



ASSESSMENT and
QUALIFICATIONS
ALLIANCE

General Certificate of Education

**Health and Social Care
8626/8629**

HC15

Mark Scheme

2007 examination - June series

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HC15

Question 1

1 (a) (i) 1 mark per point up to 3 each. Likely answers:

Health visitor: Will carry out developmental assessment on child (1) might be the first to detect impairment (1) e.g. of hearing (1) motor development (1) will advise parents of appropriate care (1) and refer to other practitioners (1).

GP: Will provide treatment (1) e.g. pain relief (1) e.g. NSAIDS for arthritis (1) refer to medical specialist/consultant (1) (accept diagnose conditions) (1).

Occupational therapist: Will assess needs/suitability of accommodation (1) advise/assist with provision of aids/adaptation (1) train client/relatives in use of aids/adaptation (1).

Physiotherapist: Will provide passive exercise/stretching/flexing limbs (1) percussion of clients with CF (1) suggest exercises (1) train parents to provide above (1) give heat/cold therapy (1).

(12 marks)

(b) Up to 4 marks for identification/recognition of relevant skills, plus up to 1 each for appropriate linking with the scenario. If no links are made with relevant skills, maximum 4 marks.

Likely answers:

Skill	Link
Gaining compliance	Giving Joel a choice of which foot to start with
Effective communication	Pointing to each foot when naming it
Social perception/observation	Noticing Joel seems anxious
Distraction	Turning on TV
Showing approval/encouragement	Saying he is doing well

Note that other answers are possible (though less obvious) and should be credited if valid. For example a negative comment might be that the chiroprapist does not allow Joel to exercise his right to refuse treatment.

Caring skills that could also be credited (but which are not linked to the description) include: creating trust; reducing negative feelings; using eye contact/facial expressions; disengagement; physical contact; modelling; working alongside; setting challenges.

(8 marks)

Question 2

2 (a) (i) Vitamin/folic acid deficiency (1) Genetic (1)

(2 marks)

(ii) Any 6 marks from:

A neural tube defect (1) severe form called myelocoele (1) in which the bones of the spine do not protect the spinal cord (1) the spinal cord might be damaged/is vulnerable to damage (1).

Outward signs: A swelling in the lower back (1) with exposed tissue (1) or spinal cord covered only by skin (1).

(6 marks)

(iii) 1 mark each up to 2 for effects, plus up to 2 for explanation. Likely answers:

Incontinence (1) inability to walk (1) lack of sensation in lower body (1) plus explanation: damage to spinal cord interrupts nerve impulses (1) to muscles (1) and from sense organs/skin senses to brain (1).

Also accept learning disability resulting from brain damage caused by infection (1).

(4 marks)

(iv) 1 mark for: a surgical operation/surgery (1); plus 1 mark for detail e.g. to remove bulge (1), to cover exposed tissue with skin (1).

(2 marks)

(b) 1 mark per point (up to 4) for description – likely points:

Forcing LEA to make resources available for child/registering to prove support is needed (1)

Assessment of a child's educational needs (1) featuring measurement of intelligence (1) assessment of ability to communicate, (1) and of physical/sensory impairments (1).

Plus max of 3 for identifying individuals involved: Child's parent/s (1) teacher/s (1) SENCO special educational needs co-ordinator (1) educational psychologist (1) social worker (1) careers officer (1) child (1).

(6 marks)

Question 3

3 (a) (i) 1 mark each (up to 3) for naming stages, plus up to 2 marks each for accurate detail.

Likely answers: (any order)

Assessment (1) finding out the person's needs and capabilities (1) e.g. whether they are incontinent/their daily living skills (1) carried out on tot or social worker (1).

Care planning (1) deciding on the package of care to be provided (1) plus e.g. whether kitchen needs to be adapted for wheelchair use /specifying services and/or professionals involved (1) and a timetable for when it should be carried out (1).

Implementation (1) actually providing the planned care (1) e.g. fitting/supplying aids/adaptations/specifying services and/or professionals involved (1)

Monitoring (1) checking that services have been provided/objectives have been achieved (1) e.g. that adaptations have been installed/are effective (1) and that care workers are attending as planned (1).

Reviewing (1) making alterations to care plan as a result of monitoring (1) e.g. providing more home care as the client's condition worsens (1) ending the care plan if needs have been met (1) restarting the cycle/reassessing needs (1).

(9 marks)

(ii) 1 mark each (up to 2) for identifying features, plus up to 2 marks for detailed elaboration. Possible points include:

The Act increased the number of people being cared for in the community (1) plus elaboration such as: with domiciliary care and/or day care (1) and reduced numbers in residential care/institutions (1).

The Act reduced segregation (1) of people with disabilities (1) e.g. closed residential institutions for people with learning disabilities (1) and relocated clients to sheltered accommodation/in the community (1).

The Act set up a distinction between purchasers/co-coordinators and providers of services (1) so that local authorities (1) acted less as providers (1) but instead contracted services from other providers (1) e.g. voluntary organisations (1) and profit-making providers (1).

(4 marks)

(b) 1 mark per point, plus up to 2 marks each for elaboration, illustrative examples, analysis or justification. If only advantages (or only disadvantages) are given - maximum 5 marks.

Likely points include:

Advantages

Increased independence (e.g. empowerment, choice, autonomy)
Increased opportunity for participation in community/improved quality of life

Services more appropriate to needs of client

Disadvantages

Less support – especially for people with mental disorders/homeless

Increased isolation

Care available only for part of the time

Makes greater demands on co-ordination/teamwork

Funding not adequate to fulfil all needs/greater cost to client

Uneven quality of provision

Hostility/discrimination

More risk of accident e.g. falls

(7 marks)

Question 4

- (a) 1 mark for naming a pre-natal screening test (up to 2), plus 2 marks each for accurate description/detail of procedure and 1 mark each for correctly linking with a disability condition. (1+2+1) x 2

Likely answers:

Chorionic villus sampling (1)

Plus 2 marks for any 2 from: 10 weeks (1) A sample is taken of the placenta (1) either using a needle through the woman's abdomen/transabdominal (1) or a catheter through the cervix/transcervical (1) ultrasound scanning is used to position needle (1) tissue sample is tested for chromosomal abnormalities (1).

Plus 1 for: This tests for Down's syndrome; or genetic disorders (1)

Amniocentesis (1)

Plus up to 2 for: 15 weeks (1) A needle is inserted through the woman's abdomen into the womb/uterus/amniotic sac (1). A sample of the amniotic fluid in the sac is taken (1) and tested for chromosomal abnormalities/or alpha foeto-protein (1).

Plus 1 mark for: spina bifida/neural tube defects; or Down's syndrome; or genetic disorders e.g. CF (1).

The AFP test (1)

Plus 2 marks for any 2 from around 16 weeks (1): a sample of the mother's blood is taken (1) tested for level of alpha foeto-protein (1).

Plus 1 mark for: spina bifida/neural tube defects; or Down's syndrome (1).

The Triple (screen) test (1)

Plus 2 marks for any 2 from: 15 – 18 weeks (1) a sample of the mother's blood is taken (1) tested for AFP level(1) hCG (human chorionic gonadotrophin)(1) and oestriol (1). Plus 1 mark for: spina bifida/neural tube defects; or Down's syndrome (1).

An ultrasound scan (1)

Plus 2 marks for any 2 from: 20 weeks (1) high frequency sound waves (1) directed into womb from skin surface of abdomen (1) reflections received/analysed (1) to produce screen display of foetus (1). Plus 1 mark for: spina bifida/neural tube defects; or heart abnormalities.

(8 marks)

- (b) 1 mark each for any 2 from; cystic fibrosis; muscular dystrophy; haemophilia, thalassaemia; phenylketonuria.

(2 marks)

- (c) Up to 6 marks for description of methods as follows; 1 mark for naming/identifying each method, plus up to 5 additional marks for description, depending on detail and accuracy.

Up to 6 marks for discussion of methods (subject to an overall total of 10).

If no discussion of any method max 7 marks

Candidates can gain full marks either by describing and discussing two methods in detail or by describing and discussing more methods in less detail.

If only one method is given – maximum 6 marks.

Likely methods include:

Genetic counselling (1)

Description:

Advises adults & couples believed to be carriers (1) of the probability of children having the disorder (1) encouraging them to consider alternatives e.g. adoption (1).

Discussion points:

Not always effective (1) because people might not act on the advice/take a risk (1) and because genetic disorders are not always detected in carriers (1).

Sterilisation/birth control/contraception (1)

Description:

Sealing/clamping Fallopian tubes (1) in women (1) or vasectomy (1) in men (1).

Discussion points:

Highly effective (1) but difficult to reverse if person changes mind (1).

Pre-implantation genetic diagnosis (embryo screening) (1)

Description:

Unfertilised ova are removed from a woman who wishes to have a child (1) and then artificially fertilised using sperm from the woman's partner/other sperm donor (1). Resulting embryos allowed to develop until a sample of genetic material can safely be removed from them (1). This genetic material is then tested for the presence of genes likely to cause a genetic disorder (1). If these genes are found, the embryo is discarded (1). Embryos which remain after this screening process can then be implanted into the woman's womb, for normal processes of pregnancy and birth (1).

Discussion points:

Time-consuming (1) and expensive (1) but very effective (1) enables parents to have their own (biological) children without risk of inherited disorder (1) some ethical objections that rejected embryos are in effect potential children killed (1).

Abortion (1)

Description:

Following positive ante-natal tests (1) parents may be offered termination of pregnancy (1) either by drugs (1) up to about 9 weeks (1) or vacuum suction/curettage (1) up to 15 weeks (1) or by drug-induced labour/evacuation (1).

Discussion points:

Ethical objections to killing a viable foetus/child (1) but legal in cases of risk of severe impairment (1) illegal after 24th week of pregnancy (1) potentially very distressing to parent(s) (1) completely effective (1).

Other relevant ethical points might be made, and should be credited e.g. the view that attempts to reduce the incidence of disorders is a form of discrimination against people with disabilities, and that judgements about the quality of life of individuals can only be made by those individuals themselves.

(10 marks)