



ASSESSMENT and
QUALIFICATIONS
ALLIANCE

General Certificate of Education

Health & Social Care 8621/8623/8626/8629

HC15 Clients with Disabilities

Mark Scheme

2007 examination – January series

Mark schemes are prepared by the Principal Examiner and considered, together with the relevant questions, by a panel of subject teachers. This mark scheme includes any amendments made at the standardisation meeting attended by all examiners and is the scheme which was used by them in this examination. The standardisation meeting ensures that the mark scheme covers the candidates' responses to questions and that every examiner understands and applies it in the same correct way. As preparation for the standardisation meeting each examiner analyses a number of candidates' scripts: alternative answers not already covered by the mark scheme are discussed at the meeting and legislated for. If, after this meeting, examiners encounter unusual answers which have not been discussed at the meeting they are required to refer these to the Principal Examiner.

It must be stressed that a mark scheme is a working document, in many cases further developed and expanded on the basis of candidates' reactions to a particular paper. Assumptions about future mark schemes on the basis of one year's document should be avoided; whilst the guiding principles of assessment remain constant, details will change, depending on the content of a particular examination paper.

Clients with Disabilities

HC15

Question 1

- (a) (i) 1 mark for either social worker, social work assistant or occupational therapist. 1 mark
- (a) (ii) 1 mark for each way, (up to 2) , plus 1 mark each for appropriate reference to daily living task.
For 2 marks the way must link with the task. Likely answers: 4 marks
- Observe/ask him to do task (1) plus appropriate link e.g. while Marcus makes a cup of tea (1)
- Ask him what he is able to do/question/interview (1) plus link e.g. can he bath himself? (1)
- (a) (iii) 1 mark each for any 3 from: level of risk to his physical safety; opportunities for social interaction; availability of care from informal carers; mobility; mental/physical health; health of others living with him; financial situation. 3 marks
- (b) 1 mark per point for any 4 points from: a care assistant (1) who visits the home (1) to carry out tasks
such as personal care (1) cleaning (1) cooking (1) getting up/dressed/putting to bed (1) shopping. 4 marks
- (c) Up to 2 marks each for advantages and disadvantages, depending on detail, explanation, accuracy and clarity. Likely points: 8 marks

Advantages

- A1 Employing a personal assistant gives Marcus more autonomy and control
- A2 Marcus can select a personal assistant who suits him/with whom he gets on well
- A3 Arrangement is more flexible
- A4 Personal assistant can be asked to help in a greater range of situations, e.g. on holiday
- A5 Reduces number of different people providing care

Disadvantages

- D1 Greater responsibility for Marcus e.g. in selecting and employing the PA
- D2 Requires client to have organisational skills
- D3 Less supervision by local authority – increased risk of abuse
- D4 Client might become over-dependent
- D5 More risk of a gap in care if PA is ill or leaves

Maximum 6 marks if only advantages or disadvantages discussed.

Question 2

- (a) (i) Paralysis/loss of movement/impaired movement (in that arm) (1) 1 mark
- (a) (ii) Loss of feeling or sensation/numbness (in that arm) (1) 1 mark
- (a) (iii) Blindness/partial sight. (1) 1 mark

- (a) (iv) Loss of skin sensation (1) in the left-hand side of the body (1). (Independent marks) 2 marks
- (b) 1 mark for naming, plus up to 3 for detail. Likely answers: meningitis, rubella.
Sample answer: Meningitis (1) can cause brain damage if it is caused by a bacterium (1). The infection leads to swelling in the meninges (1) which puts pressure on the brain and so damages it. (1) 4 marks
- (c) Up to 8 marks, 2 marks for correctly linking effective communication with a specific reduction in quality of life, plus 1 mark each for identifying relevant life quality factors (up to 3), plus 1 mark each for linking each one to an effect. (Life quality factors are shown in bold). 8 marks

Likely points:

Effective communication: because he cannot speak he might not be able to communicate his needs (1) plus example (1)

Inability to speak might limit his **choice** (1) e.g. by not being able to ask for what he wants to eat (1)

Not being able to walk means he will probably not be able to go to the toilet on his own (1), reducing his **dignity** (1);

Not being able to speak will limit his opportunities for **occupation** (1) by chatting to people (1);

His **social contact** (1) might be reduced by not being able to speak on the telephone (1);

Not being able to walk might affect his ability to change position (1) to obtain **physical comfort** (1);

His ability to **exercise** (1) will also be reduced because he cannot get out of bed (1).

Other life quality factors such as stimulation, autonomy, equitable treatment, social support, privacy, psychological security, nutrition, physical safety, hygiene and freedom from pain could also be made relevant.

Accept explanation only if correctly linked to a valid life quality factor.

- (d) Up to 3 marks for description, depending on detail. Candidates might describe a spelling or word board (1) which consists of a piece of paper or card with words or letters written on (1) to which the person can point to indicate or spell out what they want to say, (1). 3 marks

Question 3

- (a) 1 mark each for any 4 from:
Late onset of walking; wide/waddling gait; climbing stairs on all fours; frequent falls; difficulty standing; difficulty raising arms; thick lower legs; easily tired; avoidance of activity; weight gain; progressive loss of function/weakening of muscle tissue; contractures; curvature of spine; lung collapse/respiratory problems; academic underperformance. 4 marks
- (b) (i) Physiotherapist (1) 1 mark
- (b) (ii) Occupational therapist (1) 1 mark
- (c) (i) 1 mark each for 2 aids, which are likely to relate to mobility or posture. Likely answers: wheelchair; standing frame; callipers; orthoses/splints; walking frame. Do not credit adaptations. 2 marks

- (c) (ii) 1 mark each for 2 relevant adaptations. Likely answers: wheelchair ramp; stairlift; widened doors; downstairs bedroom/bathroom; handrails. Do not credit aids. 2 marks

- (d) Any 10 marks from the following: 10 marks

It is a genetic/inherited disorder (1) caused by a mutation on a gene (1) located on an X sex chromosome (1) i.e. sex-linked (1)

The disease gene is recessive (1) an abnormal version of the dystrophin gene (1) which helps to build muscle proteins (1) It would normally take a pair of these genes to result in the disorder (1).

Because boys have one X and one Y chromosome (1), they only have one relevant gene site (the Y chromosome does not have a site for the gene). This means that a boy only needs one recessive gene to have the disease (1). This means that DMD is only ever passed on to a boy from his mother (1).

A female with the recessive gene on one X chromosome and a normal dominant gene in the corresponding position on the other X chromosome will not have DMD, because the dominant gene will overcome the effect of the recessive gene (1). However this female will be a carrier of DMD (1). For a female to have DMD it would be necessary for her to acquire the recessive gene from her mother and her father (1). However, if her father had the recessive gene he would have DMD (1). Because of the effects of DMD on the body, it in practice never happens that males with DMD father children (1).

If a woman is a carrier of DMD, the probability is that 50% of her daughters would be carriers (1) and 50% would not have the DMD gene (1). The probability is that 50% of her sons would have DMD (1) and 50% would not have the DMD gene (1).

Alternatively credit the same points made using a diagram (up to 6 marks).

Question 4

- (a) 1 mark each up to 2 for types, plus 1 mark each for examples.

Sensory disabilities (1) e.g. blindness/deafness/partial hearing/sight (1)

Learning disabilities (1) e.g. with Down's syndrome/some cases of cerebral palsy/spina bifida (1)

4 marks

- (b) Candidates might answer this question in several ways. They might refer to the direct consequences of impairments e.g. a blind person could not work as a driver; to the indirect effects, e.g. problems of travelling to /accessing workplace; or to prejudice or discrimination in training and selection

1 mark for identifying condition plus 1 mark for describing a specific barrier, plus 1 mark for appropriately linking this with a specific disability condition or type of disability. 8 marks

Example part answer:

A person with cerebral palsy might find it difficult to get a job (1) in which they often have to speak to customers on the telephone (1), because this condition can cause speech to be slurred (1).

(c) 1 mark for identifying provision, plus up to 3 for accurate detail. Likely answers:

The Access to Work Scheme (1) run by jobcentres (1) which provides grants to enable disabled people to start work (1) e.g. for aids and adaptations to the workplace (1) travel costs (1) and communication assistance at job interviews (1).

Placing Assessment and Counselling Teams (PACTs) (1), based at jobcentres (1) which include a Disability Employment Adviser (1).

Requirement of the Disability Discrimination Act (1) to provide equal access to job interviews (1) training (1) and adaptations to the workplace (1).

(d) 1 mark each (up to 4) for any of the following points:

The view that disability is the disadvantage created by society to people with impairments (1) i.e. disability is not (caused just by) the impairment (1) but the result of discrimination (1) a failure to make arrangements to enable people with impairments (1) e.g. absence of aids/adaptations (1)

4 marks