



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

Health and Social Care

HC15

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

Unit 15: Clients with Disabilities

Final

Mark Scheme

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 events which all examiners participate in and is the scheme which was used by them in this examination. The standardisation process 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 standardisation each examiner analyses a number of candidates' scripts: alternative answers not already covered by the mark scheme are discussed and legislated for. If, after the standardisation process, examiners encounter unusual answers which have not been raised they are required to refer these to the Principal Examiner.

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Question 1

Question	Part	Sub Part	Marking Guidance	Mark	Comments
1	01		1 mark per symptom up to 4. Likely answers: Tremor; jerky movements; clumsiness; weakness/fatigue; slurred speech; loss of mobility (or similar); facial pain; numbness/tingling in legs; giddiness/loss of balance; muscle stiffness/spasticity; incontinence; cognitive problems (problems with memory and thinking); sexual problems; swallowing difficulties.	4	
1	02		1 mark per point, up to 4: A sequence of remissions (1) = absence of symptoms (1) followed by relapses (1) after which condition gets worse (1) with no more remissions (1) death (1) around 25 years after diagnosis (1).	4	
1	03		1 mark per point up to 4: the destruction of the myelin sheaths of neurons(1) in several areas in the central nervous system(1) resulting in scarring(1) called plaques(1) which interfere with nerve transmission(1). Over time, the myelin can be completely broken down(1) and the nerve fibres themselves can become damaged(1). It is this nerve fibre damage that causes the progressive forms of MS(1) The body's own immune system attacks its body tissues(1) so it could be described as an autoimmune disease.(1)Why it starts in the first place is not yet understood(1)most likely a combination of genetic and environmental factors(1)	4	
1	04		Up to 4 marks for each LQF (1 for naming; 1- 2 for explaining why it may be lacking; 1-2 for suggesting a way of providing the LQF which might include reference to a relevant practitioner.) No marks unless the LQF is named. Practitioners involved: GP, Social worker, MS specialist nurse, physio, OT, social worker, continence advisor, domiciliary care worker Autonomy Marie may start to lose her independence and control over her life. e.g. If she currently drives to work she will have to get a lift. She may have to rely on help with daily living tasks. An OT could work with her to make her independent in her own home. She may benefit from aids and adaptations Psychological security – Marie may be afraid of the disease/losing her job and the impact on her relationship due to the unpredictability of the symptoms and possible loss of mobility. Likelihood of depression. Marie may require professional help e.g. GP referral. Family and friends and practitioners will need to give a lot of support and reassurance.	8	

		<p>Social Contact – The type of social contact Marie is used to may become very different as she may not be able to continue with the activities she used to do. She is likely to miss the contact with colleagues and find it difficult to be at home alone. Ultimately she may have to give up her work. In the future she could be encouraged to make contact with the MS society and attend a day centre. A domiciliary carer may provide some contact. Friends and colleagues should be encouraged to maintain regular contact by visits or email</p> <p>Effective communication – Marie’s speech may deteriorate which could affect her relationships. Marie will need clear explanations about her condition from practitioners and information about future prospects. She will be very vulnerable and will need to be listened to and given the opportunity to express her fears.</p> <p>Social support - Marie will be very vulnerable and need the support of family and friends as well as practitioners involved in her care to improve her self confidence and self-esteem.</p> <p>Occupation –The ‘occupation’ that Marie was used to experiencing might not be available to her now so she may be depressed and fear that there will be nothing for her. She is doing less work and is likely to find some activities harder to do. Family and friends can play a role in taking her out or in the future encourage her to make contact with the MS society and attend a day centre. Candidates should specify suitable activities/occupation for her which shows understanding of MS.</p> <p>Stimulation –. For the moment Marie is able to continue to work which can make life interesting and challenging. But she may have to give up her work. Candidates should specify suitable activities/stimulation for her which shows understanding of MS.</p> <p>Other life quality factors are confidentiality, dignity, privacy, equitable treatment, and choice. These should only be credited if they are made relevant to Marie.</p>		
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Question 2

Question	Part	Sub Part	Marking Guidance	Mark	Comments
2	05		<p>1 mark for naming the test and up to 2 marks for accurate description/ detail of procedure and 1 mark each for correctly linking with a disability condition. Max 4 for each test.</p> <p>Likely answers:</p> <p>Chorionic villus sampling/CVS (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) This tests for Down’s syndrome; or genetic disorders (1)</p> <p>Amniocentesis (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)</p> <p>For: spina bifida/neural tube defects; or Down’s syndrome; or genetic disorders e.g. CF (1)</p> <p>The AFP test/ alpha foetal protein test(1) a sample of the mother’s blood is taken (1) tested for level of alpha foeto-protein (1)e.g. low AFP indicates risk of Down’s(1) need for diagnostic test(1)Plus 1 mark for: spina bifida/neural tube defects or Down’s syndrome (1)</p>	8	
2	06		1 mark each for any 2 from; cystic fibrosis; muscular dystrophy; haemophilia; thalassaemia; phenylketonuria.	2	
2	07		Cerebral palsy	1	

2	08	<p>For full marks three methods must be described but there may not be an equal 3 marks for each method. For example, a candidate may achieve 4 marks for 'preimplantation', 3 marks for 'genetic counselling' and 2 marks for 'sterilisation' No more than 4 marks for any one method</p> <p>Likely methods include:</p> <p>1. Genetic counselling (1) 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)</p> <p>2. Sterilisation /birth control/contraception (1) Sealing/clamping Fallopian tubes (1) in women(1) or vasectomy (1) in men (1)</p> <p>3. Pre-implantation genetic diagnosis/ embryo screening (1) 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)</p> <p>4. Abortion (1) 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)</p>	9	
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Question 3

Question	Part	Sub Part	Marking Guidance	Mark	Comments
3	09		<p>One mark per sign/symptom up to a max of 4</p> <p>Digestive problems (1) Sterility in males (1). persistent coughing (1) (coughing up) thick sticky mucus (1) excessive sweating (1) pale,oily smelly faeces(1) salty skin (1) (huge appetite but) poor weight gain (1) growth stunted (1) repeated chest infections (1)</p>	4	
3	10		<p>Up to 3 marks for each practitioner. 1 must be for specifying the practitioner, 1 must be for specifying the treatment and a third mark for accurate detail. Likely answers:</p> <p>Physiotherapist (1)Percussion (1) on the back (1) to dislodge mucus (1) teach parents percussion (1) GP (1) Appropriate medication (1) Antibiotics to control lung infections/medication to help digestive problems (1) refer to other practitioners(1) dietician (1)Provision of dietary advice (1) diet high in protein/calories/vitamins/pancreatic enzymes (1)</p>	6	
3	11		<p>Both physical & psychological impact & their implications for the school should be considered. However for cystic fibrosis children can live fairly normal lives so there may be few issues. In that sense, Maddie’s wishes could be met.</p> <p>Possible provision</p> <ul style="list-style-type: none"> • One to one support to fill in gaps caused by frequent absences from school • Inform staff about CF and likely impact e.g. staff would need explanations for extended absence. Staff training. • Availability of a counsellor • Availability of a room for Maddie to rest or receive percussion • Availability of good variety of food in canteen to support specific dietary needs 	10	

		<ul style="list-style-type: none"> • Staff should be aware that Maddie does not want other students to know and is likely to want to be treated the same as others • Alternatives to PE if Maddie recovering from chest infection but PE does benefit children with CF • Availability of medication on site • Good communication with parents <p>NOT physically disabled so no marks for adaptations for wheelchairs etc.</p> <p>Maddie might not wish students to know about her disability because she wants to be treated like any other student and avoid any barriers caused by ignorance, prejudice or discrimination. The fact that her lifespan is likely to be significantly shorter than her peers might be an issue which she would rather not discuss as she does not want their sympathy</p> <p>Award marks for technical knowledge about SEN provision/SENCO/ IEP (individual education plan) and DDA requirement to publish statements or policies explaining their arrangements for the access and equal treatment of disabled pupils. HOWEVER unlikely to have learning disability so statementing unlikely</p> <p>Banding (Stretch and Challenge)</p> <p>Candidates who display 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>Band 1 0 marks No response worthy of merit.</p> <p>Band 2 1-2 marks Answers which show some basic knowledge but which are very brief or fail to address the question.</p> <p>Band 3 3-4 marks Answers that contain some relevant information, but which are poorly focussed on the question or lack specific detail. There may be provision suggested which does not relate to CF.</p> <p>Band 4 5-7 marks Answers that include practical suggestions and some relevant technical detail or evaluation. The answer may not address all areas described in top mark band.</p>		
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			Band 5 8 -10 marks Answers that make appropriate, realistic and practical ways of accommodating a child with cystic fibrosis, showing a good technical knowledge of both the physical and psychological impact of CF on Maddie. Candidates will be able to give reasoned arguments as to why Maddie might not wish staff and students to know about her disability and whether these wishes can be met.		
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Question 4

Question	Part	Sub Part	Marking Guidance	Mark	Comments
4	12		<p>1 mark for identification of appropriate aid. 1 mark for daily living task</p> <p>Handrails/grab rails/toilet riser -Toileting Extended tap handles/tap turners - Washing/bathing/personal care Velcro fastenings; zip pullers -Dressing and undressing Tilting bed/bed raiser - Getting up and going to bed Helping hand-reachers/pick-up aids – Cleaning Two handled cup/ kettle tipper/non-slip mat - Cooking/eating</p>	6	
4	13		<p>1 mark each for identifying two relevant physical LQFs. Likely answers</p> <p>Nutrition; Hygiene; Physical safety; Physical comfort; Freedom from pain.</p>	2	
4	14		<p>Stretch and challenge and QWC question</p> <p>Likely points</p> <p>. Likely legislation DDA, NHS and Community Care Act., Community Care (Direct Payments) Act. Only award marks for detail e.g. 'care planning cycle' if linked to quality of life</p> <p>How better? Direct payments allow more flexible home care arrangements. NHS & Community Care Act allows people with disability to remain in their home. Set up care planning which can help set up personalized quality care. DDA requires suppliers of goods/facilities/services to provide same standard of service to all, as well as access. Equality in conditions for buying/renting property. Schools/colleges/local authorities required to publish equal opportunity policies. Standards of access to public transport for new vehicles. The act makes it illegal for an employer to treat a disabled person less well than an able-bodied person for recruitment training/promotion/dismissal. Requires employers to make reasonable adjustments to work place including small businesses. The act ended the employment quota system. Helps people with impairments to be more assertive of their rights not to accept unequal treatment</p>	12	

		<p>How not better - People still face discrimination despite DDA Many individuals, employers and organizations don't know about the act. The act cannot change attitudes/ ignorance/stereotypes, difficult to interpret. Limited enforcement/few complaints brought before the courts, some people unwilling to complain because time-consuming/stressful/difficult, Employers can claim exemption from making reasonable adjustments, on basis of affordability. Legislation does not make indirect discrimination illegal. Some intentional non-compliance e.g. policy documents in place but not applied. Legislation about access to public transport only applies to new vehicles.</p> <p>Conclusion A long way to go to ensure equal quality of life but legislation has certainly strengthened situation for people with disability. Many organisations are working to raise awareness. Important to keep promoting message.</p> <p>Candidates who display 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>Mark Ranges</p> <p>Band 1 0 marks No response worthy of merit.</p> <p>Band 2 1-3 marks Answers which show some basic knowledge but which are very brief or fail to address the question.</p> <p>Band 3 4-6 marks Answers that contain some relevant information, but which are poorly focussed on the question or lack specific detail. Maybe only one Act is known.</p> <p>Band 4 7-9 marks Answers will show some good understanding including examples from the top band. Two acts will be included but there may be a lack of detail or some irrelevancies. There must be negative points</p> <p>Band 5 10-12 marks Good technical knowledge will be shown of two Acts. Answers will be well expressed and logically ordered addressing both what has been achieved with specific examples and where there are still barriers. A conclusion - addressing 'to what extent'. There must be negative points</p>		
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