



# **GCE MARKING SCHEME**

## **HEALTH AND SOCIAL CARE AS/Advanced**

**SUMMER 2013**

## INTRODUCTION

The marking schemes which follow were those used by WJEC for the Summer 2013 examination in GCE HEALTH AND SOCIAL CARE. They were finalised after detailed discussion at examiners' conferences by all the examiners involved in the assessment. The conferences were held shortly after the papers were taken so that reference could be made to the full range of candidates' responses, with photocopied scripts forming the basis of discussion. The aim of the conferences was to ensure that the marking schemes were interpreted and applied in the same way by all examiners.

It is hoped that this information will be of assistance to centres but it is recognised at the same time that, without the benefit of participation in the examiners' conferences, teachers may have different views on certain matters of detail or interpretation.

WJEC regrets that it cannot enter into any discussion or correspondence about these marking schemes.

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## UNIT 1

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a)	For each factor allow 1 mark for identification of life quality factor and 1 mark for appropriate example (3 x 2).	2,2,2	3	3		
	<p><b>Physical comfort:</b> provision of equipment to maintain comfort to meet needs, e.g. blankets for warmth, soft chairs, air conditioning.</p> <p><b>Physical exercise</b></p> <p><b>Physical safety:</b> use specialist equipment, e.g. ramps, wheelchairs, non-slip floors, hand rails.</p> <p><b>Diet:</b> they usually provide a hot meal.</p> <p><b>Hygiene:</b> bathing/showering facilities may be available with carers to help them.</p> <p><b>Stimulation/engaging in activities:</b> group activities/pastimes are organised. Credit life quality factors if reasonable suggestions for provision given. (Not social support).</p>					
(b) (i)	1 mark for correct identification of barrier: Hostile behaviour. (Allow aggressive behaviour).	1	1			
(ii)	1 mark for correct identification of barrier: Attention seeking.	1	1			
(iii)	1 mark for correct identification of barrier: Concealing problems.	1	1			

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (c) (i)	<p>Allow up to 2 marks for explanation of caring skill and 1 mark for appropriate example, up to a maximum of 3 marks.</p> <p>Gaining compliance – giving reasons and giving choices without coercion, e.g. getting an individual to agree to a course of action, getting the individual to do what is needed by explaining the benefits/ why the action is needed and giving reasons or choices for the individual to be empowered.</p>	3	1	1	1	
(ii)	<p>Allow up to 2 marks for explanation of caring skill and 1 mark for appropriate example, up to a maximum of 3 marks.</p> <p>Disengagement – temporarily moving away to enable an individual to calm down or prevent harm, ‘time out’. This could be used with a difficult individual who is either being hostile or who is attention seeking.</p>	3	1	1	1	
(iii)	<p>Allow up to 2 marks for explanation of caring skill and 1 mark for appropriate example, up to a maximum of 3 marks.</p> <p>Social perception – being able to recognise an individual’s feelings and needs, being able to judge their mood and knowing how to help. Seeing an individual who is normally lively and chatty, sitting quietly in the corner, the carer would identify that there was something wrong and could talk to the individual to provide support.</p>	3	1	1	1	

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (d)	<p><b>0-2 marks</b> Basic identification of the safe working practices, possibly a list. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p><b>3-5 marks</b> Answers that describe a range of safe working practices used by staff to maintain their own physical well-being and that of the individuals in their care. Answers communicate meaning, with some use of specialist vocabulary.</p> <p><b>6-7 marks</b> Answers that assess the importance of training to enable staff to maintain their own physical well-being and that of individuals in their care, with clear evidence of understanding. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Answers should refer to training being important so that staff can be confident in their work, identify issues and be aware of how to deal with issues in a calm and controlled manner to avoid risks at all times.</p> <p>Likely answers may include:</p> <p><b>Lifting:</b> relating to prevention of harm to the carer, e.g. back strain, or the individual, e.g. falls/dropping them/bruising, will feel safer.</p> <p><b>Hygiene practices:</b> relating to care worker – washing hands/wearing of gloves/cleansing of baths/prevention of the spread of disease/food hygiene certificate so they know how to prevent food poisoning/benefits to the individual: less risk of infection/disease/will feel safer.</p> <p><b>Maintaining own safety:</b> aimed more at care worker, should be able to identify risk situations and prevent harm to themselves from violent individuals as they will know appropriate techniques to use, e.g. distraction, disengagement, witnesses/cameras.</p>	7	1	3	1	2
	<b>Total for Question 1</b>	<b>25</b>	<b>10</b>	<b>9</b>	<b>4</b>	<b>2</b>

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a) (i)	<p>Allow up to 2 marks for explanation and 1 mark for appropriate example, up to a maximum of 3 marks.</p> <p>Likely answers may include:</p> <p>Facial expressions would be used to show approval or disapproval of the children's behaviour. This is important to maintain consistency and trust to build relationships, e.g. when praising a child he would smile, but if they had done something wrong he would frown. He could use facial expressions to add interest to storytelling, e.g. surprise, fear, sadness.</p>	3	2	1		
(ii)	<p>Allow up to 2 marks for explanation and 1 mark for appropriate example, up to a maximum of 3 marks.</p> <p>Likely answers may include:</p> <p>By using eye contact the children will know he is talking to them and he will be able to gain their trust as they will feel important because he is speaking to them. By looking at each child in turn they will feel valued and a part of the group.</p>	3	2	1		
(iii)	<p>Allow up to 2 marks for explanation and 1 mark for appropriate example, up to a maximum of 3 marks.</p> <p>Likely answers may include:</p> <p>Proximity – this means how close or far away from someone you are when talking to them. Too close may be intimidating, especially if he is tall and stands over them when working/playing – they may be too nervous/scared to communicate with him. If he is too far away they may feel he is not interested in them and so will not communicate well with him.</p>	3	2	1		
(iv)	<p>Allow up to 2 marks for explanation and 1 mark for appropriate example, up to a maximum of 3 marks.</p> <p>Likely answers may include:</p> <p>Personal appearance is about the way he presents himself – children will have more respect for him and find him more approachable to talk to if he is clean/smart/tidy rather than dirty/dishevelled/scruffy. If he dresses too formally they may be intimidated by him and would not find it easy to build a relationship with him as they may be afraid to talk to him.</p>	3	2	1		

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (b) (i)	<p><b>0-2 marks</b> Identification of ways children may be treated badly with little or no attempt to explain why. A list. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p><b>3-4 marks</b> Answers which attempt to explain why children need to be protected from abuse. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>Likely answers may include:</p> <p>Children lacking status, being smaller and weaker, more vulnerable, follow instructions given and may not understand they are being abused and may have advantage taken of them. Answers may refer to types of abuse: neglect; abuse – sexual, physical, verbal, emotional. They are afraid to tell. Credit answers which refer to staff being able to recognise signs and report it.</p>	4		2	2	
(ii)	1 mark for correct identification of The Children Act.	1	1			
(iii)	<p><b>0-2 marks</b> Basic identification of the main principles of the act. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p><b>3-5 marks</b> Answers that show understanding of aims of the act in protecting children. Answers clearly communicate meaning, with some use of specialist vocabulary.</p> <p><b>6-8 marks</b> Answers that show clear evidence of understanding of the importance of the aims of the act and assess how well this can be applied, i.e. the act can only protect children who have been identified as at risk and are known to social services. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p>	8	2		2	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (b) (iii) (Cont'd)	<p>Likely answers may include:</p> <p>This act aims to improve children's lives and gives the legal underpinning to 'Every Child Matters: Change for Children'.</p> <ul style="list-style-type: none"> <li>• The welfare of the child is of paramount consideration. This is known as 'paramountcy principle'. Children should be safe and protected at all times.</li> <li>• It aims to work in partnership with parents to protect the child from harm. Whenever possible children should be cared for within their own families.</li> <li>• Parents should be offered help – a partnership with parents is important in order to meet the needs of individuals. The responsibility of the parents is stressed.</li> <li>• The act was intended to strengthen the child's legal position and to give him/her equal rights, feelings and wishes. During child protection cases the services and courts should ensure that delay is avoided in all cases.</li> <li>• Children should be kept informed about what happens to them and should be allowed to make decisions about their future. Their feelings should be considered at all times.</li> <li>• Making provision for local authority services for children in need and others; statutory services are offered to children in need and partnerships between services need to be effective.</li> <li>• Amending the law with respect to children's homes, community homes, voluntary homes and voluntary organisations.</li> <li>• Making provision with respect to fostering, child minding and day care for young children, adoption, and connected purposes. Childcare law was further strengthened by the Children Act 2004.</li> <li>• The child's race, culture, religion and language must be respected at all times and the service provided must be appropriate.</li> </ul>					
	<b>Total for Question 2</b>	<b>25</b>	<b>11</b>	<b>6</b>	<b>4</b>	<b>4</b>



Question	Answer	Mark	AO1	AO2	AO3	AO4
3 (a) (i), (ii), (iii)	<p>1 mark for identification of life quality factor and 1 mark for identification of appropriate reasons, up to a maximum of 2 marks (3 x 2).</p> <p>Likely answers may include any three from:</p> <p><b>Physical safety, comfort</b> – she scalded herself/her arthritis makes it difficult to her to lift things so she may drop them and hurt herself.</p> <p><b>Pain relief</b> – her arthritis is likely to cause her pain.</p> <p><b>Diet</b> – she may not cook for herself in case she scalds herself/she has no-one to do her shopping.</p> <p><b>Exercise</b> – she cannot move around much.</p> <p><b>Hygiene</b> – may be unable to wash herself as she cannot turn on taps/get in and out of the bath.</p>	2,2,2	3		3	
(b) (i)	<p>1 mark for identification of emotional factor and up to 2 marks for appropriate reasoning, up to a maximum of 3 marks.</p> <p><b>Psychological security</b> – she will feel safer as she will not have to worry about hurting herself as her cooking will be done for her. She will be less afraid or anxious about any aspect of her life. (Allow dignity or approval if appropriate reasoning given.) (Do not allow privacy or autonomy.)</p>	3	1	2		
(ii)	<p>1 mark for identification of social factor and up to 2 marks for appropriate reasoning, a maximum of 3 marks.</p> <p><b>Social support</b> – there will be more people to help with any problems she may have, to accompany her to appointments, to arrange appointments for her.</p> <p><b>Social contact</b> – she will have more people to talk to, to prevent loneliness and make friends.</p>	3	1	2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (c)	<p><b>0-2 marks</b> Vague answers which show basic understanding of autonomy/negative effects. Answers convey meaning. Little or no use of specialist vocabulary.</p> <p><b>3-4 marks</b> Answers which show knowledge and understanding and explain what is meant by autonomy and how it may have a negative effect on Libby. Answers clearly communicate meaning, with some use of specialist vocabulary.</p> <p>Likely answers may include:</p> <p>Autonomy is an individual's ability to have control over their own life and the opportunity to make decisions for themselves without coercion from others. This is difficult to achieve in care settings as Libby will receive a lot of care from others. Lack of autonomy may have a negative effect on Libby as she may feel useless and become dependent on others, not try to do things for herself or make her own decisions.</p>	4	2			2
(d) (i)	<p>1 mark for correct identification of appropriate barrier.</p> <p>Any one from:</p> <ul style="list-style-type: none"> <li>• lack of information</li> <li>• poor access to services and resources</li> </ul>	1	1			
(ii)	<p>1 mark for an appropriate suggestion of how to overcome the barrier.</p> <p>Any one from:</p> <p>She could:</p> <ul style="list-style-type: none"> <li>• ask her GP/other professionals</li> <li>• refer to local directories of services</li> <li>• use an advocate</li> <li>• use support groups</li> <li>• contact Age UK</li> <li>• use websites</li> <li>• ask family and friends</li> <li>• leaflets</li> </ul> <p>(Any other relevant answer.)</p>	1		1		

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (e)	<p><b>0-2 marks</b> Brief answers which identify principles of care with little or no reference to Libby. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p><b>3-5 marks</b> Answers that describe and show knowledge and understanding of principles of care the social worker should follow, with some reference to providing effective care for Libby. Answers clearly communicate meaning, with some use of special vocabulary.</p> <p><b>6-7 marks</b> Answers that show sound knowledge and understanding of codes of practice and how the statement supports appropriate principles of care the social worker should follow to provide effective care for Libby. Reference should be made to several principles of care. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p><b>Promoting anti-discriminatory practice</b> (including policies and codes of practice) by promoting equal opportunities for her; not treating her less favourably than others because of her age or ability.</p> <p><b>Promoting and supporting individual's rights to:</b></p> <p><b>Dignity</b> – by treating her with respect and not demeaning her in any way by calling her names such as 'darling' or 'love' or by speaking to her in a condescending manner. By not discussing her business elsewhere.</p> <p><b>Independence</b> – she should be allowed and encouraged to do as much for herself as possible, even if this means staying in her own home with support from home carers rather than be forced into residential care.</p> <p><b>Empowerment</b> – she should be provided with the necessary support to be able to do things for herself, this could be: provision of aids and adaptations, training or occupational therapy to enable her remain at home if she so wishes, provision of information so that she has the knowledge and understanding to make her own decisions regarding care.</p>	7	3	3		1

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (e) (Cont'd)	<p><b>Choice</b> – she should be included in decision-making regarding her care and what services she wishes to have. Giving Libby the information she needs to make informed choices. Supporting her right to control her life and make informed choices about the services she receives.</p> <p><b>Safety</b> – the social worker must do everything possible to protect her from harm. This can include making sure the premises are safe; making sure she makes the right decision to remain safe.</p> <p>(Any other relevant principle of care if correctly linked to the scenario.)</p>					
	<b>Total for Question 3</b>	<b>25</b>	<b>11</b>	<b>8</b>	<b>3</b>	<b>3</b>

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (a) (i)	<p>1 mark for each appropriate example given, up to a maximum of 2 marks.</p> <p>Likely answers may include any two from:</p> <ul style="list-style-type: none"> <li>• provision of pain relief for some and not others</li> <li>• specialised diet sheets</li> <li>• some patients may be given bed rest while others may be allowed to walk around</li> <li>• side wards provided for patients who need quiet</li> <li>• guard rails on beds for some but not everyone</li> <li>• menu choices given for individual preferences</li> </ul> <p>(Any other appropriate example.)</p>	2			2	
(ii)	<p>1 mark for each appropriate example given, up to a maximum of 2 marks.</p> <p>Likely answers may include any two from:</p> <ul style="list-style-type: none"> <li>• individual education plans</li> <li>• some children may need toileting while others go on their own</li> <li>• provision of adapted computers for differing needs, e.g. voice recognition/large keyboards/monitors</li> <li>• one-to-one support workers/classroom assistants</li> </ul>	2			2	
(b)	<p>Up to a maximum of 3 marks for a detailed explanation of the purpose of an assessment under the NHS and Community Care Act.</p> <p>Likely answers may include:</p> <p>The local authority has a duty to assess the care needs of an individual with a disability/impairment/illness/mental health problem to:</p> <ul style="list-style-type: none"> <li>• determine whether it is possible for them to receive care to remain in their own home</li> <li>• find out what their care needs are, so that services can be organised to provide care for them</li> <li>• ensure the care package is administered effectively for the individual to remain at home or move to alternative accommodation if care needs are too great</li> </ul>	3		3		

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (c)	<p><b>0-2 marks</b> Answers that describe visual or medical observation methods of observation, with little or no reference to how they help in the care of individuals. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p><b>3-4 marks</b> Answers that show some knowledge and understanding of the use of visual and medical methods of observation, with some reference to their importance in the care of individuals. Answers communicate meaning, with some use of specialist vocabulary.</p> <p><b>5-6 marks</b> Answers that show correct use of terminology and show clear understanding of both visual and medical methods of observation and their importance in the care of individuals. Answers are well structured and clearly expressed.</p> <p>Likely answers may include:</p> <p>They are important as staff can check on individuals, they give a measure of their well-being and can indicate whether or not an individual is improving or deteriorating and treatment can be adjusted as necessary, either reducing or increasing it.</p> <p>Appropriate examples with reference to:</p> <p>Visual observation, changes in food intake, wakefulness, emotional state, pallor, etc.</p> <p>Medical observation: blood pressure, temperature.</p> <p>(Maximum of 3 marks if only one method assessed.)</p>	6	4			2

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (d)	<p>(Allow a maximum of 4 marks for each of the strategies.)</p> <p><b>0-4 marks</b> Answers that are vague and show basic understanding of at least one strategy. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p><b>5-9 marks</b> Answers that show some detailed knowledge of understanding of at least two strategies, with some detailed discussion of the benefit to both individuals and staff. Answers communicate meaning, with some use of specialist vocabulary.</p> <p><b>10-12 marks</b> Answers that show detailed knowledge and understanding of all three strategies, with detailed discussion of the benefit to both individuals and staff. Answers are well structured and clearly expressed.</p> <p>Likely answers may include:</p> <p><b>Appraisal</b> is the process by which the care worker can identify their strengths, weaknesses and future development. It is a way of monitoring the care provided by care workers to make sure they are doing their job effectively. It helps managers identify training needs and a care plan for the care worker. It helps patients, as staff who are not working as they should will be identified and given support so that the care they provide is of a good standard. Reference may be made to reprimand.</p> <p><b>CPD</b> provides further knowledge and skills for a job. It can be from a basic level, induction training, to a higher qualification, medical degree for more qualified staff – allowing opportunity for promotion/more responsibility. CPD ensures that the care worker knows how to do their job properly and safely. It updates the care worker's skills and knowledge and helps them progress through their chosen occupation. CPD helps carers make decisions that respect their service users' rights. If CPD is kept up to date then individuals will benefit from the most up-to-date methods and competent staff so there is less risk in their treatment. Certification/registration provides evidence of competence to instil confidence in both care workers and patients.</p>	12	4	4		4

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (d) (Cont'd)	<p><b>Advice and support within the workplace</b> is an on-going process and is a quick and efficient method of ensuring the delivery of effective care. The workplace should have mentors and other care workers that can offer advice and support to the care worker. It should not be detrimental to the care worker to seek advice. Strategies should be in place if a care worker is finding some aspects of their work difficult, this removes stress and worry for the care worker. Strategies may be to observe a more senior or experienced care worker. These benefit individuals in care as the care workers do not have to try to do things they do not have the correct skill to provide, or if they come across something they have not done before, they can seek support from others. Promotes team working rather than putting pressure on individuals.</p>					
	<b>Total for Question 4</b>	<b>25</b>	<b>8</b>	<b>7</b>	<b>4</b>	<b>6</b>



## UNIT 5

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a)	<p>1 mark for each of the following symptoms, up to a maximum of 4 marks.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> <li>• memory loss</li> <li>• difficulty in performing familiar tasks/clumsiness</li> <li>• problems with language</li> <li>• disorientation to time and place</li> <li>• poor or decreased judgement</li> <li>• problems with keeping track of things</li> <li>• misplacing things</li> <li>• changes in personality/mood/behaviour/loss of inhibitions</li> <li>• loss of initiative/confidence</li> <li>• anxiety/depression</li> </ul>	4	4			
(b)	<p>1 mark for each correct answer, up to a maximum of 2 marks.</p> <p>Ultimate diagnosis is not possible until post-mortem, but methods used include:</p> <ul style="list-style-type: none"> <li>• mini mental test</li> <li>• conversations</li> <li>• (brain) scans</li> <li>• observation</li> </ul> <p>(Need to be aware that no absolute definition possible until death.)</p>	2	2			
(c)	<p><b>0-2 marks</b> Answers that give basic outline of the possible help and support available, with some attempt to highlight the fact that the carer is entitled to an assessment in his own right. Make brief references to type of support/services/benefits. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p><b>3-4 marks</b> Answers that give detailed outline of the possible help and support available, with clear reference to the fact the carer is entitled to an assessment in his own right even without the cared-for individual having their own assessment. Make clear reference to the type of support/services/benefits. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p>	4	3	1		

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (c) (Cont'd)	<p>Likely answers may include:</p> <ul style="list-style-type: none"> <li>• identification of at least one benefit or service that a carer may be entitled to</li> <li>• this could be financial/advice/practical support/respite care</li> <li>• the fact that the purpose of a carer's assessment is to find out how the carer can be supported</li> <li>• information from carer's assessment may increase the services for the person they look after</li> </ul>					
(d)	<p><b>0-2 marks</b> Answers that briefly explain how voluntary organisations might help and support Jimmy. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p><b>3-5 marks</b> Answers that explain in detail more than one way in which voluntary organisations might help and support Jimmy. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> <li>• a home visiting service to provide advice and friendly support to Hattie</li> <li>• communication and support</li> <li>• social groups</li> <li>• information about dementia and about benefits</li> <li>• healthy living advice with regard to lifestyle</li> <li>• financial help</li> <li>• aids and adaptations</li> </ul> <p>Organisations might include Age UK, Crossroads and any other relevant local group.</p>	5	1	2	2	

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (e)	<p><b>0-3 marks</b> Answers that make some attempt to describe the services available to allow Hattie to remain in her own home. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p><b>4-7 marks</b> Answers that make some attempt to discuss the services available in a care package that would allow Hattie to remain in her own home. Answers clearly communicate meaning, with some use or specialist vocabulary.</p> <p><b>8-10 marks</b> Answers that include a detailed discussion of the services included in a care package which could provide appropriate care and support to allow Hattie to remain in her own home. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> <li>• how the needs of individual are assessed, with reference to eligibility criteria used</li> <li>• the stages of the care management process</li> <li>• how appropriate services are contracted to meet identified needs</li> <li>• how people and their families can be supported by a range of services, including: personal care, meals on wheels, day centres, day hospitals, night sitters, respite care, community psychiatric teams</li> </ul>	10	2	3	3	2
	<b>Total for Question 1</b>	<b>25</b>	<b>12</b>	<b>6</b>	<b>5</b>	<b>2</b>

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a)	1 mark for the correct answer:  Down's syndrome occurs when there is an extra copy of chromosome 21.	1	1			
(b) (i)	Award a maximum of 4 marks for a detailed description of how an amniocentesis is carried out.  Likely answers may include:  <b>Amniocentesis</b>  Amniocentesis is a diagnostic test that some women choose to have, usually between 15-19 weeks of pregnancy. A fine needle is inserted into the amniotic fluid surrounding the baby. Ultrasound is used to guide the positioning of the needle. (The amniotic fluid contains some cells from the baby that are cultured in the laboratory and then analysed in detail. Full results can take up to four weeks.)	4	2	2		
(ii)	Award a maximum of 4 marks for a detailed description of how CVS is carried out.  Likely answers may include:  <b>Chorionic villus sampling (CVS)</b>  For CVS, a fine instrument is inserted through the women's cervix into the uterus or through the abdomen and a sample of the chorionic villi (tiny finger-like projections found in the placenta) is removed. This is done at approximately 11-12 weeks.	4	2	2		
(c)	1 mark for the correct answer:  Statementing	1	1			

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (d)	<p><b>0-2 marks</b> Answers that make some attempt to explain how respite care may be useful for Cheryl's grandparents. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p><b>3-5 marks</b> Answers that explain in detail how respite care may be useful for Cheryl's grandparents. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <p><b>Respite care</b> is the provision of short-term, temporary relief for those who are caring for family members who might otherwise require permanent placement in a facility outside the home.</p> <p>It may be useful for the grandparents as it would offer them a rest from looking after Cheryl. It might be once a week or every so many weeks. It could be for a day or for a weekend. They would know that she was being properly looked after.</p> <p>It would give Cheryl an opportunity to be in an environment that was totally geared up to her needs with carers, and her grandparents would know she was safe and happy.</p>	5		2	3	

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (e)	<p><b>0-3 marks</b> Answers that make some attempt to describe the benefits and/or limitations of educating children with disabilities in mainstream schools. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p><b>4-7 marks</b> Answers that make some attempt to discuss in detail the benefits and limitations of educating children with disabilities in mainstream schools. Answers communicate meaning, with some use of specialist vocabulary.</p> <p><b>8-10 marks</b> Answers that clearly discuss the benefits and limitations of educating children with disabilities in mainstream schools. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers many include:</p> <p><b>Benefits</b></p> <ul style="list-style-type: none"> <li>• Cheryl will remain with children she was with in primary school</li> <li>• mixing with wider range of pupils than in a special school</li> <li>• wider range of subject choices</li> <li>• more likely to be local than a specialist school</li> <li>• improved self-image; not seen as different</li> <li>• less stigma attached</li> </ul> <p><b>Limitations</b></p> <ul style="list-style-type: none"> <li>• may still be segregated from able-bodied pupils if put in a special class</li> <li>• may be bullied as different</li> <li>• curriculum may not meet her needs</li> <li>• teachers may not be specialists in dealing with Cheryl's specific needs</li> <li>• may have less specialist equipment than a special school</li> <li>• larger classes than a special school</li> </ul>	10	2	2	3	3
	<b>Total for Question 2</b>	<b>25</b>	<b>8</b>	<b>8</b>	<b>6</b>	<b>3</b>

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (a)	<p>Award 1 mark for the correct identification of the potential causes of cerebral palsy, up to a maximum of 2 marks.</p> <p>Likely answers may include any one from:</p> <ul style="list-style-type: none"> <li>• problems during labour and birth</li> <li>• lack of oxygen to the brain (hypoxia), accidents during delivery</li> <li>• damage to brain in-utero caused by: <ul style="list-style-type: none"> <li>- genetic problems</li> <li>- malformations of the brain</li> <li>- maternal infection such as rubella and toxoplasmosis</li> </ul> </li> </ul>	2	2			
(b)	<p>Award 1 mark for the correct identification of each sign or symptom, up to a maximum of 4 marks.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> <li>• muscle weakness that slowly gets worse <ul style="list-style-type: none"> <li>- delayed development of muscle motor skills</li> <li>- difficulty using one or more muscle groups</li> <li>- drooling</li> <li>- eyelid drooping (ptosis)</li> <li>- frequent falls</li> </ul> </li> <li>• problems walking (delayed walking)</li> <li>• stiffness</li> <li>• curvature of the spine (scoliosis)</li> <li>• speech problems</li> </ul>	4	4			

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (c)	<p><b>0-2 marks</b> Answers that make only brief reference to means testing. Answers lack detail, there is no use of specialist vocabulary and work contains inaccuracies.</p> <p><b>3-5 marks</b> Answers that give an accurate explanation of means testing. Answers are well structured and clearly expressed and work is largely error-free. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Means tested benefits are not affected by National Insurance Contributions, they are affected by capital and income. The amount received is dependent on this and there are different formulae for different benefits.</p>	5	2	3		
(d)	<p><b>0-2 marks</b> Answers that make some attempt to describe a scheme(s) designed to help those with disabilities gain employment. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p><b>3-4 marks</b> Answers that make some attempt to discuss two schemes designed to help those with disabilities gain employment. Answers communicate meaning, with some use of specialist vocabulary.</p> <p><b>5-6 marks</b> Answers that clearly discuss two schemes designed to help those with disabilities gain employment. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>The Access to Work Scheme run by JobCentres which provide grants to enable disabled people start work, e.g. for aids and adaptations to the workplace, travel costs and communication assistance at job interviews.</p> <p>Placing Assessment and Counselling Teams (PACTs) based at JobCentres which include a Disability Employment Adviser.</p> <p>Requirement of the Disability Discrimination Act to provide equal access to job interviews, training and adaptations to the workplace.</p>	6		2	2	2



Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (e)	<p><b>0-3 marks</b> Answers that make some attempt to describe how legislation protects individuals with disabilities. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p><b>4-6 marks</b> Answers that make some attempt to assess how legislation protects individuals with disabilities. Answers communicate meaning, with some use of specialist vocabulary.</p> <p><b>7-8 marks</b> Answers that clearly assess how legislation protects individuals with disabilities. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>The Disability Discrimination Act 1995 (DDA 1995) gives disabled people protection against disability discrimination in a wide range of areas. This act has been significantly extended since 1995, including by the Disability Discrimination Act 2005. It now gives disabled people rights in the areas of: employment; education; access to goods, facilities and services; buying and renting land or property; the functions of public bodies; and membership of and access to private clubs.</p> <p>Reference may also be made to the NHS and Community Care Act and also The Carers Recognition Act.</p>	8		2	2	4
	<b>Total for Question 3</b>	<b>25</b>	<b>8</b>	<b>7</b>	<b>4</b>	<b>6</b>

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (a) (i), (ii)	<p>Award 1 mark for each correct aid or adaptation and a maximum of 2 marks for explaining how each might support Jacob.</p> <p>Likely answers may include:</p> <p>Stair lift, ramp; widened door frames; downstairs bathroom/wet room; hoists; lowered work surfaces, computer. In the home or at school.</p> <p>(Allow any other reasonable aids or adaptations.)</p> <p>Likely explanations may include:</p> <p>Promoting independence, ease of mobility, ease of parents/carers taking him to the toilet.</p>	3,3	2	4		
(b) (i), (ii)	<p>Award 1 mark for the correct identification of a practitioner, and a maximum of 2 marks for explaining how each might help.</p> <p>Likely answers may include:</p> <p><b>Physiotherapist</b></p> <p>Passive exercise for Jacob to promote loss of muscle wastage. Exercises to promote mobility and good posture and to try to prevent falls.</p> <p><b>Occupational therapist</b></p> <p>Aids to help get on and off the toilet. Aids to reach fallen items. Rails and handles in the house and garden. Aids to help in the kitchen.</p> <p><b>General practitioner</b></p> <p>Provision of check-ups, medication and referrals.</p> <p><b>Social workers</b></p> <p>Can provide assessment of person requiring care and carer's assessment for carer.</p> <p><b>Home care workers</b></p> <p>Can provide help with personal care and domestic chores.</p>	3,3	2		4	

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (c)	<p><b>0-3 marks</b> Answers that make some attempt to explain how Jacob and his family might benefit from a multi-disciplinary approach. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p><b>4-5 marks</b> Answers that explain in detail how Jacob and his family might benefit from a multi-disciplinary approach. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Multi-disciplinary teams consist of staff from several different professional backgrounds who have different areas of expertise. These teams are able to respond to clients who require the help of more than one kind of professional so plans and action may be more joined up to meet Jacob's needs more effectively. Better use of resources.</p> <p>Conversely, Jacob and his family may not like the fact that so many people are involved in his care.</p>	5	3	2		
(d)	<p><b>0-3 marks</b> Answers that make some attempt to describe the possible barriers facing individuals with disabilities, with brief consideration of the effect on the individual's quality of life.</p> <p><b>4-6 marks</b> Answers that make some attempt to discuss the possible barriers facing individuals with disabilities, with some consideration of the effect on an individual's quality of life. Answers communicate meaning, with some use of specialist vocabulary.</p> <p><b>7-8 marks</b> Answers that clearly discuss the possible barriers facing individuals with disabilities with clear understanding of the effect they would have on an individual's life. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p>	8	3		1	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (d) (Cont'd)	Likely answers may include: <ul style="list-style-type: none"> <li>• barriers relating to mobility</li> <li>• barriers relating to access to public buildings, work place, transport, leisure/social facilities, in the home</li> <li>• economic barriers</li> <li>• communication barriers</li> <li>• barriers resulting from prejudice and discrimination</li> <li>• strategies for overcoming barriers – legislation, change in attitudes, education, pressure groups</li> </ul>					
	<b>Total for Question 4</b>	<b>25</b>	<b>10</b>	<b>6</b>	<b>5</b>	<b>4</b>

## UNIT 6

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a) (i)	<p>Award a maximum of 2 marks for a detailed definition of the term 'illness'.</p> <p>Likely answers may include:</p> <p>An illness is:</p> <ul style="list-style-type: none"> <li>• a subjective sensitive of 'unwellness'</li> <li>• which might have physical and/or psychological causes</li> </ul>	2	2			
(b) (i)	<p>Award up to 2 marks for a detailed description of the cause of the type of ill health, and 1 mark for an appropriate example.</p> <p>Likely answers may include:</p> <p>Infectious diseases are caused by invasion of our bodies by other organisms caught from another person or animal, e.g. tuberculosis or influenza or virus/bacterium/fungus/parasite or other named examples of these.</p>	3	2	1		
(ii)	<p>Award up to 2 marks for a detailed description of the cause of the type of ill health, and 1 mark for an appropriate example.</p> <p>Likely answers may include:</p> <p>Mental disorders caused by imbalance in the hormones/stress/overwork/hereditary (predisposition) which controls mental activity, especially mood and behaviour, e.g. depression or bipolar disorder.</p>	3	2	1		

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (b) (iii)	<p>Award up to 2 marks for a detailed description of the cause of the type of ill health, and 1 mark for an appropriate example.</p> <p>Likely answers may include:</p> <p>Degenerative disorders: occur as body systems age and begin to develop structural and biochemical faults. Cause is imbalance in the hormones/stress/overwork /hereditary (predisposition) e.g. osteoarthritis, cardiovascular disease, Alzheimer's disease.</p>	3	2	1		
(iv)	<p>Award up to 2 marks for a detailed description of the cause of the type of ill health, and 1 mark for an appropriate example.</p> <p>Likely answers may include:</p> <p>Deficiency disorders are caused by lack of some important nutrient that we cannot manufacture, but must receive in our diet, e.g. osteoarthritis, cardiovascular disease, Alzheimer's disease.</p>	3	2	1		
(v)	<p>Award up to 2 marks for a detailed description of the cause of the type of ill health, and 1 mark for an appropriate example.</p> <p>Likely answers may include:</p> <p>Inherited disorders: some aspect of bodily development or biochemical function is impaired through the inheritance of a faulty gene, e.g. cystic fibrosis, red-green colour blindness, Down's syndrome.</p>	3	2	1		

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (c) (i)	<p><b>0-3 marks</b> Answers that describe, with limited knowledge and understanding, the strengths and weaknesses, with little or no attempt to discuss. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p><b>4-6 marks</b> Answers that show some detailed knowledge and understanding, with some detailed discussion of the strengths and weaknesses. Answers communicate meaning, with some use of specialist vocabulary.</p> <p><b>7-8 marks</b> Answers that show detailed knowledge and understanding, with a detailed discussion of the strengths and weaknesses. Answers are well structured and clearly expressed. Answers show an extensive and well expressed understanding of the potential benefits of a holistic approach, coupled with a clear understanding of the problems of effective monitoring, and consistency across cultures of a broader definition that includes 'social well-being'.</p> <p>Likely answers may include:</p> <p>The strength of the WHO approach is that it is more holistic, promoting the addressing of the underlying causes of ill health, such as poverty, poor water supply, poor work and employment practice, preventative education, care for the elderly, etc. as well as the provision of conventional medical care. The definition is also carefully worded to acknowledge that traditional and alternative therapies have a role to play in 'complete well-being' for many people and cultures.</p> <p>The weakness of the WHO approach is that it is extremely difficult to define and monitor progress of health programmes, except on the basis of 'absence of disease', as an acceptable definition of wellbeing may be different in different cultures. Also many of the criteria for 'well-being' are subjective and so open to debate. These uncertainties make evaluation of the effectiveness of expensive programmes difficult, creating high potential for wasteful spending.</p>	8		2	2	4
	<b>Total for Question 1</b>	<b>25</b>	<b>12</b>	<b>7</b>	<b>2</b>	<b>4</b>

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a)	<p>Award 1 mark for the correct characteristics of a fungal cell, up to a maximum of 4 marks.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> <li>• eucaryotic cells (all eucaryotes have their genes coded in DNA)</li> <li>• cell wall like plants - made of microfibrils</li> <li>• but use variety of materials, not just cellulose as plants do - chitin, cellulose, glucans</li> <li>• membrane bound nucleus and mitochondria (eukaryotic)</li> <li>• cell membrane with endoplasmic reticulum</li> <li>• DNA in chromosomes</li> <li>• cells division as in eukaryotes</li> <li>• in larger fungi the cytoplasm is often multinucleate</li> </ul>	4	4			



Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (b) (i)	<p>Award a maximum of 4 marks for a detailed description of how an individual can become infected by either thrush or athlete's foot.</p> <p>Likely answers may include:</p> <p><b>Thrush</b></p> <ul style="list-style-type: none"> <li>• already present in most people/infected in infancy</li> <li>• failure of immune control allows flare up</li> <li>• can also be transmitted by sexual or oral contact</li> </ul> <p><b>Athlete's foot</b></p> <ul style="list-style-type: none"> <li>• direct skin-to-skin contact</li> <li>• indirect contact with: <ul style="list-style-type: none"> <li>- contaminated towels</li> <li>- bed sheets</li> <li>- clothing</li> <li>- floors of swimming pools</li> </ul> </li> </ul>	4	4			
(ii)	<p>Award a maximum of 3 marks for the correct identification of the symptoms of either thrush or athlete's foot.</p> <p>Likely answers may include:</p> <p>The symptoms of vaginal thrush include any three from:</p> <ul style="list-style-type: none"> <li>• vulval itching</li> <li>• vulval soreness and irritation</li> <li>• vaginal discharge</li> <li>• pain, or discomfort, during sexual intercourse (superficial dyspareunia), and pain, or discomfort, during urination (dysuria) may sometimes be present</li> </ul> <p><b>Vulvovaginal inflammation</b></p> <p>As well as the above symptoms of thrush, there may also be vulvovaginal inflammation. The signs of vulvovaginal inflammation include any three from:</p> <ul style="list-style-type: none"> <li>• erythema (redness) - of the vagina and vulva,</li> <li>• vaginal fissuring (cracked skin) - in severe cases of inflammation, and</li> <li>• satellite lesions (sores in the surrounding area) this is rare, but may indicate the presence of other fungal conditions, or the herpes simplex virus</li> </ul>	3	3			

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (b) (ii) (Cont'd)	<p><b>Vaginal discharge</b></p> <p>A vaginal discharge is a common symptom of vaginal thrush. It is often white and 'cheese-like', but may also be watery or purulent (contain pus). The discharge is usually odourless.</p> <p><b>Symptoms of oral thrush</b></p> <p>Include any three from:</p> <ul style="list-style-type: none"> <li>• When dentures are taken out, there may be a very red area where the dentures have been.</li> <li>• In patients without dentures and babies, white spots on the mouth and tongue are typical. These may join together to form larger spots or plaques and may be yellow or cream coloured rather than white. When wiped off, the underlying tissues may be red and raw.</li> <li>• After antibiotics or steroids, it is more common for the affected areas just to appear red and sore.</li> <li>• There may also be red sore areas at the corner of the lips known as angular stomatitis. Many mild oral thrush infections are painless, although the condition can sometimes become quite sore.</li> <li>• Babies may drool saliva or refuse to feed properly because of the soreness.</li> </ul> <p><b>Balantitis</b></p> <p>The main symptom of male thrush is balantitis. Balantitis is inflammation of the penis.</p> <p>Balantitis may show the following symptoms; any three from:</p> <ul style="list-style-type: none"> <li>• a very itchy, red and sore glans (head of the penis)</li> <li>• small red spots on the glans</li> <li>• discharge from penis</li> <li>• pain when passing urine</li> <li>• difficulty pulling back foreskin and</li> <li>• a 'cheese-like' substance called smegma that smells a bit yeasty and sometimes collects under the foreskin</li> </ul>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (b) (iii)	<p><b>0-3 marks</b> Answers that show limited knowledge and understanding and describe, with some attempt to discuss, how personal hygiene and lifestyle choices can help to prevent either thrush or athlete's foot. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p><b>4-6 marks</b> Answers that show detailed knowledge and understanding, with a detailed discussion of how personal hygiene and lifestyle choices can help to prevent either thrush or athlete's foot. Answers are well structured and clearly expressed.</p> <p>Likely answers may include:</p> <p><b>For vaginal thrush</b></p> <ul style="list-style-type: none"> <li>• wash the vaginal area using water</li> <li>• avoid using perfumed soaps, shower gels, vaginal deodorants, or douches</li> <li>• avoid using latex condoms, spermicidal creams, and lubricants, if they cause irritation</li> <li>• avoid wearing tight-fitting, synthetic clothes, and</li> <li>• wear cotton underwear and loose-fitting clothes, where possible</li> <li>• avoid having sex until the infection has cleared up because, during sex, the infection can be spread or made worse</li> </ul> <p><b>For oral thrush</b></p> <ul style="list-style-type: none"> <li>• in diabetes sufferers, good control of blood sugar level reduces the risk of thrush and other infections</li> <li>• for users of steroid inhalers, use of a spacer device may reduce the risk of thrush, also gargling and rinsing the mouth after using an inhaler</li> <li>• denture wearers should keep dentures very clean and remove them at night</li> <li>• if a dry mouth results from taking medication, frequent sips of water will help by keeping the mouth moist</li> <li>• if thrush occurs in a baby, it is important to keep all dummies, mouth toys and feeding equipment sterilised</li> <li>• reduction or giving up of smoking can reduce recurrence of thrush infections</li> </ul>	6		6		

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (b) (iii) (Cont'd)	<p><b>For penile thrush</b></p> <ul style="list-style-type: none"> <li>• good hygiene can help to prevent or clear up infection – wash the affected area carefully with warm water – showers tend to be better than baths</li> <li>• do not use perfumed shower gels or soaps on genitals because they can cause irritation</li> <li>• after washing, the penis should be dried carefully because the candida fungus thrives in damp conditions</li> <li>• wearing loose fitting cotton underwear can help to keep the penis dry and cool, and prevent the build up of the candida fungus under the foreskin</li> <li>• avoid having sex until the infection has cleared up because, during sex, the infection can be spread or made worse</li> <li>• use of a condom will reduce the risk of passing on any infection</li> </ul> <p><b>Athlete's foot</b></p> <p>Athlete's foot is contagious, but there are ways to limit the chances of spreading the infection:</p> <ul style="list-style-type: none"> <li>• don't walk barefoot in communal areas</li> <li>• don't use communal shower or bath facilities</li> <li>• don't share towels</li> <li>• use good foot hygiene following the recommendation below:               <ul style="list-style-type: none"> <li>- regular thorough washing and drying, particularly in between the toes</li> <li>- keep feet dry of perspiration by using talcum powder</li> <li>- avoid tight-fitting or non-breathing footwear, wear sandals whenever possible, avoid trainers; rotate footwear regularly</li> <li>- hot-wash towels frequently</li> <li>- don't cover feet before they are completely dry</li> <li>- where possible, wear flip-flops, or plastic sandals in communal changing rooms or shower areas</li> <li>- change socks, stockings, or tights, on a regular basis</li> </ul> </li> </ul>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (c)	<p><b>0-3 marks</b> Answers that describe, with evidence of limited knowledge and understanding, how the development and maintenance of improved sanitation are effective in combating the threat of infectious diseases from water sources, with little attempt to discuss. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p><b>4-6 marks</b> Answers that show some detailed knowledge and understanding of how the development and maintenance of improved sanitation are effective in combating the threat of infectious diseases from water sources, with some detailed discussion. Answers communicate meaning with some use of specialist vocabulary.</p> <p><b>7-8 marks</b> Answers that show detailed knowledge and understanding of how the development and maintenance of improved sanitation are effective in combating the threat of infectious diseases from water sources. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> <li>• the main threat from sewage is contamination of drinking/cooking water, also bathing water</li> <li>• we minimise transmission of water borne pathogens by isolating waste water (as sewage) from our drinking water</li> <li>• we have elaborate piping systems to ensure that this isolation is effectively complete</li> <li>• how sewage treatment may reduce pathogen content</li> <li>• residual pathogens from sewage treatment washed into the sea and/or treated with biocides</li> <li>• such behaviour reduces the chance of infection</li> <li>• also 'breaks' the cycle of infection' thus</li> <li>• reduces the reservoir of pathogens</li> <li>• which further reduces the potential for infection</li> </ul>	8		2	2	4
	<b>Total for Question 2</b>	<b>25</b>	<b>11</b>	<b>8</b>	<b>2</b>	<b>4</b>

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (a)	<p>Award 1 mark for the correct identification of a symptom of osteoporosis, up to a maximum of 4 marks.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> <li>• joint pains</li> <li>• having difficulty standing or sitting up straight</li> <li>• minor fall or sudden impact causes a bone fracture</li> <li>• and renew it with healthy, dense new bone</li> <li>• resulting in larger pore spaces</li> <li>• lower bone density and more brittle bones</li> </ul> <p>Award a maximum of 3 marks for a detailed description of how the disorder osteoporosis affects the structure of bone.</p>	4	4			
(b)	<ul style="list-style-type: none"> <li>• the loss of ability to regenerate bone tissue</li> <li>• in living bone cells</li> <li>• no longer able to break down old bone</li> <li>• and renew it with healthy, dense new bone</li> <li>• resulting in larger pore spaces</li> <li>• lower bone density</li> <li>• and more brittle bones</li> </ul> <p>Award 1 mark for the correct identification of a risk factor for developing osteoporosis, up to a maximum of 5 marks.</p> <p>Likely answers may include:</p>	3	3			
(c)	<p><b>In women</b></p> <ul style="list-style-type: none"> <li>• an early menopause (before the age of 45)</li> <li>• a hysterectomy before the age of 45, particularly when the ovaries are also removed</li> <li>• when periods are absent for a long time (more than six months) as a result of over-exercising or over-dieting if they are severely underweight</li> </ul> <p><b>In men</b></p> <p>The risk of osteoporosis is increased in males with low levels of testosterone</p> <p>Osteoporosis can be triggered by hormone-related diseases, including:</p> <ul style="list-style-type: none"> <li>• hyperthyroidism (overactive thyroid gland)</li> <li>• disorders of the adrenal glands, such as Cushing's syndrome</li> <li>• reduced output of sex hormones (oestrogen and testosterone)</li> <li>• disorders of the pituitary gland</li> <li>• diabetes</li> </ul>	5		5		

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (c) (Cont'd)	<p>Other factors that can increase the risk of osteoporosis include:</p> <ul style="list-style-type: none"> <li>• a close family history of osteoporosis</li> <li>• long periods of inactivity, such as long-term bed rest</li> <li>• heavy drinking and smoking</li> <li>• malabsorption problems, as experienced in coeliac disease and Crohn's disease</li> <li>• some drug treatments</li> <li>• inadequate amounts of calcium</li> <li>• low vitamin D levels</li> <li>• very low body mass (for example being very underweight - having a BMI of 19 or less - or having thin bones as a result of an eating disorder)</li> </ul>					
(d)	<p>Award a maximum of 1 mark for the correct identification of one method of diagnosis of osteoporosis, and a maximum of 2 marks for a detailed explanation of the method.</p> <p>Using a dual energy X-ray absorptiometry (DEXA) scan, or a bone density scan, result is compared to a normal range.</p>	3	1		2	
(e)	<p>Award a maximum of 2 marks for a detailed description of one possible treatment for osteoporosis.</p> <p>Hormone treatments, maintain the normal balance of breakdown and build up of bone, protecting bone strength - HRT, testosterone, calcitonin.</p> <p>Drug treatments for inhibition of bone breakdown, e.g. bisphosphonates, strontium ranelate, zoledronic acid, alendronate.</p> <p>Drug treatment - hormone-like effects, e.g. serms - effects as hormone treatments.</p> <p>Calcium and vitamin D supplementation - ensure maximum bone building.</p>	2	1	1		

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (f)	<p><b>0-3 marks</b> Answers that describe, with limited knowledge and understanding, and limited attempt to discuss, how lifestyle can be managed to minimise the effects of osteoporosis. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p><b>4-6 marks</b> Answers that show some detailed knowledge and understanding, with some detailed discussion, of how lifestyle can be managed to minimise the effects of osteoporosis. Answers communicate meaning, with some use of specialist vocabulary.</p> <p><b>7-8 marks</b> Answers that show detailed knowledge and understanding, with a detailed discussion, of how lifestyle can be managed to minimise the effects of osteoporosis. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p>					



Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (f) (Cont'd)	<p>Likely answers may include:</p> <p>Two types of exercise are particularly important in improving bone density and helping prevent osteoporosis:</p> <p><b>Weight-bearing exercise</b> strengthens muscles, ligaments and joints. The risk of osteoporosis is reduced by doing regular weight-bearing exercise, also the strengthening of the muscles and ligaments will tend to support the skeleton and reduce the risk of fracture.</p> <p><b>Resistance exercises</b> are those that create tension on the bone through the tendons pulling on them. The response of the bone tissue to tension is to try to thicken and strengthen the bone tissue to enable to the bone to cope with the tension (rather as muscles build up in response to exercise). This response will tend to counteract the bone thinning effects of osteoporosis.</p> <p>Other lifestyle factors that can help prevent osteoporosis include:</p> <ul style="list-style-type: none"> <li>• eating a healthy diet that contains plenty of calcium - at least 700 mg a day (equivalent to one pint of milk), a good supply of calcium will tend to minimise the loss of mineral from the bone</li> <li>• quitting smoking - cigarette smoking is associated with an increased risk of osteoporosis</li> <li>• limiting alcohol intake – the recommended daily amount is three to four units for men and two to three units for women</li> </ul>	8		4		4
	<b>Total for Question 3</b>	<b>25</b>	<b>9</b>	<b>10</b>	<b>2</b>	<b>4</b>

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (a)	<p>Award a maximum of 3 marks for a detailed description of what is meant by the term 'lifestyle disease'.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> <li>• are increased in frequency of occurrence amongst individuals with particular lifestyles</li> <li>• reference to an example, e.g. excessive smoking, drinking, eating and sexual activity with a wide range of partners</li> </ul>	3	3			
(b)	<p><b>0-3 marks</b> Answers that show limited evidence of knowledge and understanding with limited analysis of the chart. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p><b>4-6 marks</b> Answers that show detailed knowledge and understanding with detailed analysis of the chart. Answers are well structured and clearly expressed. Special terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <p><b>Number of cases rise with age in both sexes</b></p> <ul style="list-style-type: none"> <li>• (almost) none before 30s</li> <li>• rise from about 35</li> </ul> <p>Males show:</p> <ul style="list-style-type: none"> <li>• a steeper rise than females</li> <li>• to a peak in 70s</li> <li>• of about 375 cases per year</li> <li>• steep drop in 80s</li> </ul> <p>Females show:</p> <ul style="list-style-type: none"> <li>• a shallower rise than males</li> <li>• to a peak in around 75</li> <li>• of about 225 cases per year</li> <li>• which subsequently seems to be a plateau</li> </ul>	6			6	

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (c) (i)	<p><b>0-3 marks</b> Answers that show limited evidence of knowledge and understanding, with limited assessment, of the extent to which viral infection and heavy alcohol consumption maybe linked to lifestyle choices. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p><b>4-6 marks</b> Answers that show detailed knowledge and understanding, with detailed assessment, of the extent to which viral infections and heavy alcohol consumption may be linked to lifestyle choices. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Heavy alcohol consumption is a clear lifestyle choice that directly affects the risk, whereas hepatitis infections are not ‘chosen’ but nevertheless may, in some people, be the result of lifestyle choices which increase risk, e.g. injected recreational drug use, unprotected sex. Similar contrasts for smoking and diabetes.</p>	6			6	

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (c) (ii)	<p><b>0-4 marks</b> Answers that describe, with limited knowledge and understanding, and a limited attempt to discuss, the strategies that may be used. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p><b>5-7 marks</b> Answers that show some detailed knowledge and understanding, with some detailed discussion, of the strategies that may be used. Answers communicate meaning, with some use of specialist vocabulary.</p> <p><b>8-10 marks</b> Answers that show detailed knowledge and understanding, with a detailed discussion, of the strategies that may be used. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> <li>• information strategies, including clear labelling of alcohol content (and how this relates to health guidelines) and health warnings</li> <li>• restricted access for young people, age limits, ID cards, monitoring and prosecution of providers, who breach these rules</li> <li>• responsible pricing/minimum price, may be some discussion of disadvantage to poorer people in this</li> </ul> <p>A good answer will show consideration of both positive and negative aspects of described management strategies.</p>	10		2		8
	<b>Total for Question 4</b>	<b>25</b>	<b>3</b>	<b>2</b>	<b>12</b>	<b>8</b>

## UNIT 7

### COURSEWORK ASSIGNMENT

	Criteria for mark allocation	Guidance	Marks
<b>Aims and Investigation (40 marks)</b>	<p>Candidates will be expected to:</p> <ul style="list-style-type: none"> <li>• state the aims of their coursework assignment</li> <li>• use a variety of resources to investigate the chosen assignment</li> <li>• identify and interpret issues relevant to the assignment</li> <li>• use investigation to assemble relevant information</li> </ul>		
	<p>Poorly formulated aims, little evidence of background knowledge and a restricted investigation of the issues relevant to the assignment.</p> <p>Evidence will reflect lack of understanding. No use of specialist vocabulary. Work will contain inaccuracies.</p>	<ul style="list-style-type: none"> <li>• Basic identification of needs.</li> <li>• List of services to meet needs/brief descriptions.</li> </ul>	0-10
	<p>Aims are restrictive, limited resources used to investigate. Little evidence of investigation of issues relevant to the assignment.</p> <p>Evidence will communicate meaning but will lack detail. Little use of specialist vocabulary. Work may contain inaccuracies.</p>	<ul style="list-style-type: none"> <li>• Brief description of care needs – some of which may be may be omitted.</li> <li>• Basic descriptions of care services - some of which may be irrelevant</li> </ul>	11-20
	<p>The aims are clearly expressed and a range of resources used to investigate the assignment. Evidence presented demonstrates an understanding of issues relevant to the study.</p> <p>Evidence at this level will be structured clearly to communicate meaning. Technical vocabulary will be used accurately. Work will contain relatively few errors.</p>	<ul style="list-style-type: none"> <li>• Clear descriptions of the care needs, showing knowledge of the condition.</li> <li>• Clear descriptions of a range of care services from the different sectors, describing how they support the care needs of the condition.</li> <li>• Local provision should be identified.</li> <li>• Some reference may be made to statutory, private, voluntary provision.</li> <li>• Some referencing may be present.</li> </ul>	21-30
	<p>The aims are comprehensive, realistic and well expressed. The candidate has demonstrated knowledge and has been selective in their choice of resources used to investigate. Evidence presented shows sound understanding of issues raised by the study.</p> <p>Evidence at this level is well structured and clearly expressed. Specialist terms will be used with ease and accuracy. Work will be largely error free.</p>	<ul style="list-style-type: none"> <li>• Clear explanation of the care needs, showing thorough knowledge and understanding of the condition.</li> <li>• Clear descriptions of a wide range of care services from the different sectors, explaining how they support the care needs of the condition.</li> <li>• Knowledge and understanding of statutory, private, voluntary provision shown.</li> <li>• Local provision must be identified.</li> <li>• Evidence of referencing must be present.</li> </ul>	31-40

	<b>Criteria for mark allocation</b>	<b>Guidance</b>	<b>Marks</b>
<b>Analysis and Research (35 marks)</b>	<p>Candidates will be expected to:</p> <ul style="list-style-type: none"> <li>• apply knowledge and understanding to the chosen assignment</li> <li>• use both primary and secondary research to support their findings</li> <li>• analyse and discuss findings in relation to the chosen assignment</li> </ul>		
	<p>Limited knowledge and understanding of the requirements of the assignment. Minimal attempt to analyse and interpret findings.</p> <p>Evidence will reflect lack of understanding. No use of specialist vocabulary. Work will contain inaccuracies.</p>	<ul style="list-style-type: none"> <li>• Not all sections of the work addressed.</li> </ul> <p>or</p> <ul style="list-style-type: none"> <li>• Very brief descriptions, some of which may be irrelevant or inaccurate.</li> </ul>	0-8
	<p>Demonstrates knowledge with limited understanding of the assignment. A limited range of research is used to support the findings. Restricted analysis and interpretation of the findings.</p> <p>Evidence will convey meaning but will lack detail. Little use of specialist vocabulary. Work may contain inaccuracies.</p>	<ul style="list-style-type: none"> <li>• Basic descriptions of most of the requirements of the section (2/3 of the 4) – some work may be irrelevant or inaccurate.</li> <li>• Possibly factual information with little or no attempt to link to individual/service provision.</li> </ul>	9-16
	<p>Demonstrates sound knowledge and understanding of the assignment. Appropriate primary and secondary research is used to support findings. Clear analysis and interpretation of the findings.</p> <p>Evidence at this level will be structured clearly to communicate meaning. Technical vocabulary will be used accurately. Work will contain relatively few errors.</p>	<ul style="list-style-type: none"> <li>• Evidence of at least three sections should be included: <ul style="list-style-type: none"> <li>✓ Practitioners – identified with brief description of how they support individuals.</li> <li>✓ Care planning – identification of stages with some reference to individual/service provision.</li> <li>✓ Quality assurance (QA) – should describe several methods of QA which support the individuals' care and/or service provision.</li> <li>✓ National policy and legislation – several different types should be addressed</li> </ul> </li> </ul>	17-26
	<p>Demonstrates detailed knowledge and a thorough understanding of the assignment. A range of both primary and secondary research is used confidently in support of the findings. Sound and comprehensive analysis and interpretation of the findings.</p> <p>Evidence at this level is well structured and clearly expressed. Specialist terms will be used with ease and accuracy. Work will be largely error-free.</p>	<ul style="list-style-type: none"> <li>• Evidence of all sections must be included, showing knowledge and understanding of how they support the individuals: <ul style="list-style-type: none"> <li>✓ Practitioners – a range is identified, with brief description of how they support the individuals and explanation of how they work together to support the chosen individual.</li> <li>✓ Care planning – showing understanding of how the process affects the chosen individual/service provision.</li> <li>✓ Quality assurance (QA) – should explain how several different methods of appropriate QA supports the individuals' care /service provision</li> <li>✓ National policy and legislation – several different types should be addressed, and be specific to selected services/individual.</li> </ul> </li> <li>• Evidence of referencing must be present.</li> </ul>	27-35

	<b>Criteria for mark allocation</b>	<b>Guidance</b>	<b>Marks</b>
<b>Evaluation (25 marks)</b>	<p>Candidates will be expected to evaluate:</p> <ul style="list-style-type: none"> <li>• methods used to obtain information and evidence</li> <li>• outcomes of the assignment</li> </ul>	<p>Marks can be awarded in two sections: up to 12 marks if only evaluation of methods used to collect data; up to 13 marks if only evaluation of the findings of the assignment.</p>	<p><i>Marks in brackets apply if only one section of work is addressed</i></p>
	<p>Brief description of the strengths and weaknesses of the assignment, with one or two comments on methodology. Outcome does not address the issues of the assignment and may be limited to one area.</p> <p>Evidence will reflect lack of understanding. No use of specialist vocabulary. Work will contain inaccuracies.</p>	<ul style="list-style-type: none"> <li>• Identification of resources used – brief descriptions of how they were used/what they were used for (bibliography or a list of books/websites).</li> <li>• Little or no attempt to discuss findings of the assignment.</li> <li>• May discuss strengths or weaknesses of work</li> </ul>	<p>0-6 (0-3)</p>
	<p>Describes the strengths and weaknesses of the assignment with superficial comments on methodology. Outcome addresses the assignment but knowledge is limited and presentation is basic.</p> <p>Evidence will convey meaning but will lack detail. Little use of specialist vocabulary. Work may contain inaccuracies.</p>	<ul style="list-style-type: none"> <li>• Basic descriptions of one or two resources used; brief comments as to how useful or not they were.</li> <li>• Brief description of how service provision meets individuals needs; possibly a repeat of AI.</li> </ul>	<p>7-12 (4-6)</p>
	<p>Realistic evaluation of the assignment with justification for the methodologies. Outcome demonstrates knowledge and understanding of the study and addresses the issues identified. Work is well presented and may contain several well thought out and differing ideas.</p> <p>Evidence at this level will be structured clearly to communicate meaning. Technical vocabulary will be used accurately. The work will contain relatively few errors.</p>	<ul style="list-style-type: none"> <li>• Detailed descriptions of several resources used, including specific names, clearly showing advantages and disadvantages of each. May include suggestions for other methods to be used.</li> <li>• Some attempt to evaluate the findings of the assignment – Is local service provision good or not? Reference may be made to national policy/ demographics/funding.</li> </ul>	<p>13-18 (7-9)</p>
	<p>Thorough and comprehensive evaluation with sound justification of the methodologies used. Use of reasoned judgements to draw valid conclusions from all evidence present which are clear and detailed in order to produce a high standard evaluation.</p> <p>Evidence at this level is well structured and clearly expressed. Specialist terms will be used with ease and accuracy. Work will be largely error free.</p>	<ul style="list-style-type: none"> <li>• Detailed evaluation and justification of the use of a range of resources (including specific names/titles) to include both primary and secondary data – use of Internet, text books, magazines, local health directories, questionnaires, interviews, etc.</li> <li>• Valid conclusions made to evaluate service provision with reference to the amount of services available, access and barriers to care; national policy and funding and national and local priorities.</li> </ul>	<p>19-25 (9-12)</p>

## UNIT 8

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a) (i)	<p>Up to a maximum of 2 marks for a detailed description of one possible reason why Lauren may be feeling anxious.</p> <p>Likely answers may include:</p> <p><b>Socio-economic:</b> Family – she is afraid that her current foster parents will not be there for her when she returns.</p> <p><b>Psychological</b> Insecurity – based on previous experience, e.g. she has been moved from foster placements in the past and she is afraid she will be moved again.</p> <p><b>Irrational fear</b> Something happening to prevent her from returning to her foster parents, e.g.</p> <ul style="list-style-type: none"> <li>• an accident</li> <li>• getting lost</li> <li>• being abducted.</li> </ul> <p>(Any other reasonable answer.)</p>	2	2			
(b) (i), (ii)	<p>Award a maximum of 3 marks for a detailed explanation of one way in which Lauren’s development might be affected if her behaviour continues. (2 x 3)</p> <p>Likely answers may include:</p> <p><b>Physical development</b></p> <ul style="list-style-type: none"> <li>• on-going, unresolved anxiety can also affect physical health, e.g. sleep problems, loss of appetite/increased appetite, headaches, etc</li> <li>• opportunities for exercise may be restricted by availability/willingness of parents, e.g. they may have other commitments (work, other children)</li> <li>• Lauren may feel the need to comfort eat and that could lead to weight gain</li> </ul> <p><b>Intellectual development</b></p> <ul style="list-style-type: none"> <li>• absence from school for any length of time will impact on educational progress and achievement</li> <li>• lack of mental stimulation from being with others, e.g. friends, school classmates</li> <li>• by not addressing the underlying problems to her behaviour, Lauren may not understand what is happening to her or the reasons for her behaviour</li> </ul>	3,3	2	4		



Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (b) (i), (ii) (Cont'd)	<p><b>Social development</b></p> <ul style="list-style-type: none"> <li>• difficulty making new friendships/relationships</li> <li>• difficulty maintaining existing friendships/relationships which may suffer by Lauren being at home or having to be accompanied by her parents</li> <li>• restricted activities due to her parents having to accompany her</li> </ul> <p><b>Emotional development</b></p> <ul style="list-style-type: none"> <li>• on-going, unresolved anxiety can impact on mental health/well-being, e.g. depression</li> <li>• loss of confidence</li> <li>• low self esteem</li> </ul> <p>(Any other reasonable answer.)</p>					
(c)	<p><b>0-3 marks</b> Answers which show basic knowledge and understanding of an appropriate strategy to help Lauren overcome her anxiety. Answers lack detail, contain inaccuracies and there is little use of specialist vocabulary.</p> <p><b>4-5 marks</b> Answers which show some knowledge and understanding of an appropriate strategy to help Lauren overcome her anxiety. Answers are structured and communicate meaning, with some use of specialist vocabulary.</p> <p><b>6-7 marks</b> Answers which discuss an appropriate strategy to help Lauren overcome her anxiety, with detailed knowledge and understanding. Answers are well structured and clearly expressed. Specialist vocabulary is used with ease and accuracy.</p> <p>Likely answers may include:</p> <p><b>Play therapy:</b></p> <p>Underlying traumas can make a child anxious. Defence mechanisms, e.g. repression, may be used. If the issue remains unresolved, it can lead to a neurosis, or cause the personality to become fixated at one of the stages of psychosexual development.</p> <p>Psychoanalysts believe children express their concealed emotions through play in the same way as adults do through dreams. The child uses play to communicate at its own pace and level without feeling pressured. This is useful for children for whom verbal communication may be difficult.</p>	7	1		3	3

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>1. (c) (Cont'd)</p>	<p>Play therapy aims to help the child understand their feelings and upsetting events by using objects to symbolise the real world. The play therapist uses a large selection of play materials: dolls, puppets, dressing-up clothes, books, sand, water, clay, musical instruments, etc. These are used by the child to 'play through' painful events, e.g. loss or separation from mother/father, and try to understand and cope with them.</p> <p>Negative feelings can be displaced onto dolls or imaginary people. Some emotions may be too painful to be dealt with in a few sessions and may require more extensive treatment.</p> <p>Play therapy will only work with those young enough to play with toys, i.e. it is typically used for children aged 3 to 11 but, depending on Lauren's maturity, it may be more appropriate for her to receive psychoanalysis.</p> <p>Lauren may be reluctant to be away from her foster parents due to her emotions about being in care, or a fear of being removed from their care to be placed elsewhere. Play therapy would aim to help Lauren express these emotions and gain insight into her own behaviour and the underlying causes and so relieve her anxiety and problematic behaviour.</p> <p><b>Psychoanalysis:</b></p> <p>A talk therapy that can be used with adolescents as well as adults in both individual and group settings. It can be a long process, involving regular sessions over months, even years, although the trend now is for briefer interventions.</p> <p>Analyst uses a range of techniques, e.g. free association, projective testing, e.g. Rorschach inkblot test, analysis of dreams, nightmares and fantasies of patient, to examine unconscious conflicts underlying the problem/symptoms, e.g. Lauren's reluctance to be away from/leave home without her foster parents.</p> <p>Analyst interprets and brings these conflicts into patient's consciousness to help the patient understand, confront and resolve them. If Lauren can be helped to understand why she feels the way she does she can be helped to see how being separated from her biological mother and placed into care has affected her. She should then, with support, be able to come to terms with her past and feel more secure about her current situation and be able to overcome her fear of being apart from her foster parents. It may be helpful for Lauren just to be able to talk to someone 'neutral' about how she is thinking and feeling as she would have experienced many different social care professionals in her life so far.</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (d)	<p><b>0-3 marks</b> Answers which give a basic account of one psychodynamic theory, with little knowledge and understanding of how early childhood experiences can affect development. Answers lack detail, with little use of specialist vocabulary.</p> <p><b>4-7 marks</b> Answers which show some knowledge and understanding of one psychodynamic theory. Some assessment of how early childhood experiences can affect development. Answers are structured, contain few errors and communicate meaning, with some use of specialist vocabulary.</p> <p><b>8-10 marks</b> Answers which show detailed assessment of one psychodynamic theory. Clear assessment of how early childhood experiences can affect development. Answers are well structured, clearly expressed and accurate. Specialist vocabulary is used with ease and accuracy.</p> <p>Likely answers may include:</p> <p><b>Personality</b></p> <p>Three related parts, i.e.</p> <ul style="list-style-type: none"> <li>• the id (it)</li> <li>• the ego (I) and</li> <li>• the superego (above I)</li> </ul> <p>Personality is shaped by the clashes and compromises between the three parts. If one part becomes more dominant than the other, then personality may be abnormal.</p> <p>At birth, personality is all id – operates according to the pleasure principle – selfish, demanding, seeks immediate gratification.</p> <p>The ego develops by about three years as we interact more with the outside world – operates according to the reality principle – strives to meet the needs of the id whilst taking into consideration the reality of a situation.</p> <p>The superego develops around age 4-5, during phallic stage. Controls id impulses in response to the moral and ethical restraints imposed by care givers.</p> <p>A dominant id – impulsive, demanding, self-gratification.</p> <p>A dominant superego – rule bound, very tightly controlled behaviour, judgemental.</p> <p>A dominant ego – well balanced mental health.</p>	10	2	2	3	3

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>1. (d) (Cont'd)</p>	<p><b>Psychosexual development</b></p> <p>Oral: 0-1 year (orally passive/aggressive)  Anal: 2-3 years (anal retentive/expulsive)  Phallic: 3-6 years (Oedipus/Electra complexes)  Latency: 7-11 years (not yet biologically mature)  Genital: 11+ years (unsatisfactory relationships)</p> <p>Unconscious feelings direct the way we behave. Painful or traumatic experiences during childhood may result in <i>fixation</i> at that stage, e.g. difficulties in the oral stage, perhaps involving weaning, may cause an oral fixation which can affect the behaviour, e.g. nail biting, smoking.</p> <p><b>Defence mechanisms</b></p> <p>Trauma in childhood can lead to behaviour which places the ego under stress. Defence mechanisms are mental strategies used to protect the ego at such times, e.g. repression – painful/traumatic events are pushed into the unconscious and may be expressed in dreams or irrational behaviour.</p> <p>Regression – behaving inappropriately for one’s age, e.g. adults who have tantrums, or suck their thumb when distressed.</p> <p>Displacement – transferring painful feelings into someone/something else, e.g. a failing marriage, becoming immersed in a hobby like collecting buttons/china.</p> <p>Other defence mechanisms include denial, projection, reaction formation, rationalisation, sublimation.</p> <p>Short-term coping mechanisms. Long-term use can lead to mental health problems.</p> <p><b>Assessment</b></p> <ul style="list-style-type: none"> <li>• Many of Freud’s ideas are regarded as unscientific and are not able to be studied or verified, e.g. the unconscious cannot be objectively measured.</li> <li>• Critics argue that Freud’s theory over-emphasises sex.</li> <li>• Much of Freud’s work was based on individual case studies of middle class Viennese women, so it is not possible to generalise findings to a wider population.</li> </ul>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>1. (d) (Cont'd)</p>	<p><b>Erikson</b></p> <p>Development is influenced by the social environment. The child passes through eight psychosocial stages from infancy to maturity. Each stage represents a different social conflict for the child as they interact with different and increasing numbers of people, e.g. in the first phase – Trust v Mistrust (0-1 year) the conflict is between trust and mistrust as a result of the main interactions with primary carers.</p> <p>Other stages are:</p> <ul style="list-style-type: none"> <li>• Self-Control (autonomy) v Shame and Doubt (2-3 years)</li> <li>• Initiative v Guilt (3-5 years)</li> <li>• Industry (competence) v Inferiority (6-12 years)</li> <li>• Identity v Role Confusion (13-18 years)</li> <li>• Intimacy v Isolation (young adulthood)</li> <li>• Generativity v Stagnation (middle adulthood)</li> <li>• Ego Integrity v Despair (old age)</li> </ul> <p>Success or failure at resolving these crises influences personality, e.g. if carers are unresponsive/unloving, then the child may find it difficult to trust people later in life.</p> <p>Unresolved conflicts lead to unmet needs which can result in difficulty establishing normal relationships and lead to inappropriate behaviour with other people.</p> <p><b>Assessment:</b></p> <ul style="list-style-type: none"> <li>• Erikson’s theory has been criticised as being class/culture bound.</li> <li>• Debate surrounds whether the age ranges in Erikson’s theory are correct.</li> <li>• Also whether the sequences of stages are right.</li> <li>• His theory applies more to boys than to girls.</li> </ul>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>1. (d) (Cont'd)</p>	<p><b>Bowlby</b></p> <p>Bowlby believed that mental health and behaviour problems could be attributed to early childhood experiences.</p> <p>Infants have an instinctive need to form an attachment to one main attachment figure, usually the mother, or a mother substitute, i.e. monotropy. This relationship is qualitatively different to any other and essential for survival. Provides an internal working model which shapes social and emotional development and future relationships.</p> <p>Critical period of 2½-3 yrs. If attachment does not form by then, or is broken, there can be serious, negative consequences (<i>maternal deprivation hypothesis</i>), can lead to reduced intelligence, depression, aggression, low self-esteem, delinquency, even '<i>affectionless psychopathy</i>', unable to form permanent relationships and be poor parents themselves. Children with mothers who lack sensitivity or are unresponsive may also be affected in later life.</p> <p>Studies have shown that children who suffered from maternal deprivation can recover later in life. Some children who suffer deprivation show no ill effects later in life. Babies can attach to several people including fathers, siblings, etc, and not just their mother.</p> <p><b>Assessment</b></p> <ul style="list-style-type: none"> <li>• Bowlby's research has been criticised for being retrospective, incomplete and selective.</li> <li>• Studies have shown that babies attach to other people, not just the mother. This can be the father, siblings or multiple attachments. They can even attach to inanimate objects, e.g. pacifiers, blankets, soft toys.</li> <li>• Studies have shown that children who do suffer maternal deprivation show no effects later in life and, if they do, recovery is possible.</li> </ul>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (d) (Cont'd)	<p><b>Rutter</b></p> <p>Rutter argues that the quality of the attachment is important rather than deprivation during a critical period. However, maternal privation rather than deprivation is more likely to result in delinquency and ‘affectionless psychopathy’.</p> <p>The cause of the separation is more important than the separation itself – poor relationships prevent the formation of attachments and the child is more likely to show delinquent behaviour in later life.</p> <p>Family discord (arguing, lack of attention, stress) is a key factor and makes the child more vulnerable.</p> <p>Problems such as anti-social behaviour are more due to family discord.</p> <p>Personality traits may be in the genes and not determined by early experience.</p>					
	<b>Total for Question 1</b>	<b>25</b>	<b>7</b>	<b>6</b>	<b>6</b>	<b>6</b>

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a)	<p>Up to a maximum of 2 marks for a correct answer. 1 mark for identifying the psychological factor and a further 1 mark for the description.</p> <p>Likely answers may include:</p> <p><b>Negative influences</b></p> <ul style="list-style-type: none"> <li>• Parental approval/interaction: Hannah has little contact with her parents, so she may feel alone.</li> <li>• Peer approval/interaction: Hannah has little contact with the baby's father. She may feel rejected by him.</li> <li>• Low self-esteem: Hannah may feel that she has fallen short of her parent's expectations of her. She may feel unworthy of their love and support and that of the baby's father. She may feel that she was foolish to have got pregnant, e.g. not to have taken adequate measures to prevent pregnancy.</li> <li>• Self-concept: Hannah may feel confused about who she is now that she is shortly to become a young mother. She may have views/attitudes/pre-conceived ideas about single mothers that affect the way she now sees herself.</li> </ul> <p><b>Positive influences</b></p> <ul style="list-style-type: none"> <li>• Hannah has now moved into supported housing and will be feeling more secure.</li> <li>• Hannah is soon to become a mother and she is looking forward to the birth of her baby.</li> <li>• Hannah will form new friendships with other young mothers.</li> </ul>	2	2			
(b)	<p>Up to a maximum of 4 marks for a detailed explanation of why access to health services is important for Hannah's well-being. Reference may be made to Hannah and/or her baby.</p> <p>Likely answers may include:</p> <p><b>Access to health services</b></p> <ul style="list-style-type: none"> <li>• Monitoring the mother's health, e.g. weight, blood pressure, any pre-existing health conditions, screening for complications of pregnancy.</li> <li>• Monitoring the developing foetus to check for normal growth and development.</li> <li>• To determine any specific social/emotional/psychological difficulties that may require referral</li> <li>• Advice, guidance and support.</li> <li>• Reference to baby's/her own well-being.</li> </ul> <p>(Any other reasonable answer.)</p>	4	2	2		



Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (c)	<p>Up to a maximum of 4 marks for a detailed explanation of how family therapy could help Hannah improve her relationship with her parents.</p> <p>Likely answers may include:</p> <p><b>Family therapy</b></p> <ul style="list-style-type: none"> <li>• Requires a highly skilled professional, i.e. family and systemic psychotherapist, and is used for a wide range of issues in children and adults, e.g. aggressiveness, relationship problems, drinking/eating disorders, domestic violence, etc.</li> <li>• The therapist may work with the family as a whole and/or with individuals.</li> <li>• Family therapy explores close relationships, thoughts, emotions, attitudes, views and opinions, patterns of behaviour, as well as any specific issues, e.g. teenage pregnancy, relationship issues, domestic violence, addiction.</li> <li>• The aim is to help family members help one another by understanding and respecting each other's views, needs, etc.</li> <li>• It identifies and builds on the family's strengths as they try to make useful changes in their relationships and their lives.</li> <li>• Requires commitment from everyone involved.</li> <li>• Sessions may be weekly or twice weekly, sometimes for lengthy periods. Can last 3-12 months or even longer.</li> </ul>	4	2	2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (d)	<p><b>0-3 marks</b> Answers which are basic and show little knowledge and understanding of how living in a supported residential unit could benefit the social and emotional development of teenage mothers. Answers lack detail, with little use of specialist vocabulary.</p> <p><b>4-5 marks</b> Answers which show some knowledge and understanding of how living in a supported residential unit could benefit the social and emotional development of teenage mothers. Answer is structured with few errors and communicates meaning. There is some use of specialist vocabulary.</p> <p><b>6-7 marks</b> Answers which discuss in detail how living in a supported residential unit could benefit the social and emotional development of teenage mothers. Answers are well structured, clearly expressed and accurate. Specialist vocabulary is used with ease and accuracy.</p> <p>Likely answers may include:</p> <p><b>Social development</b></p> <ul style="list-style-type: none"> <li>• having regular contact with various carers and professionals/developing new relationships</li> <li>• having daily contact with others in a similar situation/forming new friendships</li> <li>• socialisation of the new baby – being brought up around other children and adults</li> <li>• sharing problems/experiences with others</li> <li>• receiving social support from others</li> </ul> <p><b>Emotional development</b></p> <ul style="list-style-type: none"> <li>• security, i.e. secure and appropriate accommodation</li> <li>• emotional/psychological security from knowing that there is always professional help, support and advice available</li> <li>• having other people to talk to/share problems and concerns with</li> <li>• receiving help with personal problems/difficulties, e.g. family breakdown</li> </ul>	7	2		2	3

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (e)	<p><b>0-3 marks</b> Answers which show basic knowledge and understanding of social learning theory and how it could be used to promote positive parenting skills in teenage mothers. Answers lack detail, with little use of specialist vocabulary.</p> <p><b>4-6 marks</b> Answers which show some knowledge and understanding of social learning theory and how it could be used to promote positive parenting skills in teenage mothers. Answers are structured, contain few errors and communicate meaning, with some use of specialist vocabulary.</p> <p><b>7-8 marks</b> Answers which show detailed knowledge and understanding of social learning theory and how it could be used to promote positive parenting skills in teenage mothers. Answers are well structured, accurate and clearly expressed. Specialist vocabulary is used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>According to Bandura’s social learning theory (SLT) people learn from one another through observation, imitation and modelling. This can explain the acquisition of behaviours, e.g. positive parenting skills.</p> <p><b>Positive parenting skills include:</b></p> <ul style="list-style-type: none"> <li>• patience</li> <li>• consistency</li> <li>• staying calm</li> <li>• developing a warm, loving relationship with the baby</li> <li>• interacting/talking to the baby</li> <li>• playing with the baby</li> <li>• establishing set routines, e.g. feeding, bathing, sleeping, etc.</li> </ul>	8			4	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (e) (Cont'd)	<p>A key worker could act as a role model by demonstrating positive parenting skills, either on a one-to-one basis or within a group setting where other parents present could also act as models.</p> <p>A key worker could promote positive parenting skills through a number of different methods, e.g.</p> <ul style="list-style-type: none"> <li>• ensuring there are plenty of opportunities to observe positive parenting skills used by others</li> <li>• demonstrating the skills herself when necessary</li> <li>• positively reinforcing appropriate parenting skills (e.g. with praise, recognition, a smile, a reassuring pat or hug)</li> <li>• positive reinforcement of positive parenting skills used by others in view/hearing of the teenage mother</li> </ul> <p>Certain attributes in a model will make it more likely that the observed behaviour will be repeated:</p> <ul style="list-style-type: none"> <li>• gender – behaviour in same sex models is more likely to be copied than in opposite sex models which is why girls are more likely to copy their mothers, and boys their fathers, i.e. sex role identification</li> <li>• status – if the model has social status, power or skill, e.g. celebrities, pop stars, health or social care professionals</li> <li>• similarity – if the model is perceived as being similar to the observer, e.g. another teenage mother/mother to be</li> <li>• competence – if the model is perceived as being competent in what they do, the observer may repeat their behaviour out of admiration and a desire to be like them.</li> </ul> <p>If the model is seen to be rewarded for their behaviour, then the individual is more likely to copy the behaviour, especially in the case of significant others, e.g.</p> <ul style="list-style-type: none"> <li>• a parent</li> <li>• a sibling</li> </ul> <p>The reward might be:</p> <ul style="list-style-type: none"> <li>• a smile from an infant</li> <li>• praise from a key worker or other young parents/carers</li> <li>• a sense of achievement at succeeding in soothing a crying baby, seeing the benefits of simple strategies such as having regular routines</li> </ul> <p>Rewards act as reinforcers and strengthen the likelihood of a behaviour (i.e. the parenting skill) being repeated. The more it is repeated, the more automatic it will become.</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (e) (Cont'd)	<p>Similarly, mild social disapproval, e.g. from other mothers/carers, can be an effective negative reinforcer as long as it is not too harsh and is accompanied by an explanation in a supportive environment.</p> <p><b>Assessment</b></p> <ul style="list-style-type: none"> <li>• SLT: relatively simple and inexpensive to implement in a supported housing environment.</li> <li>• Does not require a specialist/highly trained professional.</li> <li>• Ample opportunities to observe and imitate in individual and group sessions.</li> <li>• Could, in certain situations, allow for the development of less desirable parenting practices, e.g. smacking, leaving a baby to cry.</li> </ul>					
	<b>Total for Question 2</b>	<b>25</b>	<b>8</b>	<b>4</b>	<b>6</b>	<b>7</b>

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (a)	<p>Up to a maximum of 2 marks for a detailed description of what is meant by 'cognitive development'.</p> <p>Likely answers may include:</p> <p>Cognitive development - a term used to indicate how a child develops from a baby to an adult.</p> <p>Includes all aspects that are seen to be cognitive (to do with mental processes), e.g. thinking, reasoning, perceiving, remembering, understanding, imagining, language, intelligence, etc.</p>	2	2			
(b) (i)	<p>Up to a maximum of 2 marks for a detailed description of how genetics can influence cognitive development.</p> <p>Likely answers may include:</p> <p><b>Genetics</b></p> <ul style="list-style-type: none"> <li>hereditary conditions may affect cognitive development, i.e. result in a learning disability</li> <li>may make reference to chromosomes, DNA, genes, inherited parental traits, e.g. IQ</li> </ul>	2	1	1		
(ii)	<p>Up to a maximum of 2 marks for a detailed description of how income can influence cognitive development.</p> <p>Likely answers may include:</p> <p><b>Income</b></p> <ul style="list-style-type: none"> <li>the amount of money available to spend on toys, books, computers, trips and outings, e.g. to play centres, cinema/theatre, special events, etc, which can provide stimulation in terms of cognitive development</li> <li>high or low income can affect the amount of time that parents have to spend with their children which may lead to stress and lack of communication between parent and child</li> </ul>	2	1	1		

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (c)	<p><b>0-3 marks</b> Answers that show basic knowledge and understanding of how nursery school teachers can use play to encourage language development in the classroom, with some explanation. Answers lack detail, with little use of specialist vocabulary.</p> <p><b>4-5 marks</b> Answers that show detailed knowledge and understanding of how nursery teachers can use play to encourage language development in the classroom, with a detailed explanation. Specialist vocabulary used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Play can impact directly on cognitive development including language development.</p> <p>Staff should use as many different opportunities for children to experience and use language through age-appropriate verbal and imaginative play and classroom activities.</p> <p>Play opportunities should be:</p> <ul style="list-style-type: none"> <li>• spontaneous</li> <li>• structured</li> <li>• solitary</li> <li>• interactive</li> <li>• heuristic/problem solving</li> <li>• indoor/outdoor</li> <li>• imaginary/creative</li> </ul> <p>Suitable activities to encourage language development include:</p> <ul style="list-style-type: none"> <li>• answering to the class register</li> <li>• counting games</li> <li>• show-and-tell sessions</li> <li>• singing</li> <li>• story telling</li> <li>• listening to and following instructions</li> <li>• make-believe games</li> <li>• role play/dressing up</li> <li>• games, small groups/team games</li> <li>• use of audio-visual equipment, e.g. videos/ DVDs/TV/computer</li> </ul>	5	1	2	1	1

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (d)	<p><b>0-3 marks</b> Answers which show basic knowledge and understanding of how culture can influence language development in children. Answers lack detail and there is little use of specialist vocabulary.</p> <p><b>4-5 marks</b> Answers which show some knowledge and understanding of how culture can influence language development in children. Answers are structured, contain few errors and communicate meaning, with some use of specialist vocabulary.</p> <p><b>6-7 marks</b> Answers which show detailed knowledge and understanding when discussing how culture can influence language development in children. Answers are well structured, clearly expressed and accurate. Specialist vocabulary is used with ease and accuracy.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> <li>• culture is a socio-economic factor</li> <li>• shared attitudes, values, goals, customs and practices that characterise a group, e.g. a family, community</li> <li>• attitudes towards children</li> <li>• parenting practices, e.g. early exposure to language, e.g. the use of ‘motherese’ (child directed speech)</li> <li>• some cultures do not encourage spontaneous communication in children</li> <li>• some cultures only expect child to speak when spoken to</li> <li>• adult-child or child-child interactions, e.g. in the home, or outside in child care, education</li> <li>• parents living in poverty tend to speak to their children less than professional parents</li> <li>• bi-lingualism – promotes language development in general and does not lead to developmental delay</li> <li>• different language in the home and school may create problems</li> </ul>	7		2	2	3



Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (e)	<p><b>0-3 marks</b> Answers which show basic knowledge and understanding of how the cognitive approach accounts for cognitive development in children. Answers lack detail, with little use of specialist vocabulary.</p> <p><b>4-5 marks</b> Answers which show some knowledge and understanding of how the cognitive approach accounts for cognitive development in children. Answers are structured, contain few errors and communicate meaning, with some use of specialist vocabulary.</p> <p><b>6-7 marks</b> Answers which show detailed knowledge and understanding when assessing how the cognitive approach accounts for cognitive development in children. Answers are well structured, clearly expressed and accurate. Specialist vocabulary is used with ease and accuracy.</p>	7			4	3

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (e) (Cont'd)	<p>Likely answers may include:</p> <p><b>Piaget</b></p> <p>The cognitive approach emphasises the importance of a child's natural motivation as the key factor in development; the desire of children to satisfy their curiosity, master challenging tasks and understand the world around them.</p> <p>Piaget was one of the first to point out that children think in different ways from adults. He suggested that all children go through stages of development, i.e.</p> <ul style="list-style-type: none"> <li>• sensorimotor stage: 0-2 years</li> <li>• pre-operational stage: 2-7 years</li> <li>• concrete operational stage: 7-11 years</li> <li>• formal operational stage: 11+ years</li> </ul> <p>Piaget believed that a child in any particular stage was not able to understand or master tasks from the next higher stage until they were psychologically mature enough to do so, e.g. a baby in the sensorimotor stage is egocentric and not able to take anyone else's needs into account and a child in the pre-operational stage is unable to understand logical rules.</p> <p>Piaget's ideas have been the basis for child-centred learning and the UK National Curriculum, but recently they have received much criticism.</p> <p><b>Limitations</b></p> <p>Many people think that Piaget's stages were too rigid. Many children achieve concrete operations earlier than he suggested.</p> <p>Researchers such as Vygotsky have shown that children can do certain tasks if they have been taught them.</p> <p>Some also pointed out that many of Piaget's tests on children were too complicated for them to understand what was wanted of them.</p> <p>Some researchers suggest that development does not occur in stages but is a continuous gradual process.</p> <p>Piaget suggested that children learn best when finding out for themselves but Vygotsky has shown that children do best in co-operative learning situations.</p> <p><b>Assessment</b></p> <p>Whatever the criticisms, Piaget's ideas have stimulated much research which has increased our knowledge and understanding of children's cognitive development and has greatly influenced teaching methods.</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>3. (e) (Cont'd)</p>	<p><b>Vygotsky</b></p> <p>Social interaction plays a fundamental role in the development of cognition.</p> <p>Believed that language and thought develop independently in young children up to 2 years, but as a child grows older, between 2 and 7 years, language and thought become inter-dependent.</p> <p>Up to 2 years of age, a child performs actions which are given meaning by the carer, e.g. grasping action interpreted as pointing and uses the properties of objects to name them, e.g. “bow-wow” for a dog, “quack-quack” for a duck.</p> <p>From 2 to 7 years, child speech is a communication behaviour that produces change in others and in themselves, e.g. “see cows” is a request and a statement of what the child is going to do; the child uses spoken egocentric language to describe his actions before he acts.</p> <p>Egocentric speech becomes transformed into the inner complex thinking of adults that is very different from social speech.</p> <p>Social speech develops as a means of communicating with other people.</p> <p>Zone of proximal development: a child’s full cognitive development, his potential, can only be achieved through social interaction and problem-solving with a more knowledgeable person, an adult, e.g. parent helping young child to complete first jigsaw. Vygotsky, therefore, placed much emphasis on culture affecting cognitive development.</p> <p>He also emphasised the importance of interaction with peers as an effective way of developing skills and strategies and encouraged the use of collaborative learning in schools.</p> <p><b>Limitations</b></p> <p>Vygotsky based his theories on evidence obtained from a number of experiments, but his reports lack sufficient detail to allow them to be evaluated, and few have been repeated by other researchers.</p> <p><b>Assessment</b></p> <p>Vygotsky’s theories have had a major influence in education, emphasising the successful use of problem-solving and collaborative methods in the classroom.</p> <p>He emphasised the importance of challenging and stretching a student.</p> <p>He emphasised the importance of relating school learning to ‘real life environments’.</p>					
	<b>Total for Question 3</b>	<b>25</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>7</b>

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (a)	<p>1 mark for any <b>two</b> of the following possible reasons for Louisa's depression:</p> <ul style="list-style-type: none"> <li>• in pain from arthritis</li> <li>• isolated – she does not get out of the house very often</li> <li>• lonely living on her own – she does not see many other people</li> <li>• she is worried about having to move into residential care</li> <li>• she fears losing her independence</li> </ul> <p>(Any other reasonable answer.)</p>	2	2			
(b)	<p>Up to a maximum of 3 marks for a detailed description of one care setting that might be suitable for Louisa. (1 mark for identifying an appropriate care setting and up to 2 further marks for the detail.)</p> <p>Likely answers may include:</p> <p><b>Day centre</b></p> <p>Provides:</p> <ul style="list-style-type: none"> <li>• care for an individual during the day in a purpose-built facility</li> <li>• transport to and from the centre usually</li> <li>• care workers and other professionals who look after the service users and ensure their needs, and those of their carers, are met, e.g. offers respite for carers at home</li> <li>• an opportunity to get out of the house and mix and meet with others, especially if they are isolated at home</li> <li>• stimulation through social contact and activities, e.g. bingo, sing-a-longs, nostalgia sessions, crafts, armchair aerobics, etc</li> <li>• a nutritious meal/drinks</li> <li>• access to other services, e.g. complementary therapies, nail cutting, vaccinations, dental care</li> <li>• opportunities to re-learn skills they may have lost through illness or disability</li> <li>• opportunities to learn new skills needed to cope with changing circumstances, e.g. after a stroke</li> </ul> <p><b>Sheltered housing</b></p> <ul style="list-style-type: none"> <li>• usually rented, self-contained living accommodation for older and/or vulnerable adults</li> <li>• suitably adapted accommodation to meet resident's needs, e.g. for the physically disabled – ramps, lifts, wide doorways, security systems, personal alarms, etc</li> <li>• a manager or warden is always on site to provide regular monitoring</li> <li>• help and support is available 24 hours a day/365 days a year, if needed</li> <li>• opportunities for socialising with other residents</li> <li>• easy access to health and social care services</li> </ul>	3	1	2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (b) (Cont'd)	<p><b>Extra care sheltered housing</b></p> <ul style="list-style-type: none"> <li>• the same as with sheltered housing but with an additional care element for greater care needs, i.e. the provision of a domiciliary care service – personal care (washing, toileting, dressing, etc)</li> <li>• meals may also be provided and these are often eaten in a communal area</li> </ul> <p><b>Residential care</b></p> <ul style="list-style-type: none"> <li>• a residential care home is where a number of people live together, supported by care staff who are available twenty-four hours a day</li> <li>• whilst residents are encouraged to maintain their independence as far as possible, staff are available to provide all help and support needed, e.g. personal care, dressing, washing, toileting, meal provision, feeding, access to health and social care services as and when needed.</li> </ul> <p><b>Nursing care</b></p> <ul style="list-style-type: none"> <li>• as for residential care, but accommodation and care needs are provided under the supervision of qualified nursing staff</li> </ul>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (c)	<p><b>0-3 marks</b> Answers that show basic knowledge and understanding of how either person-centred therapy (PCT) or encounter groups can be used to help individuals with depression, with some attempt to explain. Answers lack detail, with little use of specialist vocabulary.</p> <p><b>4-5 marks</b> Answers that show detailed knowledge and understanding of how either person-centred therapy (PCT) or encounter groups can be used to help individuals with depression, with some attempt to explain. Specialist vocabulary used with ease and accuracy.</p> <p>Likely answers may include:</p> <p><b>Person-centred therapy (PCT)</b></p> <ul style="list-style-type: none"> <li>• counselling is often based on PCT and is available on the NHS; regular sessions, e.g. weekly</li> <li>• therapy is usually on an individual basis, but group therapy sessions are also possible</li> <li>• PCT is client-led, so the patient (sometimes referred to as the client) talks about what is troubling them/causing them to be depressed</li> <li>• there would be a state of incongruence at the start of therapy, i.e. there would be a difference between the ideal self and actual self of the patient; PCT aims to reduce this incongruence</li> <li>• the therapist would show genuineness, i.e. he/she would be congruent towards the client and show empathy and unconditional positive regard, i.e. accept the client for the person that they are regardless of what they may say or do</li> <li>• the aim of PCT would be to increase feelings of self-worth and help the client to find solutions to their own problems and become a fully functioning person</li> </ul> <p><b>Encounter groups</b></p> <ul style="list-style-type: none"> <li>• a form of group therapy that takes a person-centred approach</li> <li>• not as popular in the UK as in the USA but can be used in certain situations, e.g. self-help/religious/personal growth groups</li> <li>• the group may be self-led or may be led by a therapist or facilitator</li> <li>• may incorporate circle techniques, i.e. people sitting on chairs or cushions in a circle</li> <li>• the aim is to increase self-awareness by sharing one's thoughts and feelings with other members in the group</li> <li>• this can bring insight to one's problems and encourage individuals to find their own solutions to their problems</li> <li>• the goal is to self-heal and address issues/problems in one's life</li> </ul>	5	1	4		

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (d)	<p><b>0-3 marks</b> Answers which show a basic knowledge and understanding of socio-economic factors and how these can influence adults in later life. Answers lack detail, with little use of specialist vocabulary.</p> <p><b>4-5 marks</b> Answers which show some knowledge and understanding of socio-economic factors and how these can influence adults in later life. Answers are structured, contain few errors and communicate meaning, with some use of specialist vocabulary.</p> <p><b>6-7 marks</b> Answers which show detailed assessment of socio-economic factors and how these can influence adults in later life. Answers are well structured and clearly expressed. Specialist vocabulary is used with ease and accuracy.</p> <p>Likely answers may include:</p> <p><b>Socio-economic factors</b></p> <ul style="list-style-type: none"> <li>• family</li> <li>• education</li> <li>• diet</li> <li>• income</li> <li>• occupation</li> <li>• social class</li> <li>• housing</li> <li>• culture or access to health services</li> </ul> <p><b>Family</b></p> <ul style="list-style-type: none"> <li>• families tend to be more dispersed than in the past</li> <li>• relatives may not live nearby and contact/visits may be infrequent</li> <li>• a diminishing circle of family and social contacts</li> <li>• spouses/partners/other relatives/friends may die</li> </ul>	7	3		2	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (d) (Cont'd)	<p><b>Education</b></p> <ul style="list-style-type: none"> <li>• level of education can impact on one's understanding and ability to access information and services relating to a range of issues, e.g. health, financial entitlement, legal matters, local amenities, etc</li> <li>• lifelong learning can help to maintain interest and improve quality of life in later years, e.g. adult education, evening classes</li> </ul> <p><b>Income</b></p> <ul style="list-style-type: none"> <li>• wealthier individuals will cope better with the financial demands of living and will be able to afford more</li> <li>• however, income can fall sharply in later life unless private provision has been made, e.g. savings</li> <li>• investments, pensions, etc. can impact on all areas of life, e.g. bills (energy, food, clothing, travel, etc.)</li> </ul> <p><b>Diet</b></p> <ul style="list-style-type: none"> <li>• the need for a healthy and nutritious diet is as important as ever</li> <li>• adapting to any changes that may impact on diet, e.g. a drop in income may mean less food is bought, some older people have a smaller appetite; cooking for one following divorce or bereavement is often not a priority</li> <li>• health conditions such as heart disease or diabetes require attention to diet and nutrition which may suffer with age</li> </ul> <p><b>Occupation</b></p> <ul style="list-style-type: none"> <li>• many people continue to work beyond retirement age, e.g. voluntary work, part-time, private business</li> <li>• if out of necessity, this can lead to feelings of resentment at having to work while others are enjoying retirement</li> <li>• if from choice, this can improve quality of life, e.g. continued social contact, a feeling of usefulness/personal value, interest in helping others can prevent becoming inward looking, etc.</li> <li>• the benefits of a continued source of income, e.g. can afford more food, heating, hobbies, holidays, etc.</li> </ul> <p><b>Culture</b></p> <ul style="list-style-type: none"> <li>• certain cultures place great importance on caring for elder relatives within the family, e.g. eastern and African cultures</li> <li>• western culture tends to be more accepting of older people being left to fend for themselves or moving into care homes</li> </ul>					



Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (d) (Cont'd)	<p><b>Social class</b></p> <ul style="list-style-type: none"> <li>• social class can fall after retirement as a result of reduced income and rising costs of living</li> <li>• older women are more likely to be poor</li> <li>• older people with diminishing assets and income often have to move to smaller homes, sometimes in less affluent/more disadvantaged areas</li> </ul> <p><b>Housing</b></p> <ul style="list-style-type: none"> <li>• older adults often move into smaller accommodation as a result of changing circumstances, e.g. loss of spouse/partner, the need for less space, reduced ability to meet overheads of accommodation</li> <li>• the quality and standard of accommodation can vary according to income and ability to pay (rents or purchase price) and this can impact on physical and psychological well-being</li> <li>• poor quality housing can impact on health, e.g. affected by the amount of money available, e.g. acquiring property, maintaining property</li> <li>• health can impact on ability to maintain accommodation and this, in turn, impacts on quality of life, e.g. poor maintenance such as damp can lead to respiratory illnesses</li> <li>• poorly maintained properties, perhaps as a result of low income and/or reduced abilities, may be dangerous and could lead to accidents</li> </ul> <p><b>Access to health care</b></p> <ul style="list-style-type: none"> <li>• as people get older, they can face social isolation and exclusion; possible reasons include failing health (physical and mental), age discrimination and barriers to health care services</li> <li>• age-related health illness can make it difficult for older adults to get out and about</li> <li>• health needs may make it difficult for them to seek and receive the health care they need</li> <li>• similarly, a lack of social support or the social stigma associated with old age</li> <li>• older adults who have made provision for their latter years are often more likely to remain active, socially and physically and enjoy better physical and mental health as a result</li> </ul> <p>(Any other reasonable answer.)</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (e)	<p><b>0-3 marks</b> Answers which show basic knowledge and understanding of the humanistic approach. No analysis of how the approach helps workers to provide effective care. Answer lacks detail, with little use of specialist vocabulary.</p> <p><b>4-6 marks</b> Answers which show some knowledge and understanding of the humanistic approach. Some analysis of how the approach helps workers to provide effective care. Answers are structured, contain few errors and communicate meaning, with some use of specialist vocabulary.</p> <p><b>7-8 marks</b> Answers show detailed knowledge and understanding of the humanistic approach. Detailed analysis of how the approach helps workers to provide effective care. Answers are well structured and clearly expressed. Specialist vocabulary is used with ease and accuracy.</p> <p>Likely answers may include:</p> <p><b>Maslow’s hierarchy of needs</b></p> <p>This theory would help health and social care workers/professionals to understand and meet the different needs of service users. Part of a carer’s job role is to identify individual needs of the service user and be able to recognise when those needs are not being met. An example of this might be problematic behaviour (irritability, sleeplessness) as a result of unmet physical needs (perhaps pain or hunger).</p> <p>Understanding this theory could help carers to provide effective care for the service user that meets individual needs, e.g. administering pain relief medication or arranging for a doctor to see the patient to prescribe additional/better pain relief.</p> <p><b>Physiological needs</b></p> <ul style="list-style-type: none"> <li>• basic needs, i.e. food, water, warmth, sleep</li> </ul> <p>Met by:</p> <ul style="list-style-type: none"> <li>• healthy diet, drinks (not too much alcohol)</li> <li>• sufficient heating</li> <li>• peaceful surroundings at night/nap times</li> </ul> <p><b>Safety needs</b></p> <ul style="list-style-type: none"> <li>• place of safety</li> <li>• security of person and belongings</li> <li>• freedom from fear and anxiety</li> <li>• help and support with worries/personal concerns</li> </ul> <p>Met by:</p> <ul style="list-style-type: none"> <li>• safe and secure surroundings</li> <li>• use of security codes</li> <li>• alarms</li> <li>• CRB checks for care staff</li> <li>• anti-discriminatory care</li> </ul>	8	1		4	3

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (e) (Cont'd)	<p><b>Love and belonging needs</b></p> <ul style="list-style-type: none"> <li>• acceptance</li> <li>• a sense of belonging</li> <li>• social support</li> <li>• friendships and loving relationships</li> </ul> <p>Met by:</p> <ul style="list-style-type: none"> <li>• ensuring individuals are respected and accepted for who they are</li> <li>• involving everyone in activities</li> <li>• encouraging families and friends to visit</li> <li>• offering to attend a medical appointment with a service user</li> </ul> <p><b>Self-esteem needs</b></p> <ul style="list-style-type: none"> <li>• a sense of personal value and self-worth</li> <li>• self-respect</li> <li>• recognition by others</li> <li>• being well thought of by others</li> </ul> <p>Met by:</p> <ul style="list-style-type: none"> <li>• encouraging individuals to voice their opinions</li> <li>• having those opinions respected</li> <li>• encouraging individuals to remain independent by supporting them to do as much as they can for themselves</li> <li>• acknowledging strengths, e.g. talents, abilities, positive characteristics</li> </ul> <p><b>Self-actualisation</b></p> <ul style="list-style-type: none"> <li>• achieving one's full potential</li> </ul> <p>Met by:</p> <ul style="list-style-type: none"> <li>• providing opportunities for individuals to pursue personal interests such as hobbies, interests, learning new things</li> <li>• finding new pursuits or interest</li> <li>• life-long learning</li> <li>• encouraging individuals to support one another and offer advice, guidance and support, i.e. the benefits of their experience/wisdom, etc.</li> </ul>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (e) (Cont'd)	<p><b>Rogers' person-centred approach</b></p> <p>Rogers' theory views the client as an expert on themselves and the agents of change in their own life, i.e. they have the potential to understand themselves and resolve their own problems far better than anyone else.</p> <p>This theory would help carers/professionals understand the impact of previous experiences, e.g. loss/bereavement, upbringing, abuse, etc.</p> <p>They would understand that receiving conditional positive regard in the past from parents/significant others can lead to conditions of worth that, once internalised, can prevent an individual from developing to the optimum level, i.e. reaching their full potential (self-actualisation).</p> <p>By understanding the need for unconditional positive regard, carers would be able to accept the service user for who they are and treat them in a non-judgemental and empathetic way.</p>					
	<b>Total for Question 4</b>	<b>25</b>	<b>8</b>	<b>6</b>	<b>6</b>	<b>5</b>



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