

# A-LEVEL HEALTH AND SOCIAL CARE

HSC03 Life as a Challenge  
Mark scheme

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Mark schemes are prepared by the Lead Assessment Writer 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 associates participate in and is the scheme which was used by them in this examination. The standardisation process ensures that the mark scheme covers the students' responses to questions and that every associate understands and applies it in the same correct way. As preparation for standardisation each associate analyses a number of students' scripts: alternative answers not already covered by the mark scheme are discussed and legislated for. If, after the standardisation process, associates encounter unusual answers which have not been raised they are required to refer these to the Lead Assessment Writer.

It must be stressed that a mark scheme is a working document, in many cases further developed and expanded on the basis of students' 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.

Further copies of this Mark Scheme are available from [aqa.org.uk](http://aqa.org.uk)

1	a	<p>One mark for any <b>four</b> of the following LQFs</p> <ul style="list-style-type: none"> <li>• effective communication (1)</li> <li>• occupation (1)</li> <li>• stimulation (1)</li> <li>• social contact (1)</li> <li>• social support (1)</li> <li>• psychological security (1)</li> <li>• approval (1)</li> </ul>	4	Do not allow 'communication' without effective in front.
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1	b	<p><b>Physically</b></p> <ul style="list-style-type: none"> <li>• he could suffer from poor nutrition as his wife did most of the cooking.</li> <li>• poor memory could lead to lack of safety eg. forgetting to take medicine/not turning off oven</li> </ul> <p><b>Intellectually</b></p> <ul style="list-style-type: none"> <li>• lack of stimulation due to lack of company could lead to cognitive decline</li> <li>• lack of stimulation due to absence of social activities which were organised by wife</li> <li>• hearing/memory loss might make it harder to access intellectual stimulation.</li> <li>• may learn new skills</li> </ul> <p><b>Emotionally</b></p> <ul style="list-style-type: none"> <li>• he will be very vulnerable as he relied upon his wife particularly as his hearing and memory is poor which may lead to anxiety/frustration</li> <li>• he may struggle to cope with daily living without his wife and could become depressed</li> </ul> <p><b>Socially</b></p> <ul style="list-style-type: none"> <li>• he is likely to remain at home, lacking confidence to go out without his wife and because of poor hearing/memory</li> <li>• could suffer isolation and depression especially as his one son lives away</li> </ul>	5	No marks simply for naming PIES
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		<p><b>Financially</b></p> <ul style="list-style-type: none"> <li>only one pension to live on. Older adulthood can be associated with poverty if reliant on only state pension</li> </ul> <p><b>Mark Bands</b></p> <p><b>0 marks</b> Nothing worthy of credit.</p> <p><b>1–2 marks</b> The candidate is able to use the scenario. Either 2 impacts described briefly or 1 impact in more detail.</p> <p><b>3-4 marks</b> The candidate is able to use the scenario. Either 3 impacts described briefly or 2 impacts in more detail.</p> <p><b>5 marks</b> The candidate fully <b>uses</b> the scenario and describes a minimum of 4 impacts briefly or 3 impacts in more details. There will be no irrelevancies.</p>		
1	c	<p>One mark for each of the <b>two</b> service providers named plus 2 marks each for describing the ways that the two named service providers could help.</p> <p><b>Social Services (state) (1) (allow GP/Social worker as named provider)</b></p> <ul style="list-style-type: none"> <li>day care/ day centre (1)</li> <li>monitoring/referral by GP/social worker(1)</li> <li>assessment by social worker(1)</li> <li>Eric can receive personal care(1)</li> <li>nutritious meals(1)</li> <li>interaction/communication with others(1)</li> <li>activities/outings(1)</li> <li>provide advice and support(1).</li> </ul>	6	No marks for OT, community nurse, district nurse, physio , residential care.

		<p><b>Home care (1)</b> (allow domiciliary care worker as named provider)</p> <ul style="list-style-type: none"> <li>• domiciliary care workers to clean Eric’s home(1)</li> <li>• and/or provide meals(1)</li> <li>• assist with daily living tasks(1)</li> <li>• provide some social contact/support (1)</li> <li>• allows Eric to stay in his own home (1)</li> </ul> <p><b>Voluntary (1) (allow appropriate named voluntary service eg. Age UK/ Prama)</b></p> <ul style="list-style-type: none"> <li>• local example eg. Bournemouth Help and Care where people would visit Eric(1)</li> <li>• organise trips (1)</li> <li>• offer day centre support as above(1)</li> <li>• gardening services, advocacy services (1)</li> </ul> <p><b>U3A (University of the Third Age) (1)</b></p> <ul style="list-style-type: none"> <li>• provides educational, creative and leisure opportunities (1)</li> <li>• involvement in sharing learning opportunities with a group of people (1)</li> </ul>		
2	a	<p>She may face:</p> <ul style="list-style-type: none"> <li>• ignorance/lack of knowledge about CF which assumes that for example Suzanne cannot participate in physical activity (1)</li> <li>• prejudice which could lead to bullying(1)</li> <li>• discrimination based on the fact that Suzanne has special treatment at school eg. room for percussion, time out space, extensions for homework/exams (1)</li> <li>• discrimination because she is smaller less developed(1)</li> <li>• social exclusion due to time in hospital and/or off school (1)</li> <li>• low expectation of ability from teachers/students even though CF does not affect intellect (1)</li> </ul>	4	Societal expectation unlikely to be applicable to a 14 year old at mainstream school
2	b	<p>Accept: Hereditary (1) Genetic/pair of recessive genes (1)</p>	1	

2	c	<p>1 mark for identifying practitioner plus 3 marks for describing appropriate care. Likely answers:</p> <p><b>Physiotherapist (1)</b></p> <ul style="list-style-type: none"> <li>• percussion on the back/chest to dislodge mucus (1)</li> <li>• teaching parents and others how to do percussion(1)</li> <li>• advice regarding daily exercise/ inhalation therapy/ posture (1)</li> <li>• awareness/ and, for some, the management of urinary incontinence (1)</li> <li>• teaching Suzanne techniques to treat herself (1)</li> <li>•</li> </ul> <p><b>GP(1)</b></p> <ul style="list-style-type: none"> <li>• oversee general health and provide advice (1)</li> <li>• prescribe antibiotics (1)</li> <li>• to control lung infections (1)</li> <li>• or medication to aid digestion(1)</li> <li>• referral to other relevant CF professionals (1) (physio, dietician, CF clinic)</li> </ul> <p><b>Dietician (1)</b></p> <ul style="list-style-type: none"> <li>• provision of dietary advice with specific example eg diet high in protein/calories/vitamins (1)</li> <li>• use of pancreatic enzymes (creon) (1)</li> <li>• may recommend salt supplements for a child especially in hot weather or if they are going on holiday to a country with a warm climate, where sweating may cause a loss of salt (1)</li> <li>• provide the above advice to Suzanne/parents/school (1)</li> </ul>	4	Don't allow percussion for GP
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2	d	<p>3 marks for describing each impact linked to school and CF. Likely answers may include:</p> <p><b>Physically</b> Link to school:</p> <ul style="list-style-type: none"> <li>• hard to breathe/lacking in energy/weakened immune system (1)</li> <li>• could make participation in PE a challenge(1) although physical activity is encouraged (1)</li> <li>• hard to digest food(1)due to mucus clogging internal organs/pancreas(1) so could require a special diet at school(1)</li> </ul> <p><b>Intellectually</b> Link to school:</p> <ul style="list-style-type: none"> <li>• absences from school due to frequent lung infections/ problems digesting food /weakened immune system(1) which could affect progress (1)</li> <li>• CF does not result in learning difficulty(1)no intellectual impact(1)</li> <li>• may struggle to catch up(1)</li> <li>• may need extra support from staff(1)</li> </ul> <p><b>Social</b></p> <ul style="list-style-type: none"> <li>• non-participation in activities and a feeling of being left out(1)</li> <li>• due to difficulty breathing/lacking in energy/weakened immune system (1)</li> <li>• number of hospital stays/appointments/infections (1)</li> <li>• results in non-attendance at school(1)</li> <li>• which could affect friendships(1)</li> <li>• may be difficult to maintain and make friendships(1)</li> </ul> <p><b>Emotional</b></p> <ul style="list-style-type: none"> <li>• may feel self- conscious about special treatment received at school which makes her 'different'(1)</li> <li>• eg. percussion provided at school(1);</li> <li>• coughing badly; need to attend medical room more often(1);</li> <li>• difference due to slower growth/ periods later(1).</li> <li>• may fear, become depressed for her future due to reduced life span(1)</li> <li>• may become stressed/anxious due to being behind with her work as a result of frequent absences(1)</li> </ul>	6	No marks for naming PIES
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3	a	<p><b>Social (max 2)</b></p> <ul style="list-style-type: none"> <li>• prejudice/discrimination from friends who avoid socialising with them (1)</li> <li>• siblings avoid bringing friends home (1)</li> <li>• feel less able to leave child with baby sitter so goes out less (1)</li> <li>• build up new contacts through support groups (1)</li> <li>• siblings develop greater social skills(1)</li> </ul> <p><b>Emotional (max 2)</b></p> <ul style="list-style-type: none"> <li>• fear that they will not devote enough time to other children (1)</li> <li>• jealousy of other siblings (1)</li> <li>• other siblings feel neglected (1)</li> <li>• embarrassment of bringing home friends.(1)</li> <li>• siblings and parents develop greater understanding and caring skills(1)</li> <li>• fear for the future – who will look after the child if they die first(1)</li> <li>• worry/anxiety/stress of their ability to cope (1)</li> <li>• concern about her facing discrimination (1)</li> </ul>	4	
3	b	<p>1 mark for naming <b>one</b> barrier plus 3 marks for appropriate elaboration. Likely answers may be:</p> <p><b>Education(1)</b></p> <ul style="list-style-type: none"> <li>• social exclusion at school due to discrimination(1)</li> <li>• discrimination is not dealt with by the school (1)</li> <li>• poor provision eg lack of one to one SEN support (1)</li> <li>• help may be needed with toileting which is not met (1)</li> <li>• there may be reluctance in accommodating a down’s child in a mainstream school and/or resentment at the extra work this involves (1).</li> </ul>	4	



		<p><b>Employment (1)</b></p> <ul style="list-style-type: none"> <li>• lack of opportunities due to employers rejecting her job application (1).</li> <li>• mistaken assumptions about her capabilities (1)</li> <li>• unwillingness to be flexible and give her a chance (1).</li> <li>• employers may discriminate based on appearance and be swayed by societal prejudice (1)</li> <li>• If she does find work she is likely to be on the minimum wage (1).</li> </ul> <p><b>Societal Barriers (1)</b></p> <ul style="list-style-type: none"> <li>• avoiding social contact due to embarrassment/ fear or not knowing what to say (1)</li> <li>• prejudice and discrimination based on appearance (1)</li> <li>• prejudice and discrimination resulting from ignorance /lack of knowledge about Down's which assumes that, for example, people with Down's cannot live independently/ or have relationships(1)</li> <li>• the expectations of people with disability and their informal carers might also act as a barrier (1)</li> <li>• she may find it difficult to access employment/services/supported accommodation due to the reasons stated above (1).</li> </ul> <p><b>Economic Barriers(1)</b></p> <ul style="list-style-type: none"> <li>• she may find it difficult to find work (1)</li> <li>• If she does find work she is likely to be on the minimum wage (1)</li> <li>• which will have an impact on her life opportunities(1)</li> <li>• she may always be reliant upon her parents and so find it hard to achieve independence (1).</li> <li>• they may not be aware of the benefits available (1)</li> <li>• may be reliant on benefits (1)</li> </ul>		
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3	c	<p>Provision should be linked to the needs of a child with Down’s syndrome (the needs of children with Down’s varies enormously depending upon the individual). Possible issues which should be linked to specific provision (<b>provision emboldened</b>)</p> <ul style="list-style-type: none"> <li>• Developmental delay – <b>access curriculum via one to one support from trained teaching assistant.</b></li> <li>• Speech and language abilities may take longer than expected. Speech is often indistinct, owing to the atypical mouth formation. <b>Access to speech therapist.</b></li> <li>• May have associated difficulties: congenital heart disease, and vision disorders, are more prevalent among those with Down’s syndrome. Children are prone to middle-ear problems and conductive hearing loss. <b>Train teaching assistants to know about Down’s and specific needs of child. These needs should be on IEP.</b></li> <li>• Low muscle tone throughout body could mean difficulties controlling movements. <b>Ensure good positioning</b> e.g. chair and desk at exactly the right height helps to keep one part of body still whilst moving another. Hips and knees need to be in line with my feet flat on the floor. Elbows should rest comfortably on desk. Access to physiotherapy.</li> <li>• There may be issues with toileting. <b>One to one support required.</b></li> <li>• Aim for the child to access to broad and balanced curriculum. <b>IEP.</b></li> <li>• Liaise with parents and involve outside agencies if appropriate e.g. speech therapist. <b>SENCO is aware of child prior to her starting school and has set up plan of action which</b> should be clarified via <b>statementing/ SEN provision/ IEP (individual education plan)</b> the Equality Act requires schools to publish statements or policies explaining their arrangements for the access and equal treatment of disabled pupils.</li> <li>• Aim to integrate child by effective pastoral care eg a buddy system and raising awareness of her needs amongst the staff and students .</li> </ul>	7	<p>NO marks for adaptations/aids as not physically disabled. No marks for ‘bullying policy’ as all schools have this.</p>
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		<p><b>NOT</b> physically disabled so no marks for adaptations for wheelchairs etc.</p> <p><b>Mark Bands</b></p> <p><b>0 marks</b> Nothing worthy of credit.</p> <p><b>1-2 marks</b> Discussion which shows some basic knowledge but which is very brief or fails to address the question.</p> <p><b>3-4 marks</b> Discussion which contains some relevant information. Answers may be largely generic and so fail to give specific examples related to Down's. There may be provision suggested which does not relate to Downs.</p> <p><b>5-7 marks</b> Detailed discussion that makes appropriate, realistic and practical ways of accommodating a child with Downs, showing a good technical knowledge. There should be no irrelevant or generic information.</p>		
4	a	<p>Accept:</p> <ul style="list-style-type: none"> <li>• Genetic predisposition (1) accept tends to run in families (1)</li> <li>• combination of genetic and environmental (1)</li> <li>• environmental triggers/factors/circumstances (1)</li> <li>• exact cause not entirely known (1)</li> <li>• biological disorder (1) accept chemical imbalance (1)</li> </ul>	2	Do not accept genetic or environmental on its own.

4	b	<p><b>Socially</b></p> <ul style="list-style-type: none"> <li>• affecting interactions and relationships by withdrawal from society through inability to function (1)</li> <li>• relationships likely to be strained as friends/family may feel neglected (1)</li> <li>• friends/family may struggle to understand mood swings/episodes (1)</li> </ul> <p><b>Financial</b></p> <ul style="list-style-type: none"> <li>• affecting work and possible income by needing periods of time off as unable to work (1)</li> <li>• may not be able to work full-time (1)</li> <li>• due to the extreme nature of the condition it could be very hard to sustain work (1)</li> <li>• reliance on benefits due to inability to work (1)</li> <li>• may build up debts in manic phase by overspending/gambling too much (1)</li> </ul>	4	
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4	c	<p><b>Risks which may exist are:</b></p> <ul style="list-style-type: none"> <li>• bullying</li> <li>• abuse</li> <li>• stress</li> <li>• self-harm (suicide)</li> <li>• isolation</li> <li>• social exclusion.</li> </ul> <p><b>Legislation such as:</b></p> <ul style="list-style-type: none"> <li>• Mental Health Act</li> <li>• Mental Capacity Act</li> <li>• Care Standards Act</li> <li>• Equality Act.</li> </ul> <p><b>Policies/procedures including:</b></p> <ul style="list-style-type: none"> <li>• workplace bullying and equal opportunities policy.</li> </ul>	9	Candidates must identify a risk from the specification to access any marks
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		<p><b>Service provision</b></p> <ul style="list-style-type: none"> <li>• Outpatient clinics</li> <li>• Hospital care</li> <li>• Regional secure psychiatric unit</li> <li>• Secure hospitals</li> </ul> <p><b>Practitioners:</b></p> <ul style="list-style-type: none"> <li>• GP</li> <li>• Psychiatrist</li> <li>• Community Mental Health Team.</li> <li>• Social worker</li> </ul> <p><b>Some useful charities/support groups and associations include:</b></p> <ul style="list-style-type: none"> <li>• <u>Mind</u></li> <li>• <u>SANE</u></li> <li>• <u>Rethink</u></li> <li>• <u>Samaritans</u></li> <li>• <u>Carers UK</u></li> </ul> <p>Relevant life quality factors and caring skills.</p> <p>Students who deploy appropriate knowledge and understanding and display Higher QWC skills should be rewarded at the top end of this mark band. Conversely, those who display some confusion and weakness in QWC supporting knowledge and understanding should be placed at the bottom end of this mark band.</p> <p><b>Award a mark for a named risk from spec</b></p> <p><b>Mark Bands</b></p> <p><b>0 marks</b>      Nothing worthy of any credit or no risk identified.</p>		
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			<p><b>1-2 marks</b> The candidate will have limited awareness of the above and there may be inaccuracy.</p> <p><b>3-4 marks</b> The candidate will show some understanding of safeguarding which may include service provision, practitioners and legislation but there will be less detail. There may be an attempt to evaluate how the safeguarding will reduce the risk.</p> <p><b>5-7 marks</b> The candidate will show a good understanding of how Sophie will be supported and safeguarded and refer to relevant service provision/practitioners and at least one piece of legislation. There may be some evaluation which shows how the safeguarding can reduce the risk.</p> <p><b>8-9 marks</b> The candidate will show a very good understanding of how Sophie will be supported and safeguarded and refer to examples from all the areas listed above. There will be good evaluation which shows how the safeguarding can reduce the risk. Answers will be well expressed and clearly structured with no errors or inaccuracies.</p>		
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