- startle (Moro)/falling
- sucking/swallowing
- walking/stepping.

[1]

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## Mark Scheme Guidance

### Question 2(c)(i):

**This is the only acceptable answer.**

Award Benefit of doubt if spelling is incorrect, but the word must be recognisable.

### Question 2(c)(ii):

Correct terminology required.

#### Do not accept:

- crying
- moving of the feet
- blinking
- clenching.

## Examiner comments

**Question 2(c)(i)** – Most candidates knew the correct answer.

**Question 2(c)(ii)** – Generally correct responses. The most common incorrect response was 'crying'.

## Questions 2(d), (e) and (f)

(d) Tracey's health is checked after the birth. This is called the postnatal check.

How soon after the birth is the new mother's postnatal check usually carried out?

**Tick** the appropriate box in the table below.

Timing of the postnatal check	Tick ✓ one only
6 hours after the birth	
6 days after the birth	
6 weeks after the birth	✓
6 months after the birth	

[1]

(e) State **three** checks that would be carried out for Tracey during the postnatal check.

1. **Three** checks required. **One** mark each.
  - weight
  - blood pressure
  - urine test
  - check uterus going back to size
  - perineal check – asked if any concerns about stitches/tears/cuts in perineum/constipation/haemorrhoids/pelvic floor
  - checking scar if she had a Caesarean
  - has she had a period yet/have periods returned to normal
  - any vaginal discharge?
  - any concerns about contraception?
  - any concerns about any aspect of sex?
  - asked how she is feeling – tired/low/depressed/post-natal depression
  - rubella immunity check
  - opportunity to discuss any concerns about self or baby/sleeping/feeding.

.....

.....

.....

[3]

(f) From 10 days after the birth a health visitor provides advice and support for **Tracey and Ash**.

Give **two** examples of the type of advice or support a health visitor can provide.

1. **Two** examples required. **One** mark each.  
**Health visitor support:**
  - advises on whether baby is making expected progress
  - provides emotional support – 'baby blues'
  - can refer to a specialist – postnatal depression
  - breast feeding support/feeding
  - advice on baby routines – sleep, feeding
  - advice on attending baby clinic
  - discuss timetable for immunisations
  - put parents in touch with other local parents/mother and baby groups
  - advice on pelvic floor exercises
  - advice on baby health
  - advice on baby safety
  - advice on preventing cot death
  - advice on healthy lifestyle/healthy diet
  - advice on how Ash can help.

.....

.....

.....

[2]

## Mark Scheme Guidance

### Question 2(d):

**This is the only acceptable answer.**

### If more than one answer is ticked:

No mark should be awarded.

### Question 2(e):

Any **three** checks.

### Do not accept:

- pulse
- heart rate
- breathing
- eating
- her relationship with partner.

### Question 2(f):

Any **two** examples of support.

Support may be for Ash or Tracey.

**Do not accept** 'check on how well they are doing' or similar as this is too vague.

## Examiner comments

**Question 2(d)** – Many correct responses, but quite a number of candidates thought it was 6 hours or 6 days.

**Question 2(e)** – Many correct responses, the most common incorrect answer was either 'blood check' or 'blood test'.

**Question 2(f)** – A range of responses with correct answers linked to feeding advice, immunisations, baby groups and post-natal depression. However a number of candidates referred to providing financial advice and the health visitor cooking, cleaning and looking after the baby. Some vague answers just stated she would 'give advice'.

## Question 2(g)

(g) Give **two** ways Ash could support Tracey during the first few weeks after the birth.

1. **Two** ways required. **One** mark each.

**Ash could:**

- ..... • help with feeding baby – if bottle fed or milk expressed: preparing bottles, giving feeds
- 2. .. • get up at night if baby is crying
- ..... • help her to rest – do chores around the house, laundry, cleaning etc
- ..... • look after other children
- ..... • prepare meals
- ..... • do the shopping
- ..... • bathing baby
- ..... • nappy changing
- ..... • emotional support
- ..... • time alone with baby – bonding
- ..... • be there – take paternity leave/no overtime at work
- ..... • take care of visitors – Tracey needs to rest.

.....

.....

.....

[2]

### Mark Scheme Guidance

Any **two** ways.

**Do not accept:** 'looking after the baby' – too vague. Must be qualified with what he is doing.

### Examiner comments

The majority gave specific, practical suggestions which gained marks, examples include nappy changing, night feeds, housework, shopping and cooking. Where candidates did not gain marks it was due to vague responses that did not include an actual 'way' of supporting Tracey, such as 'helping with the baby'.

## Question 3(a)

3 Read the following information about internet access for children under five.

### KEEPING UNDER FIVES SAFE ONLINE

Children love using technology.

They are learning to navigate websites, play with online games and consoles, and use touch screen technology like tablets and smartphones from a younger and younger age.

It has been found that 40% of all 3-4 year olds are now using the internet in their homes.

Adapted from:

<http://www.childnet.com/ufiles/Keeping-Under-Fives-Safe-Online.pdf>



(a) Identify **four** different possible dangers for young children when using the internet.

1.	<ul style="list-style-type: none"><li>• <b>Four</b> dangers required. <b>One</b> mark each.</li></ul>	.....
2.	<ul style="list-style-type: none"><li>• befriending (older) strangers/online grooming/talking to strangers/stranger danger</li></ul>	.....
3.	<ul style="list-style-type: none"><li>• cyberbullying/bullying</li><li>• gaming/addiction due to too much time online</li></ul>	.....
4.	<ul style="list-style-type: none"><li>• in-app purchases</li><li>• inappropriate content/pop-up ads/films/dangerous behavioural influences</li><li>• pornography/racism</li><li>• premium rate content</li><li>• unaware that social networking sites are publically visible</li><li>• viruses and spyware/unsafe websites</li><li>• giving out personal information.</li></ul>	..... [4]

### Mark Scheme Guidance

Any **four** dangers

#### Do not accept:

- no fresh air and exercise
- stalkers
- hackers.

### Examiner comments

Candidates have an understanding of the dangers of the internet and correct responses were based around strangers, giving out personal information, cyber bullying, and inappropriate content. However many answers were repetitive or unclear, with incorrect responses linked to hacking, stalkers, or vague comments for example 'things that they should not see'.

## Question 3(b)

**(b)\*** Identify and explain ways that parents/carers could help their young child to use the internet safely.

Your answer must:

- include examples of what parents/carers could do
- explain how your examples can help to keep a child safe online.

**Parents/carers could:**

- **set rules and agree boundaries** – create a family agreement including when time can be spent online, sites that can be visited, games that can be played etc
- **use of parental locks or controls** – prevents access to inappropriate sites or content
- **explore sites together** – designating weekly times to explore under supervision
- **use safe search facilities** – helps avoid inappropriate content/sites
- **place computer in a busy part of the house** – easier for parents/carers to monitor use and get involved
- **use of portable devices** – enable use where they can be seen/supervised
- **remove portable devices from bedrooms** – to avoid unsupervised use
- **talking to children about internet use** – informs child how to be safe and dangers that exist
- **find out about safe internet use** – use websites such as childnet.com and CEOP for parental guidance and information.

**Generally how children are kept safe online:**

- parents/carers aware of their child's online activity
- inappropriate sites/content access blocked
- time online restricted to when adult can supervise
- always an adult present to monitor/supervise use
- informed parents/carers will be aware of the risks and dangers, know what to look for.

[8]

## Mark Scheme Guidance

Content	Levels of response
<b>Level 3 checklist</b> <ul style="list-style-type: none"> <li>• detailed explanation</li> <li>• 2 or more examples of ways</li> <li>• understanding of how the ways keep children safe online is evident</li> <li>• Quality Written Communication (QWC) – high</li> </ul>	<b>Level 3 (7–8 marks)</b> Answers will provide a detailed explanation of at least two examples of ways parents/carers could help their child use the internet safely. Answers are coherent, clear and logically structured. There will be few errors, if any, of grammar, punctuation and spelling.
<b>Level 2 checklist</b> <ul style="list-style-type: none"> <li>• some explanation not fully developed</li> <li>• 1 or 2 examples of ways that are relevant to keeping children safe online</li> <li>• may be only one way done well at lower end</li> <li>• QWC – mid</li> </ul>	<i>There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.</i>
<b>Level 1 checklist</b> <ul style="list-style-type: none"> <li>• basic explanation/information</li> <li>• ways identified</li> <li>• little or no explanation of how the ways link to child safety</li> <li>• list like/muddled</li> <li>• QWC – low</li> </ul>	<b>Level 2 (4–6 marks)</b> Answers will provide some explanation of one or two ways parents could help their child use the internet safely. Answers are presented with some structure and are relevant to keeping children safe online. There may be some errors of grammar, punctuation and spelling.
<b>Do not credit:</b> <ul style="list-style-type: none"> <li>• examples of what the parents should not do.</li> <li>• show videos/books unless qualified</li> <li>• encourage the child not to use the computer.</li> </ul>	<i>There is a line of reasoning presented with some structure. The information presented is in the most-part relevant and supported by some evidence.</i>
	<b>Level 1 (1–3 marks)</b>
	Answer provides way(s) parents could help their child use the internet safely. May not be explicitly linked to keeping children safe. Answers may be list like, muddled, demonstrating little knowledge or understanding. Errors of grammar and spelling may be noticeable and intrusive.
	<i>The information is basic and communicated in an unstructured way. The information is supported by limited evidence and the relationship to the evidence may not be clear.</i>

## Examiner comments

There were some excellent answers, possibly because this is a very current topic which has been covered generally by schools and in the media, and which is relevant to the candidates' age range as well as young children.

Some good examples of what parents could do were based around raising awareness of strangers, giving out personal information, cyber bullying, and inappropriate content. Also being consistent with rules, including only using tablets under parental supervision.

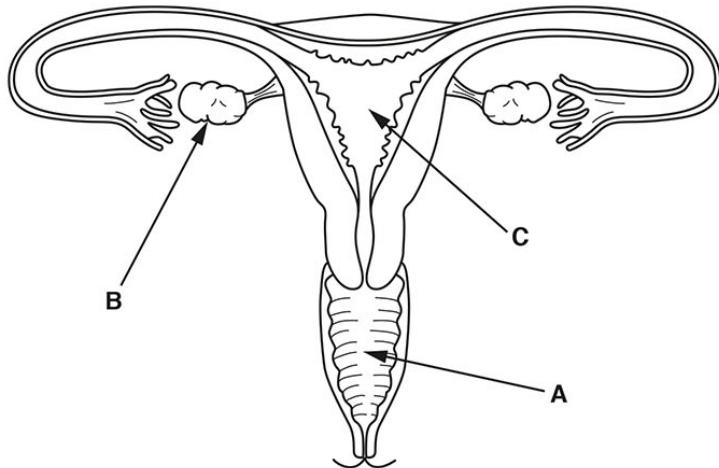
Many responses often gave or described a 'way' but lacked any explanation of how it would work to help children keep safe online. This limits marks to Level 1 or 2 as candidates had not noted that the command verbs are 'identify' and 'explain'.

## Questions 4(a), (b) and (c)

## Section B

Answer **all** the questions.

4 Below is a diagram of the female reproductive system.



(a) Which arrow is pointing at the **uterus**? **One** mark for correct identification.

Arrow	Tick ✓ one only
A	
B	
C	✓

[1]

(b) Give the correct name for the lining of the uterus.

**One** mark for correct identification.

- Endometrium

[1]

(c) Describe how the lining of the uterus changes during the menstrual cycle.

**Two** marks for a correct description.

- the lining is shed/breaks down and flushed out of the uterus during menstruation
- over the next 14 days it repairs itself and thickens up/gets thicker in preparation for pregnancy/to receive fertilised egg
- the lining changes throughout the menstrual cycle are in response to hormones (oestrogen).

[2]

## Mark Scheme Guidance

### Question 4(a):

This is the only acceptable answer.

Mark not to be awarded if more than one option is ticked.

### Question 4(b):

This is the only acceptable answer.

Award benefit of doubt if spelling is incorrect, but the word must be recognisable.

### Question 4(c):

Any **two** points.

Wording does not have to exactly match that on the mark scheme.

## Examiner comments

**Question 4(a)** – The majority of candidates gave the correct answer.

**Question 4(b)** – The candidates who gave a correct answer also had the correct spelling. Some candidates just repeated 'uterus lining' from the question or 'uterus wall'. Some candidates did not attempt the question.

**Question 4(c)** – The majority of candidates gained at least 1 mark. Most were able to mention the 'break down' of the lining or that it thickens, fewer candidates were able to state enough for the second mark.

## Exemplar candidate work

## Question 4(c) – Low level answer

(c) Describe how the lining of the uterus changes during the menstrual cycle.

the lining of the uterus breaks  
down during the menstrual cycle  
If the egg doesn't get fertilised [2]

**Commentary**

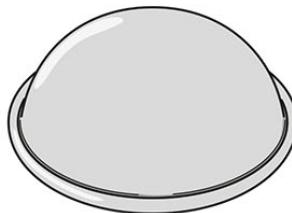
This question is worth two marks and requires two pieces of information in the form of a description about how the uterus changes during the menstrual cycle.

This is a lower level answer because it only provides one brief point about how the uterus changes during the menstrual cycle, which is that 'the lining of the uterus breaks down'.

To gain the second mark the candidate needs to provide additional correct factual information about how the uterus changes during the menstrual cycle. This information could include that the lining then repairs itself over the next 14 days and thickens up, or that it thickens in preparation for receiving a fertilised egg.

## Question 4(d)

(d) (i) The picture shows a diaphragm. It is also known as the cap. It is a barrier method of contraception.



Describe how the diaphragm works.

**Three** marks for a correct explanation.

**How the diaphragm works:**

- must be fitted for correct size
- has to be inserted into the vagina (before sex)
- it covers the cervix preventing sperm from entering the uterus and fertilising an egg
- must be used with a spermicidal gel or cream to kill the sperm
- must be left in place for at least 6 hours after sex, then it can be removed.

.....  
.....  
.....  
.....  
.....  
.....

[3]

(ii) Give **one** advantage and **one** disadvantage of the diaphragm as a method of contraception.

Advantage ..... **One** mark for an advantage. **One** mark for a disadvantage.

**Advantages:**

- only need to use it when you want to have sex
- can be fitted at a convenient time in advance of having sex
- there are no serious health risks or side effects
- can be washed and reused
- inserted by woman herself/control.

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[2]

**Disadvantages:**

- a woman has to be fitted for the correct size by a doctor or nurse
- it can take time to learn how to use it correctly
- if you gain or lose weight or have a baby a new diaphragm (cap) may be needed/has to be checked every 12 months for size
- limited protection against STIs
- not as effective as some other methods of contraception/92–96% effective
- cystitis (bladder infection) can be a problem for some women who use a diaphragm (cap)
- allergic reaction to spermicide/latex.

## Mark Scheme Guidance

### Question 4(d)(i):

Any **three** points.

#### Do not credit:

- prevents STIs
- covers the womb
- it can be taken out
- acts as a barrier.

### Question 4(d)(ii):

#### Do not credit:

- anything higher than 96% effective
- 'prevents' or 'protects' against STIs
- may fall out – too vague
- you don't get pregnant.

## Examiner comments

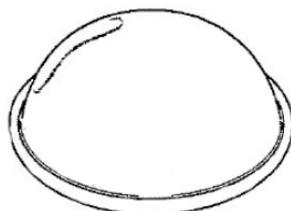
Some candidates confused the diaphragm with the female or male condom. Quite a few stated that it had to be 'inserted by a doctor', others stated that it 'fitted on the end of the penis' and 'stopped sperm going up the vagina'. Very few mentioned the need for it to be used with spermicide, or just gave a vague 'gel'. Few candidates were accurate enough with where the diaphragm is actually placed – usually not saying that it 'covered the cervix'. Many responses incorrectly said it protected against STI's.

Generally disadvantages were better attempted than advantages. For disadvantages 'not 100% effective' was the most common correct answer. For advantages a lot of answers were vague ones about 'stopping you getting pregnant' these did not achieve marks.

## Exemplar candidate work

## Question 4(d)(i) – Low level answer

(d) (i) The picture shows a diaphragm. It is also known as the cap. It is a barrier method of contraception.



Describe how the diaphragm works.

The diaphragm must be used with spermicide and it is used as a barrier method of contraception. It is placed on the cervix (requires medical advice, the ~~first~~ first time) and it prevents sperm from making their way ~~into the female~~ <sup>into the</sup> body. It acts as a barrier so no sperm can ~~go~~ enter. [3]

### Commentary

The question requires an explanation of how the diaphragm works.

This is a low level answer because there is only one valid point explained at a basic level.

The answer begins by stating that the diaphragm 'must be used with spermicide'. A valid point, but the command verb is 'explain'. A reason is not provided to explain why the spermicide is needed.

The answer states that the diaphragm is placed 'on' the cervix and continues by saying the diaphragm prevents sperm 'making their way further into the female'. This is a vague statement but it is a basic explanation of how it works.

The point about needing medical advice is not relevant as it has nothing to do with how it works.

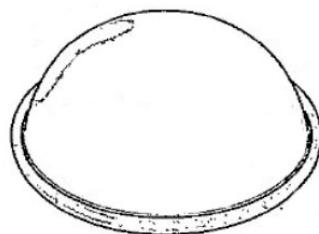
The answer also features repetition as it states twice that this is a 'barrier' method of contraception, and is anyway a fact that is given in question and so does not gain any marks.

To gain more marks the answer needs to avoid repetition and vague statements. It needs to contain more precise information, which is properly explained.

## Exemplar candidate work

## Question 4(d)(i) – Medium level answer

(d) (i) The picture shows a diaphragm. It is also known as the cap. It is a barrier method of contraception.



Describe how the diaphragm works.

It is placed over the cervix and stops the mucus from breaking away - which stops the sperm from meeting the egg.

[3]

### Commentary

This is a medium level answer as two clear explanations have been provided. The correct position of the diaphragm is given, that is 'over the cervix' this is then linked to how it acts as a barrier because it 'stops the sperm from meeting the egg'.

The information about mucus in the middle of the paragraph is not relevant to the explanation and so gains no marks.

To gain full marks additional information about using spermicide to kill the sperm could have developed the explanation further.



### Question 5(c)

(c)\* Warmth is one of the basic primary needs of babies and young children.

Discuss what parents/carers should consider when providing **warmth** for babies and young children.

## Warmth:

- The room where a baby sleeps should be warm rather than hot – 18°C is ideal.
- use a nursery thermometer – to keep a check on the room temperature.
- Babies overheating can increase the risk of SIDS – check by touching their tummy; cooler hands or feet are normal.
- If a sleeping baby is sweating or the tummy feels hot to touch – remove some of the bedding or heat rash can develop.
- Babies lose excess heat through their heads, so make sure their heads can't be covered by bedclothes while they're asleep – 'feet to foot' position to prevent wriggling under bedclothes.
- Babies kept in a cool place too long lose more heat than they can generate – can result in hypothermia.
- Babies lose heat very quickly and easily become chilled – the room where they are bathed should be draught free and at least 20°C.
- Cold and damp environments can cause young children to develop respiratory illnesses such as asthma or other infections – adequate heating is required for a healthy environment.
- Appropriate clothing should be provided for cold or hot weather (examples may be provided) – to avoid loss of body temperature/hypothermia or dehydration/layers
- Safety aspects e.g. fire guards, hot radiators etc.

Answers may relate to babies and/or young children.

[6]

## Mark Scheme Guidance

Content	Levels of response
<b>Level 3 – checklist</b> <ul style="list-style-type: none"> <li>• detailed discussion</li> <li>• at least two points to consider</li> <li>• relevant information</li> <li>• Quality written communication (QWC) – high</li> </ul>	<b>Level 3 (5–6 marks)</b> Answers will provide a detailed discussion of at least two points that should be considered. The answer is well-developed, clear and logically structured. The information presented is relevant. There will be few errors, if any, of grammar, punctuation and spelling.
<b>Level 2 – checklist</b> <ul style="list-style-type: none"> <li>• sound discussion</li> <li>• one or more points to consider – but not fully developed</li> <li>• relevant information</li> <li>• QWC – mid</li> </ul>	<i>There is a well-developed line of reasoning which is clear and logically structured. The information presented is relevant and substantiated.</i>
<b>Level 1 – checklist</b> <ul style="list-style-type: none"> <li>• basic/limited discussion</li> <li>• may be a simple identification of ways to keep babies/children warm</li> <li>• list like/muddled</li> <li>• QWC – low</li> </ul> <p>No credit for: 'psychological warmth'.</p>	<b>Level 2 (3–4 marks)</b> Answers will provide a sound discussion of one or more points that should be considered. The answer presented with some structure and the information presented is in the most part relevant. There may be some errors of grammar, punctuation and spelling. <b>Sub-max of 3</b> if just one point discussed <i>There is a line of reasoning presented with some structure. The information presented is in the most-part relevant and supported by some evidence.</i> <b>Level 1 (1–2 marks)</b> Answers will provide a basic discussion of providing warmth. List like answers should be placed in this level. Answers may be muddled, demonstrating little knowledge or understanding. Errors of grammar and spelling may be noticeable and intrusive. <i>The information is basic and communicated in an unstructured way. The information is supported by limited evidence and the relationship to the evidence may not be clear.</i>

## Examiner comments

This question was not well answered. Some candidates confused it with 'human warmth' and suggested showing the child you love them and give them lots of hugs.

Information given was restricted and often vague. Few gave the room temperature 18°C/20°, in fact some said the temperature of the room should be 37°C. Responses were often restricted to seasonal clothing and blankets and layering. Some candidates vaguely referred to 'illnesses from the cold' rather than hypothermia or respiratory illnesses for example. Very few mentioned the danger of SIDS, suffocation and overheating. A few did mention that babies cannot regulate their body temperature compared to older children. But generally there was a significant lack of specific knowledge and detail in the answers provided.

## Exemplar candidate work

## Question 5(c) – Medium level answer

(c)\* Warmth is one of the basic primary needs of babies and young children.

Discuss what parents/carers should consider when providing warmth for babies and young children.

Parents should consider warmth for the baby. Baby's don't need as much warmth as some adults do because they can easily overheat. If giving a hat for the baby to wear they should make sure that it is taken off when they go to sleep so prevent SIDS. They should dress the child/baby in appropriate clothing according to the weather so that the baby/child doesn't get too hot or too cold. They should provide the correct duaggle or duvet for the seasons. Children and babies lose a lot of heat out of their head so they need to think about ~~warming~~ putting a hat on the child to ~~keep~~ keep their body temperature.

*suitable clothing*

[6]

## Commentary

The command verb for this question is 'discussion' and so the answer should consider ideas and situations. The answer begins with a statement of the danger of overheating giving a basic example of a baby needing a hat while outside and the head needing to be uncovered indoors. It goes on to mention the danger of SIDS and dressing the baby in appropriate clothing for the weather so the baby does not get too hot or cold.

The response, however, consists mainly of statements, not points that are discussed with information about why. Such as the fact that babies are dependent on adult for protection from being too hot or cold as they cannot take off clothing or put it on themselves. Or that babies lose more heat than they generate and so will develop hypothermia if kept in a cold place for too long.

The content of the answer could have been further developed in various ways. Such as: reference to the temperature of the room where the baby sleeps, using a room thermometer for example, or consideration of safety aspects such as hot radiators, fire guards etc. The topic of SIDS could have been addressed in more detail and the advice given to help avoid this danger. What 'appropriate clothing' consists of could have been considered in more detail.

The candidate would have been able to gain a higher mark if the answer had perhaps been more organised, written in paragraphs with each paragraph focussing on a specific aspect of providing warmth and discussing what it involves in more detail than in this response.

## Exemplar candidate work

## Question 5(c) – High level answer



(c)\* Warmth is one of the basic primary needs of babies and young children.

Discuss what parents/carers should consider when providing **warmth** for babies and young children.

parents / carers should ensure they have the correct clothing for different types of weather, in the winter the baby should have a coat, gloves, scarf and hat, the hat is very important as most heat is lost through the baby's head. The parents should ensure they have central heating within the home, however when the baby is sleeping the baby's room shouldn't exceed 26° as when a baby overheats it can be a cause of seizures. The last thing is making sure the pram or buggy has a blanket buggy the child gets into has a foot muff that covers the baby's body to make sure they are kept warm from the cold.

[6]

**Commentary**

The command verb for this question is 'discussion' and so the answer should consider ideas and situations.

The answer is structured with paragraphs focussing on specific aspects of providing warmth. The response covers providing appropriate clothing for different types of weather, using a hat to prevent heat loss through the baby's head, use of central heating, room temperature and effects of overheating and pram with a foot muff. So there are several valid and relevant points about aspects of proving warmth for babies and children. This demonstrates a clear understanding of the topic.

The candidate would have been able to gain a higher mark if the answer had a more developed line of reasoning for the aspects discussed instead of just general statements that are not fully detailed. For example the point about heat loss through the head could additionally have referred to babies not being able to maintain their own temperature, relying on adults for this and that babies easily lose a lot of heat through their heads. This would have been a more fully developed point.

To achieve full mark high level answer the response would need to have, at most, two or three fully detailed aspects considered rather than the several aspects given that are just briefly described and not developed with additional information to provide an informed discussion.

The Pamela Minett Child Care and Development textbook (Hodder) has a very useful section on providing warmth in the 'Needs of a baby' chapter.

## Question 5(d)

(d) It is important for babies and children's health and well-being that they are kept clean. State **five** different ways that parents/carers can keep their child clean.

1. **Five** ways required. **One** mark each:

**Ways of keeping children clean:**

2. • blowing nose
3. • brushing teeth
4. • changing bedding
5. • changing nappies
6. • cleaning nursery equipment
7. • cleaning toys
8. • parent cleanliness – own personal hygiene/clothes etc
9. • regular bathing/showering
10. • regular hair washing
11. • teaching handwashing routine/wash hands/clean finger nails
12. • 'topping and tailing'
13. • washing clothes/changing clothes
14. • keep home environment clean
15. • teaching use of toilet paper/front to back.

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## Question 5(e)

(e) Shown below is the BSI symbol, also known as the Kitemark.



(i) Labels with the BSI symbol can be found on many products for children. Give **one** example of a product that would have a BSI label.

**One** mark for a correctly identified product.

Examples of products:

**Travelling equipment**

- pram
- buggy
- car seat,
- baby carrier
- cycle helmet.

**Feeding equipment**

- steriliser
- bottles
- breast pump.

**Sleeping equipment**

- cot
- mattress
- Moses basket.

**Toys**

- teddy bear
- toy car
- tricycle.

Accept other appropriate products for children.

[1]

(ii) State what the BSI label means.

**One** mark for each correct statement. **Two** required.

**The BSI symbol**

**Testing:**

Symbol confirms that the British Standards Institution has tested the product.

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[2]

**Safety:**

The product meets the safety standards required for that particular product/safe to play with/use.

**Quality:**

The product is manufactured to a high standard and is of good quality.

## Mark Scheme Guidance

### Question 5(e)(i):

Accept the generic term or specific products.

Question requires an 'example of a product' so do not accept the generic term such as 'toys'.

Products should relate to children.

### Question 5(e)(ii):

Any two points.

Wording does not have to be exactly as shown.

#### Do not credit vague answers such as:

'safe' – must be qualified i.e. safe to use.

## Examiner comments

**Question 5(e)(i)** – The question required an example of a product, so generic responses such as 'toys' did not gain the mark. A specific example of a toy is required.

**Question 5(e)(ii)** – Many candidates gained just 1 mark for 'meeting safety standards'. The fact that the product will have been tested is a gap in most candidate's knowledge.

## Questions 6(a) and (b)

6 If children do not eat a healthy balanced diet they may develop a deficiency disease.

(a) The **effects** of some dietary deficiencies are shown in the box below.

anaemia	rickets	constipation
scurvy and slow healing wounds		impaired vision

Complete the table below to match **each** dietary deficiency with its **effects**.

**Four** effects required. **One** mark each:

Dietary deficiency	Effects
Lack of vitamin A	impaired vision
Lack of vitamin C	scurvy/slow healing wounds
Lack of calcium	rickets
Lack of iron	anaemia

[4]

(b) Name **one** food that is a good source of calcium.

**One** mark for a correct identification. **One** required.

..... [1]

- bread and fortified cereals
- cheese
- eggs
- green leafy vegetables e.g. broccoli, cabbage, okra
- milk/yoghurt
- dairy
- nuts
- oily fish/fish with edible bones e.g. sardines, pilchards
- soya beans
- tofu.

## Mark Scheme Guidance

### Question 6(a):

These are the only acceptable answers.

**If more than one effect is given in the box, credit the first answer given.**

### Question 6(b):

Any **one** point.

## Examiner comments

**Question 6(a)** – A full range of marks were achieved for this question. Some candidates gained full marks, with many gaining just 1 or two marks. The majority of candidates had understanding of anaemia and rickets as these were the two most common correct answers. Candidates need to be reminded to follow the instructions provided, as a number wrote in their own effects rather than use those from the list in the box. Others put more than one effect in each box. In this case the first effect given is the only one credited.

**Question 6(b)** – The majority of candidates gained the mark, usually by stating milk, yoghurt or cheese.

## Question 6(c)

(c) Give **two** different ways that parents/carers could encourage a child to eat a balanced diet, so that deficiency diseases are avoided.

1	<b>One</b> mark for a correctly identified way. <b>Two</b> required.	.....
	• making healthy food attractive/fun to eat, 'faces', colours, textures etc	.....
...	• not to provide snacks between meals/only provide healthy snacks	.....
2	• disguise vegetables for example mash them, make soup	.....
	• provide a range of different foods – get them used to variety	.....
...	• own cutlery/plates – feel special	.....
	• small portions of new foods – encourages child to try a little	.....
	• parent/carer sets good example of healthy eating	.....
	• involve child in preparing healthy food/cooking activities	.....
	• shop for healthy ingredients together	.....
	• make meals a family event, enjoyable time together	.....
	• play games with the Eatwell plate/BNF website ideas	.....
	• grow food in garden/windowsill	.....
	• avoid serving processed foods/no fast food/fizzy drinks.	.....

**[2]**

### Mark Scheme Guidance

Any **two** points.

Must be a way of encouraging.

#### Do not credit:

- give them rewards
- create a rewards chart
- healthy treats.

### Examiner comments

The majority of candidates gained both marks focusing on colours, shopping together, parent being a role model and involving the child in the cooking. However a number of candidates incorrectly focussed on giving children rewards or a treat as a dessert.

## Question 6(d)

(d) Nuts are one of the most common causes of food allergies in children.

(i) Name **one** other common cause of a food allergy in children.

**One** mark for a correct identification. **One** required.

**Common causes of food allergy:**

- eggs
- milk/cow's milk/cow's milk products/dairy
- shellfish/fish
- soya and soya products
- wheat and gluten
- Kiwi/strawberries/tomatoes.

[1]

(ii) Give **three** symptoms of an allergic reaction.

1 **One** mark for a description. **Three** required.

**Symptoms of an allergic reaction:**

- 2 • cramps/abdominal pain
- 3 • diarrhoea
- difficulty breathing/anaphylaxis
- eczema
- itching (of the lips, tongue or mouth)
- swelling (or tightness) in the throat
- swelling, itchy, puffy (eyes or face)
- itchy or raised rash – often on trunk or limbs
- vomiting
- wheezing.

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[3]

### Mark Scheme Guidance

**Question 6(d)(i):**

Any **one** point.

**Do not credit**

- any type of nut
- lactose intolerance.

**Question 6(d)(ii):**

Any **three** symptoms.

**Credit** 'itching' or 'swelling' on their own.

**Do not credit**

- choking
- redness
- change in colour
- unconscious
- fits/seizures.

### Examiner comments

**Question 6(d)(i)** – Mainly correct responses. Only a small number incorrectly stating lactose intolerance or naming a type of nut.

**Question 6(d)(ii)** – Very well answered by many candidates, with the most popular correct answers being symptoms such as itching, swelling rash or difficulty breathing. Common incorrect answers were choking, redness and dizziness. A few candidates discussed what to do if they had the symptoms, which suggests they had not read the question carefully enough.



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