



**General Certificate of Education (A-level) Applied  
January 2011**

**Health and Social Care**

**HC15**

**(Specification  
8621/8623/8626/8627/8629)**

**Unit 15: Clients with Disabilities**

**Final**

***Mark Scheme***

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## Question 1

Question	Part	Sub Part	Marking Guidance	Mark	Comments
1	01		<p>Up to 3 marks for correct identification of a lifestyle choice and 3 marks for linking this to a stroke.</p> <p>Smoking(1)/ excessive consumption of alcohol(1)/ a diet high in fats/ carbohydrates and salt(1)/ lack of exercise. (1) can cause atherosclerosis/ hypertension/heart disease/ 1) a "hardening" or "furring" of the arteries(1). chronic, slowly progressing and cumulative(1) blood supply cut off to an area of the brain which dies leading to stroke.(1)</p>	5	
1	02		<p>Paralysis (1) on the opposite (1) one side of the body/right arm/leg (1) limiting mobility (1) ability to feed herself etc or other eg of daily living skill (1) sagging appearance in one side of face (1) poor balance (1)</p>	4	
1	03		<p>Wernicke's (1), temporal lobe (1) OR Broca's (1) frontal lobe (1)</p>	2	
1	04		<p>1 mark for each caring skill (in bold) identified up to 3 and 2 marks for the justification. <b>No marks for an explanation if not linked to named caring skill.</b></p> <p><b>Effective communication</b> (1) Duncan has difficulty in understanding speech and his own speech is muddled. Care staff will need to be patient and. may need to find alternative ways of communicating, such as using <b>signs</b> or <b>gestures</b> or a <b>communication chart</b>.</p> <p><b>Eye contact and facial expressions</b> (1) are particularly important given Wernicke's aphasia (as above)</p> <p><b>Setting challenges</b> (1) Rehabilitation is essential at helping Duncan regain as much independence as possible, by relearning skills he has lost, learning new skills and finding ways to manage any permanent disabilities. In order to start Duncan on a road to rehabilitation, carers will need to set challenges but to be aware that Duncan could be struggling to cope with his</p>	9	

		<p>loss of abilities and progress may be slow.</p> <p><b><u>Social perception</u></b> (1) - Since Duncan has lost speech, it would be important that care staff read body language to work out Duncan's needs. (1)</p> <p><b><u>Modelling</u></b> (1) Due to impaired performance of learned skills, washing, dressing, eating Duncan might benefit from care staff showing him how he can best carry out daily living skills as he will have to relearn skills or adapt to new ways of carrying out tasks.</p> <p><b><u>Encouraging</u></b> (1) Care staff might reward adaptive behaviour which might be any of the examples above eg coping with washing, dressing, eating.</p> <p><b><u>Showing approval</u></b> (1) Duncan is likely to be aware of his deterioration and will be frightened, anxious and depressed so he will benefit from positive responses such as smiling and praise, or if appropriate, a cuddle. Annoyance or anger at Duncan's inability to carry out tasks will only add to his anxiety and insecurity.</p> <p><b><u>Physical contact</u></b> (1) can be used to comfort Duncan as he is likely to be frightened, anxious or upset, as well as to show approval when he is clearly trying hard to accomplish basic tasks. Usually it takes the form of touching a person on the hand or arm, or by a cuddle.</p> <p><b><u>Creating trust</u></b> (1) since the main treatment is likely to be personal care (help with eating, washing &amp; dressing) it is vital that the resident can rely on a consistent and respectful approach. Trust will also be essential to rehabilitate.</p> <p><b><u>Observation</u></b> (1)– A stroke can have a huge impact on the way people <b>feel</b>, <b>think</b> or <b>behave</b>. Duncan will feel frightened and vulnerable and liable to mood swings. exaggerated (and often uncontrollable) emotional reaction, A carer should notice his behaviour in order to support Duncan appropriately or refer him</p>		
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			to other professionals		
			Other caring skills:- <b>Working alongside; distraction; disengagement, Reducing negative feelings, defusing conflict</b>		

## Question 2

Question	Part	Sub Part	Marking Guidance	Mark	Comments
2	05		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	
2	06		<b>Up to 4 marks for clear description of causes</b> <i>Not inherited (not common)</i> 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) German measles/rubella (1) meningitis/accidental head injury (1)	4	

2	07	<p>1 mark per point up to 4 each. Marks awarded for clear linking of treatment to symptoms of cerebral palsy. To achieve 12 marks there should be 3 relevant practitioners; for each practitioner there should be 2 clear aspects of role related to cerebral palsy and 1 quality of life example. The quality of life examples should be different in each case for full marks. Likely answers:</p> <p><u>A speech and language therapist(1)</u>          increase language competence (1)with special exercises (1)help to use aid with a computer and voice synthesiser (1) quality of life improved by greater interaction with others(1) boost self esteem(1)</p> <p><u>GP(1):</u>          Will provide treatment (1) e.g. drugs to control spasticity (1) referral (1) or diagnose c p (1) injections of alcohol into muscle to reduce spasticity for a short period (1) diazepam –general relaxant of brain and body(1) Quality of life could be negative side effects of drugs</p> <p><u>Occupational therapist (1)</u>          Will assess needs/suitability of accommodation (1) advise/assist with provision of aids/adaptation (1) special braces to compensate for muscle imbalance(1) train client/relatives in use of aids/adaptation (1) quality of life could be to promote independence(1), learning new ways to do daily living tasks (1)</p> <p><u>Physiotherapist: (1)</u>          Will design and implement special exercise programmes (1) eg stretching spastic muscles to avoid contractures (1 )train parents to provide above (1) improving movement and strength(1) self esteem (1)          Accept other practitioners, eg social worker, personal care assistant, dietician, domiciliary care worker</p>	12	
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### Question 3

Question	Part	Sub Part	Marking Guidance	Mark	Comments
3	08		Vitamin/folic acid deficiency (1) Genetic (1)	2	
3	09		<p>1 mark for naming the test and 2 for accurate description. If the description is accurate and clearly describes one test, up to 2 marks may be awarded.</p> <p><b>Amniocentesis</b> (1) A needle is inserted through the woman's abdomen into the uterus/ and amniotic sac (1) positioned with the aid of an ultrasound scan (1) A sample of the amniotic fluid in the sac is extracted (1) at around 15/16 weeks into pregnancy (1) the tissue sample is tested for AFP (1)</p> <p><b>The AFP/alpha foetal protein test</b> (1) a test using a sample of mother's blood (1)15-18 weeks(1) to test level of alphaprotein(1) high AFP indicates risk of Spina Bifida(1) need for diagnostic test(1)</p> <p><b>Ultrasound (1)</b> produces an image of the foetus(1) in some cases, the spinal defect can be seen on the ultrasound study(1)</p>	3	
3	10		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) OR in cases of hydrocephalus (1) shunt fitted (1) to drain cerebrospinal fluid (1)	2	
3	11		Damage to spinal cord (1) interrupts nerve impulses from motor area of brain(1) to muscles (1) below the level of the damage – including leg muscles (1)	3	

3	12	<p>Stretch and challenge &amp; QWC question. Candidates who deploy appropriate knowledge and understanding and display higher QWC skills should be rewarded at the top of the mark band. Conversely, those who display some confusion and weakness in QWC supporting knowledge and understanding should be placed at the bottom of the mark band.</p> <p>Likely points <b>Barriers resulting from ignorance, prejudice and discrimination</b> Avoiding social contact, bullying due to embarrassment fear or not knowing what to say. Ignorance due to not mixing with people with a disability. Lack of knowledge about spina bifida which assumes that for example people with spina bifida can't live independently/access the curriculum. The expectations of disabled people and their informal carers might also act as a barrier eg. Kamil's parents might have been over-protective and do too much for him thus reducing his independence. Reduced by DDA. Legislation which allows redress and so encourages employers to ensure policies are in place <b>Barriers to access public and private transport:</b> Lack of provision for wheelchair users. Not all buses are specially adapted. Using the trains very difficult. Reduced by DDA. But need for more adapted buses, taxis <b>Barriers to education:</b> Kamil's parents might have found schools unhelpful in providing the support necessary. The school might have been resistant to taking Kamil. Toileting issues due to bowel and bladder control. Kamil may have experienced social isolation at school, for the reasons stated above. Reduced - DDA requirements for school's to produce policy statements. Education Act requiring inclusion. Need for time off due to impairment affects school work. <b>Barriers resulting from own impairment.</b> Being in a wheelchair might prevent participation in Physical Education activities. Some people with spina bifida may have ADHD or other learning difficulties, such as hand-eye coordination</p>	10	
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			<p>problems which might limit access to full curriculum. Reduced by providing meaningful alternative activities.</p> <p><b>Employment barriers</b> employers rejecting him due to mistaken assumptions about his capabilities due to ignorance or lack of knowledge about what is possible.</p> <p>At 16 he might be applying for work or have tried to find part time work.</p> <p>DDA reasonable adjustments for wheelchair user not applied due to size of company.</p> <p>Reduced by DDA/ support from voluntary organizations/support groups</p> <p><b>Band 3</b>  <b>7 - 10 marks:</b> 3 kinds of barriers will be discussed and explanations given as to how they can be reduced. DDA knowledge expected. Correct terminology is expected at this mark band.</p> <p><b>Band 2</b>  <b>4-6 marks:</b> Barriers will be described but not explained as clearly as in the top mark band. At the lower mark maybe only one kind of barrier will be explained well. There may be limited explanation of how barriers can be reduced. There may be some irrelevant detail.</p> <p><b>Band 1</b>  <b>1-3 marks:</b> Answers show some basic relevant knowledge but are very brief, fail to address the question, or have irrelevant details/inaccuracies. The candidate will be unable to categorise barriers</p>		
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## Question 4

Question	Part	Sub Part	Marking Guidance	Mark	Comments
4	13		<p>1 mark each (up to 3) for naming stages, plus up to 2 marks each for accurate detail. No marks for detail if stage not clearly recognisable.</p> <p>Likely answers: (any order)</p> <p>Assessment (1) finding out the person’s needs and capabilities (1) e.g. whether they are incontinent/their daily living skills (1)</p> <p>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 (1) and a timetable for when it should be carried out (1)</p> <p>Implementation (1) actually providing the planned care (1) any relevant example e.g. fitting/supplying aids/adaptations (1)</p> <p>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)</p> <p>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)</p>	9	

4	14		<p>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-ordinators and providers of services (1) so that local authorities (1) acted less as providers (1) but instead contracted services from other providers (1) eg. voluntary organisations (1) and profit-making providers (1).</p>	4	
4	15		<p>2 marks can be awarded for a point that is explained/ elaborated effectively  Maximum 5 marks if only advantages or disadvantages discussed  If answer is residential or day care - no marks. Likely points include</p> <p><b>Advantages</b>  A1 Employing a personal assistant gives Marcus more autonomy, choice 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  A6 Quality of relationship leads to better care</p> <p><b>Disadvantages</b>  D1 Greater responsibility/stress for Marcus e.g. in selecting and employing the PA or if a problem develops  D2 Requires client to have organisational skills  D3 Less supervision by local authority- increased risk of abuse,</p>	7	

			person may not be trained/qualified eg. CRB check. D4 Client might become over-dependent D5 Greater risk of a gap in care if PA is ill or leaves		
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