

GCE A2

**Health and
Social Care**

Summer 2010

Mark Schemes

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**NORTHERN IRELAND GENERAL CERTIFICATE OF SECONDARY EDUCATION (GCSE)
AND NORTHERN IRELAND GENERAL CERTIFICATE OF EDUCATION (GCE)**

MARK SCHEMES (2010)

Foreword

Introduction

Mark Schemes are published to assist teachers and students in their preparation for examinations. Through the mark schemes teachers and students will be able to see what examiners are looking for in response to questions and exactly where the marks have been awarded. The publishing of the mark schemes may help to show that examiners are not concerned about finding out what a student does not know but rather with rewarding students for what they do know.

The Purpose of Mark Schemes

Examination papers are set and revised by teams of examiners and revisers appointed by the Council. The teams of examiners and revisers include experienced teachers who are familiar with the level and standards expected of 16- and 18-year-old students in schools and colleges. The job of the examiners is to set the questions and the mark schemes; and the job of the revisers is to review the questions and mark schemes commenting on a large range of issues about which they must be satisfied before the question papers and mark schemes are finalised.

The questions and the mark schemes are developed in association with each other so that the issues of differentiation and positive achievement can be addressed right from the start. Mark schemes therefore are regarded as a part of an integral process which begins with the setting of questions and ends with the marking of the examination.

The main purpose of the mark scheme is to provide a uniform basis for the marking process so that all the markers are following exactly the same instructions and making the same judgements in so far as this is possible. Before marking begins a standardising meeting is held where all the markers are briefed using the mark scheme and samples of the students' work in the form of scripts. Consideration is also given at this stage to any comments on the operational papers received from teachers and their organisations. During this meeting, and up to and including the end of the marking, there is provision for amendments to be made to the mark scheme. What is published represents this final form of the mark scheme.

It is important to recognise that in some cases there may well be other correct responses which are equally acceptable to those published: the mark scheme can only cover those responses which emerged in the examination. There may also be instances where certain judgements may have to be left to the experience of the examiner, for example, where there is no absolute correct response – all teachers will be familiar with making such judgements.

The Council hopes that the mark schemes will be viewed and used in a constructive way as a further support to the teaching and learning processes.

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2010

Health and Social Care

Assessment Unit A2 9

assessing

Unit 9: Providing Services

[A6H31]

THURSDAY 10 JUNE, AFTERNOON

**MARK
SCHEME**

- 1 (a) Explain **one different** way each of the following practitioners could support Gavin. (AO1, AO2)

An occupational therapist

[1] for key phrase/s, [2] for full explanation of any one

- Responsible for assessing and providing care relevant to improving Gavin's independence
- Organises activities suitable to Gavin's needs following assessment
- May recommend changes to Gavin's home to accommodate his disability
- May organise retraining for the world of work
- May provide aids to support daily living, e.g. hoist

(1 × [2])

[2]

A physiotherapist

[1] for key phrase/s, [2] for full explanation of any one

- Responsible for assessing and providing care relevant to mobility
- May help Gavin with exercises to improve his upper body strength and to prevent muscle wastage
- May provide equipment to help Gavin, e.g. wheelchair
- May provide treatment, e.g. heat treatment, hydrotherapy for pain relief

(1 × [2])

[2]

His GP (General Practitioner)

[1] for key phrase/s, [2] for full explanation of any one

- Responsible for providing medical care for Gavin including provision of prescriptions
- May refer Gavin to other health professionals and services where necessary
- May arrange for district nurse to carry out home visits if necessary or make home visits when required
- May diagnose illness or deterioration, e.g. chest infections

(1 × [2])

[2]

A psychologist

[1] for key phrase/s, [2] for full explanation of any one

- May carry out assessment of his psychological well-being
- May have provided counselling by listening and talking to Gavin to help him deal with distress
- May have provided therapy, e.g. CBT
- May have taken part in a case conference to plan Gavin's care
- May have liaised with other professionals such as Gavin's GP or his social worker
- May have encouraged Gavin to make plans for the future, e.g. to think about a new career

No repetition allowed

(1 × [2])

[2]

- (b) Practitioners work in teams to support clients with physical disabilities or illnesses. Use the following headings to evaluate the multi-disciplinary team approach to supporting clients like Gavin. (AO1, AO2, AO3)

Strengths

[1] for key phrase/s, [2] for full explanation of any two of the following:

- Clients can receive holistic care
- Clients needs can be more fully met/better care
- Care is not duplicated by practitioners
- Problems can be identified and dealt with more quickly
- Prevents clients “falling through the net”
- Information can be passed on more easily
- Avoids repetitive questioning of clients
- Expertise of range of professionals likely to improve quality of care
- Helps to achieve seamless care
- Skills mix
- Less risk of abuse or discrimination as Gavin is being supported by many professionals/carers

Weaknesses

[1] for key phrase/s, [2] for full explanation of any two of the following:

- Notes may be mislaid or information may not be passed on
- There may be disagreement amongst professionals, leading to poor communication and poor service
- One professional may believe that another is providing a service so the clients’ needs may not be met
- Time consuming to involve a range of professionals so services may be slow
- Some team members may be more committed than others leading to a heavy workload for some

This list is not exhaustive and candidates may use examples other than those identified above – these may be accepted if they are relevant and valid.

(4 × [2])

[8]

- (c) The hospital social worker is guided by her code of practice. Examine how three aspects of her code of practice will influence her work with Gavin. (AO1, AO2, AO3)

[1] for use of key phrase/s, [2] for adequate discussion, [3] for detailed discussion of how any three of the following aspects will influence her work with Gavin

- Protect the rights and promote the interests of service users and carers
- Strive to establish and maintain the trust and confidence of service users and carers
- Promote the independence of service users while protecting them as far as possible from danger or harm
- Respect the rights of service users whilst seeking to ensure that their behaviour does not harm themselves or other people
- Uphold public trust and confidence in social care services
- Be accountable for the quality of their work and take responsibility for maintaining and improving their knowledge and skills
- Stipulations from the BASW Code of Ethics should also be accepted

(3 × [3])

[9]

- (d) The social worker has already met with a range of practitioners who work in the statutory sector. Discuss how Gavin could be supported by the **other** sectors of the “mixed economy of care”. (AO1, AO2, AO3, AO4)

The mixed economy of care refers to the provision of care for individuals from a range of sectors other than statutory services as indicated below:

Voluntary Sector could support Gavin by –

- Giving advice about benefit entitlement
- Organising activities
- Providing help to access courses or training
- Befriending
- Providing home care
- Providing respite

Private sector could support Gavin by –

- Providing accommodation in residential homes or hostels
- Providing services, e.g. complementary therapies
- Providing direct care or treatment, e.g. in a private hospital or clinic
- Providing home care

Informal Sector could support Gavin by –

- Providing care, e.g. personal care like washing Gavin
- Taking Gavin to appointments
- Doing shopping, cleaning, laundry, etc.

Candidates may use alternative examples to illustrate their knowledge of how Gavin could be supported in the “mixed economy of care” but should refer to the sectors listed above. No marks to be awarded for discussing statutory services.

[0] is awarded for a response not worthy of credit

Level 1 ([0]–[3])

Overall impression: basic understanding.

- Displays limited knowledge and understanding of the “mixed economy of care”
- Examples of services may be limited or missing
- There may be little or no evidence of analytical writing
- Quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear

Level 2 ([4]–[6])

Overall impression: adequate knowledge and understanding.

- Displays adequate knowledge and understanding of the “mixed economy of care”
- Adequate use of examples of support provided by at least two of the three sectors
- There is evidence of analytical writing

- Quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident

Level 3 ([7]–[9])

Overall impression: competent knowledge and understanding.

- Displays a very good knowledge of the “mixed economy of care”
- Competent use of examples of how Gavin could be supported by all **three** sectors
- Quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear

[9]

34

- 2 (a) As well as NHS healthcare, explain **two** ways that Beveridge proposed to help people with physical disabilities or illnesses. (AO1, AO2)

[1] for use of key phrase/s, [2] for fuller explanation of any two of the following:

- Introduced national assistance (non-contributory) to provide financial benefits for people with physical disabilities or illnesses
- Provided state owned housing for people with physical disabilities or illnesses who needed it
- Introduced national insurance (contributory) to pay for health and care services for people with physical disabilities or illnesses
- Clarified roles of social services and health authorities in the provision of services

(2 × [2])

[4]

- (b) Describe the following political beliefs that have affected the approaches taken by governments to health and social care provision since the introduction of the Welfare State.

The New Right (Conservative government from 1979)

[1] for use of key phrase/s, [2] for adequate discussion, [3] for detailed discussion

- Emphasises personal and family responsibility for health and care-services should be targeted at those in need of additional support, not everyone – means testing
- Too much state involvement causes dependency – the State should provide services as a “safety net” for the relatively small numbers of deserving citizens who cannot otherwise provide for themselves
- Private companies should be involved in delivering services as in the free market they are more cost effective than bureaucratic government agencies
- There should be a mixed economy of welfare provision (state, voluntary and private), with the state providing services where private companies could not profit or where charities cannot undertake the task

- Supported the idea of lower taxation to allow people to be more independent, e.g. to buy pensions or private healthcare
- (1 × [3]) [3]

The Third Way (New Labour)

[1] for use of key phrase/s, [2] for adequate discussion, [3] for detailed discussion

- Sees social welfare as a matter of rights but with responsibilities, e.g. people who become physically ill are entitled to state benefits, but should also retrain for suitable employment where possible
 - Accepts the state cannot do everything and people do have to support themselves and each other, but the government should intervene with funding to encourage them to do so, e.g. by funding voluntary organisations such as carers support groups
 - Stresses a society free from discrimination, e.g. on the basis of disability – service providers should be aware of this
 - To raise standards in health provision the private sector can be used to undertake the overflow work from the NHS, e.g. to reduce waiting lists
- (1 × [3]) [3]

- (c) Explain two ways the following legislation has affected health and social care provision for clients with physical disabilities or illnesses. (AO1, AO2, AO3)

NHS and Community Care Act (1990)

[1] for use of key phrase/s, [2] for explanation of any two of the following points:

- Free assessment of need
 - Provision of home care to allow clients to stay in their own homes
 - “Needs led” care and treatment
 - Established eligibility criteria for service provision
 - Enabled care professionals to purchase packages of care for clients – care planning
 - Established the internal market, which increased competition amongst providers, leading to better value for money.
 - Purchaser/provider split meant services had to be of high quality to get contracts – good quality of care
 - Introduced fund holding for Trusts and GPs – better service for clients in some cases but also postcode lottery
 - Increased role of voluntary, private and informal sectors/mixed economy
 - Reduced the need for institutionalisation
 - Recognised the role of carers in the provision of informal care
- (2 × [2]) [4]

Disability Discrimination Act (2005)/NI Order (2006)

[1] for key phrase/s, [2] for explanation of any two of the following points:

- Gave clients with physical disabilities important rights of access to health services and social services, such as doctors’ surgeries, dental surgeries, hospitals and mobile screening units
- The anti-discrimination provisions of the DDA mean that GPs could not refuse to register or continue treating a patient because of his disability or illness
- Gave service users with physical disabilities or illnesses the right to information about healthcare and social services in an accessible format where it was reasonable for the service provider to do so, e.g. information in braille or large print for blind and partially sighted patients
- Provided a route for redress if discrimination occurs

This list is not exhaustive and candidates may use examples other than those identified above – these may be accepted if they are relevant and valid. All other valid points will be given credit.

(2 × [2])

[4]

- (d) One consequence of financial pressure on the NHS has been the rationing of services. Using examples, assess the potential impact of rationing on clients with disabilities or illnesses, on their families and on service providers.
(AO1, AO2, AO3, AO4)

Answers may address some of the following points:

Examples of rationing:

- Refusing expensive drug treatments, e.g. for cancer patients or to prevent deterioration of eyesight
- Not providing expensive equipment, e.g. electric wheelchairs or computers with speech facilities
- May fail to provide some operations or therapies

Impact on clients:

- Their condition may deteriorate, e.g. he may become even more ill
- They may fail to reach their full potential
- They may die sooner than necessary
- They may be forced to move to another area due to postcode lottery
- They may become proactive in trying to find out more about their condition and alternative treatment
- They may experience emotions – anger, frustration/feel under valued
- They may feel they are a burden to others

Impact on families:

- May suffer financially because they try to pay privately for rationed services
- May worry that their relative is not being given the best opportunity to reach his/her full potential
- May feel let down, angry, resentful and unsupported because of the rationing decision/may feel inadequate
- May decide to move to an area where the treatment or therapy is available – this may cause stress
- May feel guilty if they can't pay privately for the treatment or therapy
- If the patient's condition worsens because of rationing, it will have a negative impact on family life, putting extra strain on the family
- May lose out on time with their relative

Impact on service providers:

- The employees who have had to make the decision about rationing may feel annoyed that they have not the resources to meet the individual's needs
- The service provider may be taken to court for failing to fulfil the individual's needs and may eventually be forced to provide the treatment or therapy – the court case may prove even more expensive
- The service provider may be subject to negative media attention
- Staff involved may be subject to abuse
- Relationships between staff and clients may suffer

All other valid points will be given credit.

[0] is awarded for a response not worthy of credit

Level 1 ([0]–[3])

Overall impression: basic understanding.

- Displays limited understanding of the potential impact of rationing
- Answers may focus on only one aspect of the question – on clients with disabilities or illnesses, or on their families, or on service providers
- Answers in this mark band may list points rather than discuss them
- There may be little or no evidence of analytical writing
- Quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear

Level 2 ([4]–[6])

Overall impression: adequate knowledge and understanding.

- Displays adequate understanding of the potential impact of rationing
- Answers in this mark band should analyse the impact of rationing on at least 2 of the three groups in the question
- There is evidence of analytical writing
- Quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident

Level 3 ([7]–[9])

Overall impression: competent knowledge and understanding.

- Displays good understanding of the potential impact of rationing
- Answers in this mark band should include at least some analysis of the impact on **all three** groups referred to in the question
- There is clear evidence of analytical writing, with use of relevant example
- Quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear

Level 4 ([10]–[12])

Overall impression: highly competent knowledge and understanding.

- Displays excellent understanding of the potential impact of rationing on clients with disabilities or illnesses, on their families and on service providers
- Answers in this mark band should analyse the impact on **all three** groups in detail
- There is evidence of in-depth analysis, supported by relevant example/s
- Quality of written communication is excellent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is extremely well organised with the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard and ensure that meaning is absolutely clear [12]

- 3 (a) Write down three examples of information that could be included in a Patients' Charter in a hospice. (AO1, AO2)
[1] for any of the following to a maximum of [3]
- Information about patients' rights
 - Information for patients and their families about the standards of care that can be expected
 - Tells patients how complaints can be made
 - Tells patients about who will be in charge of their care
 - Tells patients about how visiting operates

This list is not exhaustive and candidates may use examples other than those identified above – these may be accepted if they are relevant and valid.

(3 × [1]) [3]

- (b) Explain **three** ways a hospice may be funded. (AO1, AO2)
[1] for use of key phrase/s, [2] for fuller explanation of any two of the following:
- Lottery – voluntary organisations can submit applications for financial support
 - Street collections – flag days where the public are asked to donate on the spot
 - Bequests – people who have benefited from the service may leave money in their wills
 - Fundraising events – coffee mornings, sponsored walks, etc. where proceeds go to the hospice
 - Government grants or contracts – government may provide funding from taxation as service is seen as necessary and as supporting the work of the NHS
 - Sponsorships – large organisations may choose a hospice as a designated charity and perhaps gain advertising as a result
 - Donations, e.g. from families or in lieu of funeral flowers
 - Charity shops where goods are donated and sold to generate funds
- (3 × [2]) [6]

- (c) Discuss how psychological, knowledge and cultural barriers may prevent clients accessing hospice care and analyse how these barriers may be broken down. (AO1, AO2, AO3, A04)

Answers may include:

- Psychological barriers such as fear or stigma – these may be broken down by reassuring patients about the type of care offered, by encouraging patients to visit before admission to the hospice, by ensuring GPs and hospital consultants are well informed so they can give appropriate information to potential patients
- Knowledge barriers such as lack of information about the service or how places are funded – this may be broken down by provision of information in user-friendly format, e.g. Braille, audiocassette, large print, by greater circulation of information, or by providing information sessions for friends and relatives about how hospices work
- Cultural barriers such as language barriers or religious beliefs – may be broken down by ensuring literature about services is made accessible, e.g. available in different languages and avoids jargon, by providing advocacy services, by involving family, by having staff that reflect

cultural variations in the population, by training staff to understand and respond to a variety of norms, values and religious practices.

All other valid responses will be given credit

[0] is awarded for a response not worthy of credit

Level 1 ([1]–[4])

Overall impression: basic understanding.

- Displays limited understanding of barriers to accessing hospice care and how they may be broken down or may describe how barriers can be taken down without describing the barriers
- Answers in this mark band may describe different barriers without discussing how they may be broken down or may describe how barriers can be broken down without describing the barriers
- There may be little or no evidence of analytical writing
- Quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear

Level 2 ([5]–[8])

Overall impression: adequate knowledge and understanding.

- Displays adequate understanding of barriers to accessing hospice care and how they may be broken down
- Answers in this mark band should discuss at least 2 of the three barriers to accessing hospice care and how they may be broken down
- There is evidence of analytical writing
- Quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident

Level 3 ([9]–[12])

Overall impression: competent knowledge and understanding.

- Displays good understanding of barriers to accessing hospice care and how they may be broken down
- Answers in this mark band should discuss all three barriers to accessing hospice care and how they may be broken down
- There is clear evidence of analytical writing
- Quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear [12]

- (d) Analyse how the needs of patients with life threatening illnesses could be met in a hospice. (AO1, AO2, AO3, AO4)

Answers may include any of the following:

- Physical needs such as shelter, nutrition, medication, hygiene and mobility needs may be met through providing comfortable accommodation which is well equipped for palliative care; by providing nutritious meals which are tempting and easily digestible; by providing pain relief which is well controlled for optimum comfort or by providing transport for hospital or counselling appointments
- Intellectual needs such as the need for stimulation can be met through offering the opportunity for activities like reading, hobbies or creative activities; the need for knowledge and understanding can be met by staff giving the patients as much information as possible about their condition or through the provision of literature giving information about their treatments or about benefits
- Emotional/psychological needs such as esteem needs, a sense of belonging and autonomy, or emotional well-being and the need to feel respected can be met by providing the opportunity to form groups where clients can support each other, or by referrals for counselling or by helping families to cope emotionally so they are more able to support their loved one, or by involving patients in decisions about their care. Spiritual care, e.g. access to religious services can also address emotional needs.
- Social needs such as the need for communication or interaction with others can be met by having areas where clients have opportunities to mix with others, by encouraging visits from family and friends or by providing group recreational activities.

All other valid responses will be given credit

[0] is awarded for a response not worthy of credit

Level 1 ([0]–[4])

Overall impression: basic understanding.

- Displays limited understanding of how the needs of patients with life threatening illnesses could be met by a hospice
- Answers in this mark band may list different ways a hospice may help patients without discussing their needs
- There may be little or no evidence of analytical writing
- Quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear

Level 2 ([5]–[8])

Overall impression: adequate knowledge and understanding.

- Displays adequate understanding of how the needs of patients with life threatening illnesses could be met by a hospice
- Answers in this mark band should analyse how a hospice can meet **at least two** of the four types of need
- There is evidence of analytical writing

- Quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident

Level 3 ([9]–[12])

Overall impression: competent knowledge and understanding.

- Displays good understanding of how the needs of patients with life threatening illnesses could be met by a hospice
- Answers in this mark band should analyse how a hospice can meet **at least three** of the four types of need
- There is clear evidence of analytical writing
- Quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear

Level 4 ([13]–[15])

Overall impression: highly competent knowledge and understanding.

- Displays excellent understanding of how the needs of patients with life threatening illnesses could be met by a hospice
- Answers in this mark band should analyse in some detail how a hospice can meet **all four** types of need – physical, intellectual, emotional and social
- There is evidence of in-depth analysis
- Quality of written communication is excellent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is extremely well organised with the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard and ensure that meaning is absolutely clear

[15]

36

Total

100

AVAILABLE
MARKS



Rewarding Learning

**ADVANCED
General Certificate of Education
2010**

Health and Social Care

Assessment Unit A2 12

assessing

Unit 12: Understanding Human Behaviour

[A6H61]

THURSDAY 17 JUNE, AFTERNOON

**MARK
SCHEME**

- 1 (a) Complete the table below to show your understanding of how different perspectives in psychology would view Andy's aggression. One has been completed for you. (AO1)

Explanation	Perspective
His hormones are contributing to this aggression	Biological
His aggression has been reinforced as he gets what he wants	Behaviourist [1]
He is copying his older brothers	Social [1]
He is failing to self-actualise	Humanistic [1]

[3]

- (b) Eysenck would argue that Andy is a neurotic extrovert and that his aggression is one aspect of this inherited personality type. Describe two **other** personality types identified by Eysenck. (AO1)

[1] for key phrase/s, [2] for explanation, [3] for fuller discussion of any two
Answers may include any **two** of the following:

- Stable extrovert – this personality type is sociable, out-going, talkative, responsive, easy going, lively, carefree and often displays leadership
- Stable introvert – this personality type is passive, careful, thoughtful, peaceful, controlled, reliable, even-tempered and calm
- Neurotic/unstable introvert – this personality type is moody, anxious, rigid, sober, pessimistic, reserved and unsociable
- Psychotic personality – this personality type is unusual and is associated with being solitary, insensitive, uncaring, opposed to social customs, lacking in conscience

(2 × [3])

[6]

- (c) Andy's college counsellor has suggested he might benefit from social skills training. Describe this therapy. (AO1, AO2)

[1] for key phrase/s, [2] for explanation, [3] for fuller description
Social skills training is a general term for instruction that promotes more productive/positive interaction with others. A social skills training programme for Andy might include:

- "Manners" and positive interaction with others
- Appropriate behaviour, e.g. in college
- Better ways to handle frustration/anger, e.g. counting to 10 before reacting, distracting himself, learning an internal dialogue to cool himself down and reflect upon the best course of action
- Acceptable ways to resolve conflict with others, e.g. using words instead of physical contact or seeking the assistance of others to resolve a conflict

(1 × [3])

[3]

- (d) Discuss how each of the following socio-economic factors might influence aggressive behaviour like Andy's. (AO1, AO2, AO3)
[1] for key phrase/s, [2] for explanation, [3] for fuller discussion of each

Media

Some theorists argue that aggression may result from exposure to violent media images, e.g. violent films/games. Repeated exposure may desensitise individuals to the effects of violent behaviour on victims

Social exclusion

An individual may be angry and frustrated because he feels socially excluded as he lacks opportunities in life that seem to be available to others, e.g. an individual may believe people from his area don't get offered jobs or that he can never attain the good things in life – aggression is an outlet for this frustration

All other valid responses will be given credit

(2 × [3])

[6]

- (e) Analyse how the psychoanalytic perspective in psychology explains aggressive behaviour. (AO1, AO2, AO3, AO4)

Answers may include the following:

- Aggression is instinctive – biologically driven and innate – it is part of the death wish, the instinctive drive towards self destruction
- Aggression can result from negative experiences in childhood – these may be buried in the unconscious mind, so that the individual is not aware of them even though they are influencing the aggressive behaviour
- Aggression may result from an individual using a defence mechanism, such as displacement – an individual may unconsciously blame someone like a family member for problems in childhood but may react by taking out his anger on other people
- A male may be aggressive because he lacks a father figure – he has missed out on the process of identification with the same sex parent during the phallic stage of development – this is necessary to develop appropriate gender role behaviour and the superego (sense of right and wrong including the conscience) – may not realise his aggressive behaviour is wrong
- Similar arguments may be made about a female who has missed out on the process of identification with a same sex parent, in this case her mother
- An aggressive personality can result from fixation in the oral stage of development – in this case Freud would argue that the aggression in adulthood results from under stimulation of the mouth, the erogenous zone in the oral stage of development, the first stage from birth to around one year old
- An individual who is aggressive may be dominated by the id, with the ego unable to control the id's impulsive demands

[0] is awarded for a response not worthy of credit

Level 1 ([1]–[3])

Overall impression: basic.

- Displays limited knowledge of how the psychoanalytic perspective in psychology explains aggressive behaviour
- There is limited analysis
- Quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear

Level 2 ([4]–[6])

Overall impression: adequate.

- Displays adequate knowledge of how the psychoanalytic perspective in psychology explains aggressive behaviour
- There is adequate analysis
- Quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident

Level 3 ([7]–[9])

Overall impression: competent.

- Displays good knowledge of how the psychoanalytic perspective in psychology explains aggressive behaviour
- There is competent analysis
- Quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard, and ensure that the meaning is clear

Level 4 ([10]–[12])

Overall impression: highly competent.

- Displays excellent knowledge of how the psychoanalytic perspective in psychology explains aggressive behaviour
- There is in-depth analysis
- Quality of written communication is excellent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is extremely well organised with the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard, and ensure that meaning is absolutely clear [12]

(f) Carl Rogers would advocate client-centred therapy for Andy. Discuss how this therapy would attempt to help Andy. (AO1, AO2, AO3, AO4)

- The role of the therapist would be to provide unconditional positive regard for Andy – this would allow him to work towards self-actualisation as he would be freed from trying to satisfy conditions of worth in order to achieve positive regard – by self-actualising they will get rid of the aggressive tendencies
- There is a need for warmth, genuineness and empathy in the therapeutic relationship so positive regard can be experienced
- There is a focus on dealing with the present aggression rather than focussing on reasons from the past
- Therapy is non-directive – Andy should decide how to work towards self-actualisation so that his behaviour becomes congruent with his self-concept and the aggressive behaviour diminishes
- The Q-sort technique (cards which contain statements that the client can sort into piles to represent the self and the ideal self) can be used to determine the discrepancy between self-image and ideal self – this can be used to measure Andy's progress in achieving a more realistic self concept

[0] is awarded for a response not worthy of credit

Level 1 ([1]–[3])

Overall impression: basic.

- Displays limited knowledge how client-centred therapy would help Andy
- There is limited analysis
- Quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear

Level 2 ([4]–[6])

Overall impression: adequate.

- Displays adequate knowledge of how client-centred therapy would help Andy
- There is adequate analysis
- Quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident

Level 3 ([7]–[8])

Overall impression: competent.

- Displays good knowledge of how client-centred therapy would help Andy
- There is competent analysis
- Quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard, and ensure that the meaning is clear

[8]

38

- 2 (a) Use the information above to identify the socio-economic factor that is contributing to stress. (AO2)

Occupation (also accept work)

(1 × [1])

[1]

- (b) Discuss how each of the following socio-economic factors could cause an individual to experience stress. (AO1, AO2, AO3)

[1] for key phrase/s, [2] for explanation, [3] for fuller discussion of each

Family

Relationships in families can cause stress, e.g. individuals may have arguments with a partner, parent or sibling which can be very stressful. Family breakdown is also stressful, e.g. individuals undergoing divorce often report problems with stress. Parents may find caring for children stressful, e.g. sleepless nights with young children or worrying about teenagers can be stressful.

Housing and environment

Poor housing conditions, e.g. overcrowding or living in a damp house can cause stress; so can living in an unpleasant environment, e.g. inner city housing estate with high levels of crime – parents may worry more about their children if they live in an environment like this.

(2 × [3])

[6]

- (c) Discuss the biological basis of stress. (AO1, AO2, AO3)

- Stress can be seen as a physiological reaction to external stimuli/stressors in the environment – the **fight or flight response** is the reaction of the body which allows it to produce a great deal of energy at very short notice, allowing the individual to escape or to attack – a fundamental survival process that evolved in mammals. This involves:
 - Changes to the body to get a blood supply to the muscles include the heart beating faster, blood pressure increasing
 - As a high blood sugar level is needed for energy, stored sugar is released into the bloodstream and sugars are digested very quickly while digestion of other kinds of foods is delayed – saliva changes to achieve this so mouth feels dry
 - Oxygen is also needed so breathing becomes deep and rapid
 - Other changes which form the alarm reaction include blood changing so clots form more quickly, pupils dilating and the pilo-motor response which causes “goose pimples”
- Selye’s General Adaptation Syndrome – this describes long-term changes to the body resulting from continuous stress – body continues to produce high levels of adrenaline – the **alarm** phase is followed by **resistance** and **exhaustion**
 - The alarm reaction is the body’s mechanism for dealing with danger. It is triggered by the perception and evaluation of a stressor and the body is mobilised for action. The body responds with a drop in blood pressure and muscle tension
 - The resistance stage is when the body struggles to deal with stress and attempts to return to its previous state

- The exhaustion stage is when the body cannot return to its previous state and fails to cope with the stressor. The body's physical resources then become depleted and this leads to collapse
 - There are long-term effects on immune system – the individual becomes less resistant to disease and illness
 - Changes in the body are triggered by the brain – the hypothalamus controls the sympathetic branch of the ANS (automatic nervous system) which prepares the body for activity including the fight or flight response as increased levels of adrenaline and noradrenaline are produced. The hypothalamus is also connected to the pituitary gland which releases hormones during the resistance stage – the hormone involved in stress is ACTH (adrenocorticotrophic hormone)
 - Some individuals may be genetically predisposed to experiencing stress
- [0] is awarded for a response not worthy of credit

Level 1 ([1]–[3])

Overall impression: basic.

- Displays limited knowledge of the biological basis of stress
- There is limited analysis
- Quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear

Level 2 ([4]–[6])

Overall impression: adequate.

- Displays adequate knowledge of the biological basis of stress
- There is adequate analysis
- Quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident

Level 3 ([7]–[9])

Overall impression: competent.

- Displays good knowledge of the biological basis of stress
- There is competent analysis
- Quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard, and ensure that the meaning is clear [9]

- (d) Discuss how **one** type of drug can alleviate stress.
(AO1, AO2, AO3)

[1] for key phrase/s, [2] for explanation, [3] for fuller discussion of any one

- Beta blockers – beta blockers work by blocking the action of the neurotransmitter noradrenaline at receptors in arteries and the heart

muscle, causing arteries to widen and slowing the action of the heart, resulting in falling blood pressure and reduced work by the heart, and thus reducing the physiological experience of stress

- Anti-depressants – anti-depressants such as Monoamine Oxidase Inhibitors (MAOIs), Tricyclics (TCAs) and Selective Serotonin Reuptake Inhibitors (SSRIs) increase levels of the neurotransmitter serotonin, enhancing the mood of clients suffering from stress
- Anxiolytic drugs – depress activity in the Central Nervous System which in turn reduces activity in the Sympathetic Nervous System, which is responsible for physiological changes, such as the increase in heart rate associated with experiencing stress

(1 × [3]) [3]

- (e) Explain **one** advantage and **one** disadvantage of using drug treatments to alleviate stress. (AO4)

Advantage:

[1] for key phrase/s [2] for fuller explanation of any one

- Effectively reduces symptoms of stress for most patients
- Reasonably quick results – physiological symptoms of stress can be reduced almost immediately
- More cost effective for the health service than patients spending long periods in talking therapies
- More accessible for clients than other therapies

Disadvantage:

[1] for key phrase/s [2] for fuller explanation of any one

- Does nothing about the root causes of the problem, e.g. environmental stressors or “daily hassles”
- Side effects of medication, e.g. some beta blockers may make an individual lethargic
- There may be interaction with other drugs/substances
- Patients may worry about developing a dependency on medication and be resistant to using it
- Some drugs are addictive

(2 × [2]) [4]

- (f) Discuss how Meichenbaum’s Stress Inoculation Therapy can contribute to reducing an individual’s stress. (AO1, AO2, AO3)

Answers may include the following:

- Meichenbaum believed that stress was due to individuals failing to instruct themselves successfully – they tend to say negative things (self-instructions) to themselves
- Stress Inoculation Therapy (or Self-Instruction Training) aims to stop clients thinking in catastrophic ways about stressful situations and to bring about behaviour change. It consists of three stages
 - Stage 1– cognitive preparation – the therapist and client explore the ways stressful situations are thought about and dealt with
 - Stage 2 – skill acquisition and rehearsal – attempts to replace negative self-statements with coping statements, which are learned and practised

- Stage 3 – application and follow through – the therapist guides the client through progressively threatening situations that have been rehearsed in actual stress producing situations
- [0] is awarded for a response not worthy of credit

Level 1 ([1]–[3])

Overall impression: basic understanding.

- Displays limited knowledge of how Meichenbaum's Stress Inoculation Therapy can contribute to reducing an individual's stress
- There is limited analysis
- Quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear

Level 2 ([4]–[6])

Overall impression: adequate knowledge and understanding.

- Displays adequate knowledge of how Meichenbaum's Stress Inoculation Therapy can contribute to reducing an individual's stress
- There is adequate analysis
- Quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident

Level 3 ([7]–[8])

Overall impression: competent knowledge and understanding.

- Displays good to excellent knowledge of how Meichenbaum's Stress Inoculation Therapy can contribute to reducing an individual's stress
- There is competent analysis
- Quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard, and ensure that the meaning is clear

[8]

31

3 (a) Explain how behaviour modification is used to treat anorexia nervosa.

[1] for key phrase/s, [2] for explanation

- Behaviour modification aims to change the range of behaviours associated with eating disorders
- Clients are asked to make small changes in their patterns of eating by drawing up eating plans on a daily/weekly basis
- Reinforcement might be in the form of keeping a chart for weight gain in AN, and having treats when goals are reached

(1 × [2])

[2]

(b) Discuss how family therapy could be used to treat anorexia nervosa. (AO1, AO2, AO3, AO4)

Answers may include:

- The therapy aims to help the whole family learn about eating disorders and how they are treated, in particular to help parents realise that a young person with an eating disorder cannot control his or her thoughts and behaviour. The idea is to help parents to understand and support the client more effectively through frank and open discussion of feelings about the AN
- The therapy aims to help everyone in the family to understand that the family is not the cause of the illness, but the family can help overcome it
- It aims to help parents take control of their child's eating until he or she has put on weight. For example, the therapist might suggest that parents monitor meals and limit exercise for a child who has anorexia. In return, parents might give the child choices over things like whether or not to tidy their room
- It tries to focus on how the family members gets along together to see if anything is making it hard for parents and the client to work towards improving the eating problems. For example, the family might be encouraged to consider the rules they have, how decisions are made and how limits are set

[0] is awarded for a response not worthy of credit

Level 1 ([1]–[2])

Overall impression: basic.

- Displays limited knowledge of how family therapy could be used to treat AN
- There is little or no evidence of analytical writing
- Quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear

Level 2 ([3]–[4])

Overall impression: adequate.

- Displays adequate knowledge of how family therapy could be used to treat AN
- There is some evidence of analytical writing
- Quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence.

There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident

Level 3 ([5]–[6])

Overall impression: competent.

- Displays competent knowledge of how family therapy could be used to treat AN
- There is clear evidence of analytical writing
- Quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard, and ensure that the meaning is clear [6]

- (c) Analyse the contribution of the cognitive perspective to understanding and treating eating disorders. (AO1, AO2, AO3, AO4)

Answers may include the following:

Understanding

- Beck and Ellis would propose that clients with eating disorders have irrational beliefs, e.g. “I’m disgusting if I can’t get into this pair of jeans”
- They may have catastrophic thoughts of consequences of weight gain, e.g. “My life won’t be worth living and I’ll never have any friends if I don’t lose weight”
- Beck proposed a cognitive triad of catastrophic thoughts and irrational beliefs about the self, the world and the future that contribute to eating disorders, e.g. about the future “I’ll always be ugly and unhappy”
- Ellis proposed the ABC model of irrational beliefs linked to eating disorders
- Individuals who are prone to eating disorders perceive their own size and weight inappropriately, e.g. describe themselves as much fatter than they really are – will draw pictures of themselves as fat even when they are very underweight
- Distorted body images
- Irrational thoughts extend to the future, e.g. “I will never be happy and normal again”
- These cognitions influence behaviour, e.g. refusing to eat, not going out with friends, telling lies about eating, purging, bingeing, etc.
- Media creates cognitive biases

Treating

- Cognitive therapies aim to change irrational thoughts about eating and weight so that clients can begin to improve their eating habits
- Beck’s cognitive therapy, referred to as Cognitive Restructuring, aims to change cognitive distortions and negative thoughts by challenging them in therapy over a series of sessions usually by considering the evidence for negative statements
- Ellis’s Rational Emotive Therapy also aims to challenge irrational beliefs, but the therapist is more active and directive than in Beck’s therapy; Rational Emotive Behaviour Therapy also addresses behaviour change with tasks set by the therapist between sessions. Clients are asked

to change not only their thoughts but also behaviour, e.g. by planning meals to avoid bingeing for sufferers of BN, by gradually introducing small amounts of new foods into their diets for clients with AN
[0] is awarded for a response not worthy of credit

Level 1 ([1]–[4])

Overall impression: basic.

- Displays limited knowledge of the role of the cognitive perspective in explaining and/or treating eating disorders – may leave one aspect out
- There is limited analysis
- Quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear

Level 2 ([5]–[8])

Overall impression: adequate.

- Displays adequate knowledge of the role of the cognitive perspective in explaining and/or treating eating disorders. Answers which discuss one or the other but fail to address both aspects of the question cannot score beyond this band
- There is adequate analysis
- Quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident

Level 3 ([9]–[12])

Overall impression: competent.

- Displays very good knowledge of the contribution of the cognitive perspective to explaining and treating eating disorders
- There is competent analysis – there may be some variation in the quality of analysis between explanation and treatment
- Quality of written communication is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard, and ensure that the meaning is clear

Level 4 ([13]–[15])

Overall impression: highly competent knowledge and understanding.

- Displays excellent knowledge of the role of the cognitive perspective to both explaining and treating eating disorders
- There is highly competent analysis
- Quality of written communication is excellent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is extremely well organised with the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and

grammar are of the highest standard, and ensure that meaning is absolutely clear

[15]

AVAILABLE
MARKS

(d) Explain **two** strengths and **two** weaknesses of using cognitive therapies to treat clients. (AO4)

Strengths

[1] for key phrase/s [2] for full explanation of any two of the following strengths

- deals with the present and not the past
- can achieve changes relatively quickly so is cost effective, e.g. compared to psychoanalysis
- gives clients sense of involvement, control over change, e.g. by keeping a diary
- has proved to be effective for a variety of problems, e.g. depression, eating disorders, phobias
- the therapy has clear goals, i.e. to achieve change in thought processes

Weaknesses

[1] for key phrase/s [2] for full explanation of any two of the following weaknesses

- may not get to the root cause of the problem
- can feel very intense to clients, e.g. weekly appointments
- some clients very resistant to changing thoughts or lack the ability to examine and assess their own thought processes
- effects may be temporary – clients may go back to their old thought processes once therapy stops

(2 × [2])

[8]

31

Total

100



Rewarding Learning

**ADVANCED
General Certificate of Education
2010**

**Health and Social Care
Assessment Unit A2 15**

assessing

Unit 15: Human Nutrition and Dietetics

[A6H71]

THURSDAY 24 JUNE, AFTERNOON

**MARK
SCHEME**

1 Knockmore Health Centre has produced a leaflet for its patients, explaining the function and sources of vitamins. The leaflet advises that all individuals should ensure they include vitamin rich foods in their diet.

- (a) Write down the **two** main groups that vitamins can be divided into.
Give **one** example of a vitamin from each group. (AO1)

Group 1: Fat soluble [1]

Example: [1] for any of the following vitamins:

- Vitamin A, D, E or K
- Retinol will be accepted for Vitamin A

(2 × [1])

[2]

Group 2: Water soluble [1]

Example: [1] for any of the following vitamins

- Vitamin C, Thiamin, Riboflavin, Niacin, Folic acid, B6, B12, biotin and pantothenic acid
- chemical names or letters will be accepted

(2 × [1])

[2]

- (b) Complete the table below to include the chemical name, **two** functions and a rich source for each of the vitamins. (AO1, AO2)

Vitamin C – Ascorbic acid

Vitamin B2 – Riboflavin

Vitamin D – Cholecalciferol

(3 × [1])

[3]

Vitamin B2

- needed for healthy skin
- helps release energy to cells and in the body's use of carbohydrates

(2 × [1])

[2]

Vitamin B2

Any one of the following:

- fortified breakfast cereals
- milk and milk products, i.e. yogurt, butter, cheese
- meat
- offal – liver, kidney
- eggs
- green vegetables

(1 × [1])

[1]

Vitamin D

- assists with the absorption of calcium
- assists in the formation of healthy bones and teeth

(2 × [1])

[2]

Vitamin D

Must use the word fortified if specifying breakfast cereals.

Any one of the following:

- exposure to sunlight

- margarine
- oily fish
- liver

(1 × [1])

[1]

- (c) Knockmore Health Centre provides a range of different clinics that offer advice on how to achieve a healthy diet.

Analyse the role of vitamins and minerals in the diet of Rebecca, who is 3 months pregnant. (AO1, AO2, AO3, AO4)

Answers may include:

- Folic Acid – Foods rich in Folic Acid such as wholemeal breads, cereals, nuts, pulses have been found to reduce the risk of babies being born with neural tube defect such as spina bifida
- Thiamin (B1) – Helps with the release of energy from nutrients in every cell in the body. Increased energy need due to pregnancy
- Riboflavin (B2) – Needed for tissue growth and helps utilise energy and the body's use of carbohydrates
- Vitamin (C) – Important for wound healing. Assists in the absorption of Iron
- Vitamin (D) – Seasonal variations can occur due to winter months' lack of sunlight. Also assists in absorption of Calcium
- Calcium – Calcium rich foods are advised to be eaten to maintain levels but requirements for calcium during pregnancy are the same as for non-pregnant women
- Iron – Pregnant women should include in their diet iron rich foods as it forms part of the red blood cell haemoglobin which carries oxygen around the body
- Zinc – Needed for enzyme function and normal growth also need increase in pregnancy if breast feeding

All other valid points will be given credit.

[0] is awarded for a response not worthy of credit

Level 1 ([1]–[3])

Overall impression: basic understanding

- Displays limited knowledge of the role vitamins and minerals play in the diet of Rebecca who is three months pregnant
- There is limited analysis
- Quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear

Level 2 ([4]–[6])

Overall impression: adequate knowledge and understanding

- Displays adequate knowledge of the role vitamins and minerals play in the diet of Rebecca who is three months pregnant
- There is adequate analysis
- Quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident

Level 3 ([7]–[9])

Overall impression: competent knowledge and understanding

- Displays very good to excellent knowledge of the role vitamins and minerals play in the diet of Rebecca who is three months pregnant
- There is competent analysis
- Quality of written work is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard, and ensure that the meaning is clear [9]

- (d) Archie, aged 54, attends Knockmore Health Centre as he suffers from hypertension. The dietician advises Archie of ways he could reduce his salt intake.

Analyse the advice given by the dietician. (AO1, AO2, AO3, AO4)

Answers may include the following:

- High intake of salt is a risk factor associated with cardiovascular disease and strokes
- If salt is reduced in diet Archie's blood pressure if raised will decrease rapidly
- Read food labels to see if they give the amount of sodium or salt the food contains
- Reduce the amount of ready meals Archie buys as these foods are heavily salted
- Use less salt when preparing and cooking food
- Archie could be advised to use herbs, spices or lemon juice to give flavour instead of salt
- Archie could cut down on eating salty snacks such as crisps and replace these with fruit
- Use less sauces and pickles such as tomato ketchup
- Eat fewer salty meat products such as sausages, burgers, canned meats and meat pies
- Archie could cut down on any take-away meals he consumes, e.g. Pizza, Chinese, etc. these are all high in salt
- Eat lean cuts of meat
- Low salt – due to low sodium content

All other valid points will be given credit.

[0] is awarded for a response not worthy of credit

Level 1 ([1]–[3])

Overall impression: basic understanding

- Displays limited knowledge on what advice the dietician may offer Archie
- There is limited analysis of advice given of why salt intake should be reduced
- Quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear

Level 2 ([4]–[6])

Overall impression: adequate knowledge and understanding

- Displays adequate knowledge on what advice the dietician may offer and the benefits to Archie's health
- There is adequate analysis of advice given of why salt intake should be reduced
- Quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident

Level 3 ([7]–[9])

Overall impression: competent knowledge and understanding

- Displays very good to excellent knowledge on what advice the dietician may offer and the benefits to Archie's health
- There is competent analysis of advice given to Archie of why salt intake should be reduced
- Quality of written work is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard, and ensure that the meaning is clear [9]

31

2 A local hospital uses DRVs to analyse the carbohydrate intake of a group of adolescents aged 13–17 years. The hospital has drawn up the table below showing the reference nutrient and lower reference nutrient intake. They use a normal distribution curve to plot their results.

- (a) Discuss the following terms in relation to Samuel and David's carbohydrate intake. (AO1, AO2, AO3)

LRNI

This amount of a nutrient is enough for only a small number of people who have very low needs. Samuel is within this range and therefore he may be deficient in his carbohydrate intake.

[1] for key phrase/s, [2] for full explanation, [3] for discussion

(1 × [3])

[3]

RNI

The RNI is the amount of a nutrient sufficient for nearly everyone, even those with high needs. This level of intake is considered to be higher than most people need. David is within this range therefore he is meeting his carbohydrate needs.

[1] for key phrase/s, [2] for full explanation, [3] for discussion

(1 × [3])

[3]

- (b) The hospital study revealed that adolescents have a high sugar intake.

Explain the following terms. (AO1, AO2)

Intrinsic sugars

These are sugars which are naturally present and are built into the cellular structure of food, e.g. glucose and fructose found in the cells of fruit and vegetables.

[1] for key phrase/s [2] for full explanation

Extrinsic sugars

These are not incorporated in cells; they may be from natural foods such as lactose in milk and fructose in honey or from refined processed foods such as table sugar.

[1] for key phrase/s [2] for full explanation

(2 × [2])

[4]

- (c) Lydia, aged 17, was advised by the hospital to reduce the amount of non-milk extrinsic sugars (NMEs) in her diet.

Discuss **one** reason why NMEs contribute to dental caries.

(AO1, AO2, AO3)

Answers may include the following:

- Mainly sucrose
- Added to food during manufacture
- High amounts of NMEs in foods such as cakes, biscuits, sweets
- Eaten frequently
- High intake
- Plaque/acid/decay in accurate detail relating to NMEs

[1] for key phrase/s, [2] for full explanation, [3] for discussion

(1 × [3])

[3]

- (d) Discuss **two** reasons why adolescents are advised to increase their intake of starchy foods. (AO1, AO2)

Answers may address any **two** of the following:

- a diet high in complex carbohydrates helps keep blood sugar levels constant as digestion of starchy foods tends to have a lower glycaemic index
- foods such as potatoes, bread and other cereal products, nuts, pulses and seeds provide other nutrients such as protein, iron, calcium and Vitamins B and E
- starchy foods have a lower energy density and a higher satiety value than most foods with a significant fat content therefore an increase in the consumption of starchy foods can reduce the proportion of fat in the diet as it stimulates a feeling of fullness
- adolescence growth spurt therefore increased energy requirements

[1] for key phrase/s, [2] for full explanation, [3] for discussion

(2 × [3])

[6]

- (e) Discuss how the following factors influence food choice. (AO1, AO2, AO3)

Habit

Answers may include the following:

- western society dictates through habit individuals should eat three meals a day with the main meal either in the middle of the day or the evening
- family background – how individuals have been brought up, e.g. sweet treats between meals

[1] for key phrase/s, [2] for full explanation, [3] for discussion clearly related to food choice

(1 × [3])

[3]

Physiological status

- age – if very young or old they may not be able to eat certain foods, e.g. an older person's ability to chew and swallow, with young children weaning could be an influence
- food intolerance, i.e. Coeliac where an individual is unable to eat products made from wheat, barley, oats or rye as they are intolerant to gluten. Can purchase gluten free range of products
- food allergy – if an individual is allergic to foods, e.g. nuts this will influence food choice as certain foods can cause anaphylaxis
- diabetic – this will influence an individual's choice as careful consideration will have to be given to the sugar content of foods and type of foods chosen. More fibre rich foods will be chosen.

[1] for key phrase/s, [2] for full explanation, [3] for discussion clearly related to food choice

(1 × [3])

[3]

25

3 Crestvale High School carried out a survey and found that a small group of pupils fill up on high fat snacks before morning registration, while others do not eat any breakfast. The school has now started a breakfast club.

(a) Write down **two** benefits of eating breakfast. (AO1)

- research shows it can have an improved performance at school and at work
- maintains blood sugar levels
- prevents snacking mid morning on a high fat and sugary diet
- breakfast supplies approximately 25% of daily intake of dietary requirements
- supplies important nutrients, many cereals are fortified with B group vitamins and minerals
- rich supply of energy

No repetition

(2 × [1])

[2]

(b) Write down **three** functions of fat that is stored in the adipose tissue. (AO1)

- energy reserve
- warmth/insulation – taken as [1]
- protection

(3 × [1])

[3]

(c) Discuss how gender influences an individual's Basal Metabolic Rate (BMR). (AO1, AO2, AO3)

The amount of energy a person needs depends upon their metabolic rate. Males tend to need more energy from food than females due to the different proportions of body fat. This is because men are usually bigger than women and have more muscle tissue.

[1] for key phrase/s, [2] for full explanation, [3] for discussion

(1 × [3])

[3]

(d) Crestvale High School is a multicultural school with pupils from a variety of backgrounds. Discuss how the canteen staff may prepare food to address the differing religious beliefs of its pupils. (AO1, AO2, AO3, AO4)

Answers may address some of the following points:

Jewish

Meat served must be prepared under strict Jewish laws. It must be Kosher which means:

- must not serve pigs, birds of prey, eels, fish without scales and shellfish
- meat must not be cooked with or eaten with the same meal as dairy products
- cheese must be made with vegetable rennet not animal
- meat must not be cooked in butter
- separate cooking equipment must be used for milk and meat

Hindu

- meat served must not be from a cow as it is a sacred animal. Food preparation equipment must also not come into contact with meat from a cow
- must not eat fish, poultry, eggs, garlic, onion, alcohol, tea, coffee

Muslim

- food must be Halal (Lawful) which means animals are slaughtered according to Muslim law. All food must be prepared without scales
- fasting Ramadan
- forbidden foods include pork, fish, shellfish, alcohol, birds of prey

Christian

- the Christian religion does not forbid eating any foods but some denominations have traditions that fish is eaten on Fridays rather than meat. Christian festivals, such as Easter (simnel cake, hot cross buns, roast pork), Christmas (turkey, mince pies)

Many religious beliefs prefer to follow vegetarian or vegan diets. The canteen may prepare food of vegetable origins.

All other valid points will be given credit.

[0] is awarded for a response not worthy of credit

Level 1 ([1]–[3])

Overall impression: basic understanding

- Displays limited knowledge of the practices involved in preparing food for differing religious beliefs
- There is limited discussion
- Quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear

Level 2 ([4]–[6])

Overall impression: adequate knowledge and understanding

- Displays adequate knowledge of the practices involved in preparing food for differing religious beliefs
- There is adequate discussion
- Quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident

Level 3 ([7]–[9])

Overall impression: competent knowledge and understanding

- Displays very good knowledge of the practices involved in preparing food for differing religious beliefs
- There is competent discussion
- Quality of written work is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard, and ensure that the meaning is clear

[9]

- (e) Discuss how the storage, preparation and handling of food in the school canteen is influenced by The Food Safety (General Food Hygiene) Regulations 1995. (AO1, AO2, AO3, AO4)

Answers may include:

The regulations ensure the food operations, i.e. storage, preparation and handling of food, are carried out in a hygienic way.

Storage:

- All foods should be stored in suitable and clean containers
 - Prevention and protection against cross-contamination including storage of raw and cooked meat
 - Stock rotation
 - Flour, pulses, dried fruits, cans, etc. should be stored in a cool, dry, well-lit and ventilated food store
 - Vegetables should be stored away from sunlight and off the floor in racks
 - Fridge set at a suitable temperature (1–5 °C)
 - Deep freeze must be maintained at temperatures of –18 °C or below
- Temperature can be accepted under these regulations

Preparation:

- Identify steps which are critical to food safety, e.g. defrosting
- Analysing and assessing potential hazards in food preparation operations (HACCP may be discussed at this point)
- Identify points where hazards may occur, e.g. cooking to correct temperature at least 72°C or keeping food out of danger zone 5–63°C
- Ensure preparation areas are clean and in good repair
- Use easy-clean preparation areas
- Use colour-coded boards
- Have adequate hygiene facilities for washing food, e.g. fruit and vegetables and equipment to prevent contamination
- Food waste must not be allowed to accumulate in food preparation areas but needs to be deposited in suitable closable containers
- All equipment which comes into contact with food should be kept clean and in such condition to minimise any risk of food contamination

Food handling:

- Ensure a high degree of personal hygiene, e.g. hands, coughing and sneezing, smoking, nails, jewellery
- Wear suitable clean and appropriate protective clothing
- Do not prepare or handle food with infected wounds, sores or skin infections etc. use blue plasters
- Do not prepare foods if you have recently had or currently have an upset stomach
- Inform their employer if they are known or suspected to be suffering from, or be a carrier of, a disease likely to be transmitted through food
- Water supply – an adequate wholesome water supply should be readily available from a suitable source.
- Food premises – Should be kept clean and in good repair with sufficient ventilation, drainage and adequate staff changing facilities.

All other valid points will be given credit.

[0] is awarded for a response not worthy of credit

Level 1 ([1]–[4])

Overall impression: basic understanding

- Displays limited knowledge of how food safety regulations influence the storage, preparation and handling of food
- There is limited discussion
- Quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear.

Level 2 ([5]–[8])

Overall impression: adequate knowledge and understanding

- Displays adequate knowledge of how food safety regulations influence the storage, preparation and handling of food
- Answers which fail to address all three aspects cannot score beyond this level
- There is adequate discussion
- Quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident.

Level 3 ([9]–[12])

Overall impression: competent knowledge and understanding

- Displays very good knowledge of how food safety regulations influence the storage, preparation and handling of food
- There is competent discussion of all three aspects at top of this level.
- Quality of written work is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard and ensure that the meaning is clear.

Level 4 ([13]–[15])

Overall impression: highly competent knowledge and understanding

- Displays excellent knowledge of how food safety regulations influence the storage, preparation and handling of food
- There is highly competent discussion of all three aspects to achieve at the top of this level
- Quality of written work is excellent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is extremely well organised with the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard and ensure that the meaning is absolutely clear.

[15]

- (f) Crestvale Academy canteen also provides meals for a nearby nursery school. Analyse how the nutritional needs of the young children attending the nursery school can be met by the meals provided. (AO1, AO2, AO3, AO4)

Answers may include:

- school meals can make an important contribution to the energy and nutrient intake of children
- the canteen can produce food which is low in fat and high in fibre. This will be beneficial to their digestive system as constipation is a common problem in children. It can also reduce the risk of childhood obesity
- young children do not have large enough stomachs so the canteen could produce small light meals high in carbohydrates for the children's high energy requirements
- supply meals rich in protein for growth and repair of body tissue. Young children are very active and may suffer minor cuts and bruises
- the canteen could include whole milk and dairy products such as cheese in their meals as this will meet the calcium needs of pre-school children. Calcium is required for healthy tooth development as the early years of development is when most of the calcium is deposited in bones for bone mass
- Vitamin D rich foods such as oily fish will also assist with calcium absorption. Childhood is an important stage in bone and tooth development
- drinks such as milk will also provide a rich source of calcium
- iron rich meals that contain green leafy vegetables, red meat or pulses will ensure young children do not become anaemic which can occur in young children due to frequent infections such as ear infections or colds. Vitamin C will also assist in Iron absorption
- Vitamin C rich meals such as those containing fruit and vegetables will assist in maintaining and building children's immune systems. They have anti-oxidant properties and maintain the body's connective tissue which is important for wound healing. Vitamin C will also assist in Iron absorption
- foods containing red or orange fruit and vegetables supply Vitamin A which is required for children to develop good night vision and healthy skin
- Omega 3/6 for brain development found in oily fish.

All other valid points will be given credit.

[0] is awarded for a response not worthy of credit

Level 1 ([1]–[3])

Overall impression: basic understanding

- Displays limited knowledge of how nursery school meals can meet the nutritional needs of young children
- There is limited analysis
- Quality of written communication is basic. The candidate makes only a limited attempt to select and use an appropriate form and style of writing. The organisation of material may lack clarity and coherence. There is little use of specialist vocabulary. Presentation, spelling, punctuation and grammar may be such that intended meaning is not clear

Level 2 ([4]–[6])

Overall impression: adequate knowledge and understanding

- Displays adequate knowledge of how nursery school meals can meet the nutritional needs of young children
- There is adequate analysis
- Quality of written communication is adequate. The candidate makes a reasonable attempt to select and use an appropriate form and style of writing. Relevant material is organised with some clarity and coherence. There is some use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are sufficiently competent to make meaning evident

Level 3 ([7]–[9])

Overall impression: competent knowledge and understanding

- Displays very good knowledge of how nursery school meals can meet the nutritional needs of young children
- There is competent analysis
- Quality of written work is competent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is organised with a high degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of a high standard, and ensure that the meaning is clear

Level 4 ([10]–[12])

Overall impression: competent knowledge and understanding

- Displays excellent knowledge of how nursery school meals can meet the nutritional needs of young children
- There is highly competent analysis
- Quality of written work is excellent. The candidate successfully selects and uses the most appropriate form and style of writing. Relevant material is extremely well organised with the highest degree of clarity and coherence. There is extensive and accurate use of appropriate specialist vocabulary. Presentation, spelling, punctuation and grammar are of the highest standard, and ensure that meaning is absolutely clear

[12]

44

Total

100

AVAILABLE
MARKS

