



General Certificate of Education

Health and Social Care

8626/8629

HC15

Mark Scheme

2009 examination – January series

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Question 1

1(a)

Up to 3 marks for each LQF (1 for identification, 1 for explaining why it is lacking and 1 for suggesting an improvement)

Effective communication - Hilda is unable to communicate conventionally and so the nurse should ensure that she finds a way of appreciating Hilda's needs eg. reading body language, asking questions to enable Hilda to nod or shake her head. writing suggestions down to enable Hilda to point to desired outcomes

Social support - the nurse shows Hilda annoyance which will lower her self-esteem. Hilda will be feeling very powerless and dependent. She will also feel a lack of dignity at not having made the toilet. The nurse should look for opportunities to be able to give her affection or praise to try to raise her self-esteem.

Choice - having (or being given) the power to make decisions about your situation. Choice tends to give people a sense of freedom. Choosing when to use the toilet is a basic choice which must be met! The nurse should have realised the seriousness of not responding to Hilda's friend's request and attended to Hilda promptly.

Privacy – Hilda's friend has witnessed her in a very embarrassing situation. Toileting and personal care requires privacy

Dignity – Hilda has not been shown respect, Demeaning treatment such as not responding to a person's need for the toilet can reduce a person's self-esteem.

Psychological security –Hilda will have been very distressed at not being taken to the toilet in time she will be frightened that this could happen again

Autonomy – having the ability and opportunity to influence your own situation and actions. the stroke has removed Hilda's autonomy. In this case ability to go to the toilet when she wants, the nurse should enable her to 'take control' by responding to her body language. Other lifestyle factors which can be credited. Stimulation; Occupation; Equitable treatment; Social contact; Confidentiality; Approval

Physical LQFs eg. Physical comfort, exercise, hygiene

(12 marks)

1(b)

1 mark per point, up to 2. Likely points:

Loss of blood supply (1) to (part of) the brain (1) caused by a blood clot/thrombosis (1) or by bleeding/haemorrhage (into the brain) (1)

(2 marks)

1(c) (i)

Broca's area (1) frontal lobe (1) left hemisphere (1)

NOT Wernickes because she can understand

(3 marks)

1(c)(ii)

Right side (1) Nerve pathways cross over to opposite side of body (1) speech areas are usually localised in the left cerebral hemisphere (1)

(3 marks)

Question 2**2(a)(i)**

Osteoarthritis

(1 mark)

2(a)(ii)

1 mark per point: Likely points:

Degeneration (1) inflammation (1) of cartilage/joint surfaces (1) bony growths/osteophytes (1) reduces joints flexibility (1)

(3 marks)

2(b)

1 mark for each practitioner; and up to 2 marks for each explanation. No practitioner – no mark.

GP (1) diagnosis (1), monitoring (1) prescribing painkilling drugs (1) eg NSAIDS (1) referral to other services

OT (1) assessing Floss (1) advising on providing aids/adaptions (1) eg extended tap handles. Domiciliary care worker (1) assistance with daily living tasks (1) eg getting Floss dressed/bathed etc.

Social worker (1) needs assessment (1) plus detail eg observation (1) referral to other services (1)

Physiotherapist (1) assessing (1) advising (1) and providing exercise to maintain flexibility/reduce obesity (1).

(6 marks)

2(c)

Up to 3 marks for each daily living task

Daily living Task (1)	Aid (1)	Helps by (1)
Washing/bathing/personal care	Extended tap handles/tap turners Long-handled sponges Walk-in bath/shower Utensil cuff/gripper for toothbrush/razor	Makes taps easier to turn Personal hygiene Avoiding painful bending/ personal hygiene Making gripping easier and less painful
Toileting	Handrails/grab rails/toilet riser	Making it easier to regain standing position
Eating/ drinking Cooking	Utensil gripper two handled cup kettle tipper/non-slip mat	Making gripping easier and less painful
Cleaning	helping hand-reachers/pick-up aids	Avoiding painful bending
Dressing and undressing	Velcro fastenings; zip pullers helping hand-reachers/pick-up aids	Less fine manipulation involved avoiding painful bending
Getting up and going to bed	tilting bed/bed raiser	Making it easier/less painful to get in/out

(9 marks)

2(d)

The NHS and Community Care Act 1990

(1 mark)

Question 3

3(a)

Any 4 from: Poor manual dexterity(1)dystonia/increased muscle tension/stiffness(1) athetosis/unwanted flailing/jerky movements(1) difficulties in controlling eye movements(1) difficulties with chewing/swallowing (1) problems maintaining balance (ataxia) (1) epilepsy (1) slow/slurred speech (1) learning difficulty(1) due to motor control problems eg writing (1) scissor gait (1)

(4 marks)

3(b)

Up to 4 marks for clear description of causes. *Not inherited (not common)*

hypoxia/anoxia/lack of oxygen(1) during pregnancy/at birth(1) leading to brain damage(1) so nerve impulses are inadequate (1) inefficient placenta in first 25 weeks of pregnancy(1) neonatal infections(1) or accidents (1) premature delivery especially if lungs not functioning(1) local haemorrhage in blood supply to brain (1)

plus 2 marks for correctly linking 2 causes to 2 symptoms

damage to neurons in motor area of brain leads to inadequate/poor quality of signal to muscles, leading to jerky movements.

damage to motor area controlling mouth/throat/larynx leads to poor speech production
damage to cerebellum leads to inefficient processing of feedback needed to maintain balance

damage to motor area leads to poor control of muscle tone, leading to excessive muscle tension

scar tissue in brain may secrete neurotransmitters, leading to epilepsy.

(6 marks)

3(c)

Advantages of mainstream

1. Access to a wider curriculum
2. More facilities –wider range eg labs, theatre
3. Likely to be near child's home so greater integration in community
4. Social benefits of a wider mix of pupils
5. Provision is cheaper for tax payers
6. Gives other children life experiences of interacting with people with disabilities so leads to greater social acceptance/reduces prejudice
7. Prepares child with disability for the real world
8. No need for child to be separated from family by attending residential school

Limitations of mainstream

1. Staff less well trained in meeting needs of child
2. Curriculum less likely to be adapted to child's specific needs/abilities
3. Child's self-image may suffer by social comparison with peers
4. Child may be stigmatized for being different and due to differential treatment from staff/may lead to bullying
5. Increases demands on staff
6. Lack of specialized facilities
7. Problems with access eg wheelchair access
8. Worse teacher/pupil ratio in classes

If only advantages or only limitations – max 6 marks

If only 1 perspective – max 6 marks

If bullet points/list/in a table – max 6 marks

(10 marks)

Question 4

4(a)(i)

1 mark for identifying a barrier and 1 mark for elaboration of this.

Mistaken assumptions about her capabilities(1) due to ignorance; prejudice; stereotyping(1) or concern about her safety in the workplace(1); an unwillingness to provide suitable aids/adaptations(1) example of aid/adaptation(1) or lack of knowledge about what is possible(1) or what aids/adaptations are available.(1)

(4 marks)

4(a)(ii)

For 2 marks two of the following (or other valid ideas) linked to work prospects

Suzanne may have to settle for lower paid work (1) work which does not reflect her qualifications or potential (1) her expectations/confidence might be lowered and she might stop trying to gain appropriate employment (1) Suzanne might not work at all and be reliant on benefits (1) Her lack of experience due to not receiving work will make it harder for her to find work. (1) Suzanne might be more determined to succeed and continue to apply for work (1)

(2 marks)

4(b)

1 mark for identifying a barrier and 1 mark for explaining why this occurs

Barriers from ignorance, prejudice etc	Explanation
Eg Assuming that Suzanne cannot work	Lack of knowledge and understanding
Showing surprise that Suzanne can ice skate	Ignorance due to not mixing with people
Avoiding social contact/ bullying as a child with disability	Embarrassment/fear/not knowing what to say
Barriers to education	Lack of awareness of provision needed
Barriers to physical access to and within buildings	Lack of awareness of provision needed
Barriers to public and private transport	Lack of awareness of provision needed
Goods and Services - Food/products not in braille	Lack of awareness of provision needed

(4 marks)

4(c)

1 mark for identifying provision, plus up to 3 for accurate detail. Likely answers

The Access to work Scheme (1) run by job centres (1) which provides grants to enable disabled people to start work (1) eg 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 job centres (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)

(4 marks)

4(d)

Must show understanding of social model (2 marks)

4 marks for benefits

Answers might include

The social model suggests that disability is the disadvantage to people with impairments created by society (1) not the disability itself (1) by lack of provision and opportunity (1) ignorance and prejudice (1) the social model helps people with impairments to be more assertive of their rights (1) not to accept unequal treatment (1) this in turn might lead to more barriers being removed (1) eg. better access to services (1) ready availability of aids and adaptations in the workplace (1) less prejudice/ignorance (1) any other suitable example (1)
(6 marks)