



GCE MARKING SCHEME

**HEALTH AND SOCIAL CARE
AS/Advanced**

SUMMER 2015

INTRODUCTION

The marking schemes which follow were those used by WJEC for the Summer 2015 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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GCE HEALTH AND SOCIAL CARE – UNIT 1

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a) (i)	Award 1 mark for correct identification of principle of care: Promoting anti-discriminatory practice.	1		1		
(ii)	Award 1 mark for correct identification of principle of care: Maintaining confidentiality.	1		1		
(iii)	Award 1 mark for correct identification of principle of care: Providing individualised care.	1		1		
(iv)	Award 1 mark for correct identification of principle of care: Promoting individuals' right to choice.	1		1		
(b)	<p>For each factor, allow up to 2 marks for a clear explanation; credit answers which identify the factor affecting communication. (4 x 2)</p> <p>She is appropriately dressed: because her <u>personal appearance</u> is good the individuals will respect her and be more likely to talk to her as she will look professional.</p> <p>She is seated facing them: she can maintain <u>eye contact</u> so the individuals will feel she is interested and will discuss their problems. <u>Facial expressions</u> can be shown so the GP/individual's feelings can be acknowledged, e.g. if she is smiling, they will feel more relaxed and able to talk; if the individual looks scared, the GP will be more reassuring.</p> <p>She does not shout at them: by using appropriate <u>volume</u>, the individuals will not feel intimidated and will be more relaxed so they will not feel nervous about talking to her and they will know that others cannot hear their conversation so will not be afraid to tell her personal/embarrassing details; she is not being rude.</p> <p>She does not use complicated medical words: by not using <u>technical terminology</u>, the individuals will understand what is wrong with them and will not be confused or feel stupid.</p> <p>Accept positive effects only.</p>	2	1		1	
		2	1		1	
		2	1		1	

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (c)	<p>Award 1 mark each for identification of correct barriers.</p> <p style="text-align: right;">(3 x 1)</p> <p>Any three from:</p> <p>Poor access to services Physical/physical impairment Lack of information Language Sensory impairment (blindness) Communication</p> <p>(Do not accept 'disability'.)</p> <p>(Accept any other reasonable answer.)</p>	1,1,1	1,1,1			
(d)	<p>0-3 marks: Basic descriptions of the barriers or ways individuals may not receive effective care, possibly a list. Answers which address only one barrier in detail. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-7 marks: Answers that show knowledge and understanding of the barriers and explain the ways individuals may not receive effective care as a result of these. Answers which address only two barriers in detail. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>8-10 marks: Answers that show clear knowledge and understanding of up to three barriers and discuss reasons why individuals may not receive effective care as a result of these. Answers are well-structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Discussion which relates to individuals not being able to access services to get the required treatment and not receiving care to improve or support their health and well-being. Credit should be given if reference is made to ways of overcoming barriers as part of the discussion.</p> <p>Geographical: this relates to distances to travel to get to services; not all areas have the same services and some people may have difficulty accessing services due to distance and transport problems, e.g. may not be able to drive/not have a car, poor public transport/not on a bus or train route – this could also lead to a financial barrier due to cost of transport.</p>	10	3	3		4

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (d) (Cont'd)	<p>Financial: unable to pay for the services or treatment they need (e.g. unemployed, on a pension). NHS treatment is free so most people won't have this barrier, but some services have to be paid for – eye tests and glasses/dental treatment/private care/residential care. May refer to NHS prescriptions being free in Wales but not refer to England; 'post code lottery'.</p> <p>Unable to access the services for treatment they need because of transport costs.</p> <p>Psychological: this is a fear or dislike of services, possibly being afraid of diagnosis:</p> <ul style="list-style-type: none"> • some individuals may be afraid of the dentist and not go so have poor dental hygiene but do not receive care • men are less likely to access GP services, as think they may appear weak • fear of losing independence • the stigma associated with some services and not wanting to be looked after can deter people from making use of care services • mental health problems can also prevent those in need from accessing services • fear of going to the chosen health service because of coming into contact with a 'superbug' or other people who are ill • some people are too proud to be looked after and so might be scared to ask for help as they may feel ashamed 					
	Total for Question 1	25	10	7	4	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a) (i)	<p>For each factor, allow 1 mark for identification of appropriate caring skill and 1 mark for appropriate example. (3 x 2)</p> <p>Any three from:</p> <p>Social perception: nurses noticing when he is anxious.</p> <p>Observation: medical observations, taking his temperature/blood pressure.</p> <p>Disengagement: leaving him alone when he is being aggressive.</p> <p>Physical contact: holding his hand.</p> <p>Gaining compliance: explaining to him why the medication is good for him.</p> <p>Encouragement: to take his medication.</p> <p>(Do not credit 'choice'.)</p>	2,2,2	3	3		
(ii)	<p>0-2 marks: Brief answers which identify positive effects. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers that show knowledge and understanding to describe the positive effect of the use of the caring skill identified. Answers clearly communicate meaning, with some use of specialist vocabulary.</p> <p>5-6 marks: Answers that show sound knowledge and understanding to explain how the caring skills could have a positive effect on Mr Singh's recovery. Answers are well-structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Award a maximum of 3 marks if only one caring skill is addressed.</p> <p>Any two from:</p> <p>Social perception: provides extra support without Mr Singh asking for it, helps him feel secure and more relaxed so he will recover more quickly.</p> <p>Observation: medical observations will ensure his physical well-being is being met so they know if he is getting better or if he needs more/less treatment.</p> <p>Disengagement: allowing Mr Singh time to calm down without distressing him more, to encourage more positive behaviour.</p> <p>Physical contact: provides emotional support and makes him feel safe and secure or feel valued.</p> <p>Gaining compliance: by explaining about the medication he is more likely to take it so he is at less risk of infection and will recover quickly.</p> <p>Encouragement: talking him through the process.</p> <p>(Answers must be linked to the case study.)</p>	6		3	3	

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (b) (i)	<p>Award 1 mark for identification of appropriate principle of care and up to 2 marks for explanation of support.</p> <p>Any one from:</p> <p>Acknowledging individual’s personal beliefs and identity: he will feel valued because his religious beliefs have been addressed and he will have an appropriate diet which will aid his recovery. (Allow 'respecting diversity'.)</p> <p>Providing individualised care: he has had food specifically prepared for him which is different to the others so will have an appropriate diet which will aid his recovery.</p> <p>Promoting anti-discriminatory practice: he hasn’t been treated unfairly because of his religion so he will feel valued and he will have an appropriate diet which will aid his recovery.</p>	3	1	2		
(ii)	<p>Award 1 mark for correct identification of an organisation</p> <p>Any one from:</p> <p>Commission for Racial Equality Equality and Human Rights Commission</p>	1	1			
(c)	<p>0-2 marks: Basic identification of the main principles of the Act. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers show understanding of how the staff can apply the aims of the Act to protect Mr Singh and his wife. Answers clearly communicate meaning with some use of specialist vocabulary.</p> <p>Likely answers may include:</p> <p>The Mental Health Act provides the legislation under which Mr Singh, who is suffering from a mental disorder, can be detained in hospital and have his disorder assessed or treated against his will, officially known as ‘sectioning’.</p> <p>The staff could apply this to cover the treatment of Mr Singh by using compulsory referral. Mr Singh would be referred by a professional, e.g. doctor, social worker, because he is identified as unable to make a decision for himself due to his mental health.</p> <p>His wife could make a referral for him to be detained as he may be a risk to her or himself.</p>	4	2		2	

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (d)	<p>0-3 marks: Answers that give a basic description of either codes of practice or staff training; possibly a list of what the strategy involves. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-5 marks: Answers that show knowledge and understanding of either codes of practice or staff training and assessment of its effectiveness in protecting older individuals. Answers clearly communicate meaning, with some use of specialist vocabulary.</p> <p>Answers should show how the strategy works to protect older individuals as well as the difficulties of ensuring it is followed.</p> <p>Likely answers may include:</p> <p>Clear and effective codes of practice and policies:</p> <ul style="list-style-type: none"> • good for staff to follow/have guidance of what they can and cannot do • sets standards for care so there is less risk of abuse • raises awareness of abuse so staff can act accordingly and follow reporting procedures • identifies monitoring procedures so should reduce risk of inappropriate behaviour <p>(Allow any other reasonable answer.)</p> <p>Staff training:</p> <ul style="list-style-type: none"> • teaches correct safe lifting so less risk of accidental abuse • raises awareness of the different types of abuse so staff can act accordingly and follow reporting procedures • sets standards for care so there is less risk of abuse <p>(Allow any other reasonable answer.)</p>	5	3			2
	Total for Question 2	25	10	8	5	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (a) (i), (ii), (iii)	<p>1 mark for identification of each appropriate Act. (3 x 1)</p> <p>Any three from:</p> <p>The Sex Discrimination Act (1975 and 1986) The Race Relations Act (1976) The Disability Discrimination Act (1995) The Equality Act (2010) The Human Rights Act (1998) The Data Protection Act (1994) Access to Personal Files Act (1987) The Health and Safety at Work Act (1973)</p>	1,1,1	3			
(b)	<p>0-3 marks: Basic identification of several key features of the Act. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-5 marks: Accurate descriptions of the key features of the Act. Answers clearly communicate meaning, with some use of specialist vocabulary.</p> <p>Sex Discrimination Act (1975 and 1986)</p> <ul style="list-style-type: none"> • makes it unlawful to discriminate against a person on grounds of gender and marriage and promotes sexual equality within employment, education, advertising and the provision of housing, goods, services and facilities • applies to both men and women of any age, including children • applies in Wales, Scotland and England, to all men, women and children • some exceptions to the law, e.g. when men and women are competing in an activity in which a woman may be at a disadvantage in comparison with a man due to physical strength; when a charity provides a service to one sex only (Women's Aid) • does not contain express provision in relation to sexual harassment 	5	5			

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (b) (Cont'd)	<p>Race Relations Act (1976)</p> <ul style="list-style-type: none"> • promotes racial equality and equal opportunities and makes it illegal to discriminate against people on the grounds of colour, ethnic origin, nationality, race or background • provides protection from racial discrimination, promotes equal opportunities in the areas of housing, employment, education and the provision of goods and services • identifies three types of discrimination: direct discrimination (treating a person less favourably on racial grounds); indirect discrimination (discrimination without intention); victimisation. <p>The Disability Discrimination Act (1995)</p> <p>Aimed to end discrimination against disabled people by providing them with relevant information and helping them achieve fairer treatment in the provision of:</p> <ul style="list-style-type: none"> • goods and services – must be available for disabled individuals as for able-bodied • housing – should be provided for disabled people if needed • education – disabled individuals should have the same education and training opportunities as other students unless a difference can be justified • transport – modified equipment to aid access • employment – disabled individuals have the same rights as other workers • recruitment and selection – also covered by the Act • adjustments to be made to the workplace 					

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>3. (b)</p> <p>(Cont'd)</p>	<p>Equality Act (2010)</p> <p>The Equality Act 2010 simplifies the current laws and puts them all together in one piece of legislation.</p> <p>At the moment, there are several different laws to protect people from discrimination on grounds of:</p> <ul style="list-style-type: none"> • race • sex • sexual orientation (whether being lesbian, gay, bisexual or heterosexual) • disability (or because of something connected with their disability) • religion or belief • being a transsexual • having just had a baby or being pregnant • being married or in a civil partnership (this applies only at work or if someone is being trained for work) • age (this applies only at work or if someone is being trained for work). <p>The Act also contains other changes. For example, if an individual is over 18, the Act contains a new law to protect them from discrimination because of their age when they shop or use facilities like swimming pools or libraries. The Government is looking at how the rest of the Act can be implemented in the best way for business.</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (b) (Cont'd)	<p>Human Rights Act (1998)</p> <ul style="list-style-type: none"> • enables people to seek redress for infringements against their human rights, i.e. the right to take people to court • makes it clear that the courts in this country should be compatible with the rights as stated in the convention and it places an obligation on public authorities to act compatibly with human rights • consists of the basic rights taken from the European Convention on Human Rights • affects matters of life and death, freedom and torture and also an individual's rights in everyday life • ensures that each individual can clearly understand basic values and practice • covers all kinds of care environments • all public authorities must pay attention to each individual's rights when making decisions that are going to affect the public <p>People are able to challenge what they consider to be unlawful interference with their human rights before the UK courts.</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (b) (Cont'd)	<p>The Data Protection Act (1994)</p> <ul style="list-style-type: none"> • gives a legal basis for the handling of information relating to living people • is the main piece of legislation that governs protection of personal data in the UK • although the Act does not mention privacy, in practice it provides a way in which individuals can enforce the control of information about them • gives all individuals the right to access any personal information that has been compiled about them • information stored on both paper records and computer are now covered – there are eight principles covered under the new Act, each one referring to good practice when dealing with personal data • creates rights for those who have their data stored, and responsibilities for those who store or collect personal data – the person who has their data processed has the right to: <ul style="list-style-type: none"> - view the data an organisation holds on them for a small fee (known as ‘subject access’) - request that incorrect information is corrected - require that data is not used in a way which causes damage or distress - require that their data is not used for direct marketing 					

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>3. (b) (Cont'd)</p>	<p>The Access to Health Care Records Act (2000)/ Access to Personal Files Act (1987)</p> <ul style="list-style-type: none"> • all patients have the right to see their own health records, reports, X-ray films and electronically stored data • they can make an appointment to see them or can ask to see the current section of the records during a consultation, so they can check what has been written and have knowledge of their condition/ treatment • both Acts give an individual the right to have inaccurate data about themselves corrected • personal information about someone else will not be released without that person's consent unless the applicant has a reasonable requirement (if that person is not capable of giving consent, etc) • a health professional does not need another health professional's permission to show/read information recorded by that person, so the individual can be treated easily and correctly, e.g. locums/duty changes • if a doctor writes a report on a client's health for an insurance company or an employer, that client has a right to see this information before it is sent <p>The Health and Safety at Work Act (1973)</p> <p>This Act provides the legal framework to promote, stimulate and encourage high standards of health and safety in places of work, which includes all care settings. Its main aims are:</p> <ul style="list-style-type: none"> • to secure the health, safety and welfare of the care workers • to protect individuals receiving care against risk to health or safety in connection with the activities of individuals at work • to control the keeping and use and prevent unlawful use of dangerous substances and also to control certain emissions into the atmosphere • to set responsibilities for employers • to set responsibilities for employees 					

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (c) (i)	<p>Award up to 3 marks for a detailed explanation.</p> <p>Physical comfort: means the provision of a suitable environment which meets the individual's needs, i.e. not too hot, not too cold, comfortable beds/chairs, the right amount of stimulation, not too noisy. This also means providing the care required to maintain comfort such as cushions or pillows. This is important as it helps to ensure individuals are happy and feel good.</p>	3	1	1		1
(ii)	<p>Award up to 3 marks for a detailed explanation.</p> <p>Stimulation: means the presence of stimuli to keep the mind active and alert, thus preventing boredom and often depression caused by having nothing interesting to do. This is important as it helps individuals find life interesting and feel motivated and challenged.</p>	3	1	1		1
(iii)	<p>Award up to 3 marks for a detailed explanation.</p> <p>Autonomy: refers to an individual's ability to have control over their own life and the opportunity to make decisions without coercion from others. Autonomy is difficult to achieve in care settings as individuals receive a lot of care from others. Individuals can become more autonomous if they are encouraged to assert themselves and gain confidence (empowerment). This is important to maintain dignity and independence and prevents individuals feeling worthless and becoming too dependent on others.</p>	3	1	1		1

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (d)	<p>0-2 marks Answers that identify positive or negative effects of this practice on the way Arwel treats individuals, with little or no attempt to assess the practice. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-5 marks: Answers that describe positive and/or negative effects of this practice on the way Arwel treats individuals. Some attempt may be made to assess the practice. Answers communicate meaning with some use of specialist vocabulary.</p> <p>6-8 marks: Answers that show correct use of terminology and clear evidence of understanding to assess the positive and negative effects of this practice on the way Arwel treats individuals. Answers are well-structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Assessment should refer to the impact of the training on the care provided by Arwel at the home.</p> <p>Likely answers may include:</p> <p>Positive effect:</p> <ul style="list-style-type: none"> • good training to understand each individual's needs • will extend his knowledge • will learn how to communicate with others/how the home operates/procedures to be followed • will be able to gain support and advice for new individuals/treatments • will have reassurance/develop confidence to work on his own <p>Negative effect:</p> <p>He may be at risk of conformity to workplace norms which means that he accepts the routines of the workplace/other care worker which may not be in the best interests of the individual, e.g.</p> <ul style="list-style-type: none"> • not knocking on a person's door before entering is not promoting a client's privacy and dignity • completing tasks in the same way other workers do, even if this is bad practice • picking up bad habits, poor methods of treating the individuals because of the belief "that's how it has always been done" • cutting corners such as not washing hands between working with each individual/after taking an individual to the toilet/before feeding individuals; re-using equipment without thorough cleansing • not addressing individuals appropriately 	8	1	1	3	3
	Total for Question 3	25	12	4	3	6

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (a) (i)	<p>0-2 marks: Answers that briefly state the role of an interpreter and/or advocate. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers that show some clear understanding of the roles of an interpreter and advocate and how they differ. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>Likely answers may include:</p> <p>An interpreter will transfer one spoken or signed language into another. They will use the words spoken or signed by an individual and say them in another language so that the communication is effective between the participants, e.g. from French to English/English to French.</p> <p>An advocate will speak on behalf of someone who is unable to do so themselves because of a physical or learning disability.</p> <p>An interpreter uses the words of the individual; an advocate uses their own words. An interpreter can work with anyone whereas an advocate is usually someone who knows the individual well.</p>	4	3	1		
(ii)	<p>Award 1 mark for appropriate method of communication given, and up to 2 marks for explanation.</p> <p>Likely answers may include any two from:</p> <p>Non-verbal communication: including facial expression, such as smiling or frowning to express feelings – whether they like or dislike something; gestures – to point to what they want, wave goodbye, shake or nod the head; mime/art and craft – to show feelings/what they want.</p> <p>Graphical communication: uses visual materials (text and images) to convey information, e.g. drawing/illustration/pictures/signs and symbols. The children can draw what they mean or use pictures instead of words.</p>	3,3	1,1	2,2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (a) (ii) (Cont'd)	<p>Alternative communication:</p> <p>British Sign Language: using movement of the hands, body, face and head to represent words for deaf individuals.</p> <p>Makaton: a language programme using signs and symbols to help people communicate. It is designed to support spoken language and the signs and symbols are used with speech, in spoken word order.</p> <p>Braille: writing system using a series of raised dots to represent letters, numbers or punctuation marks; used by the blind and visually impaired, it is used for books, menus, signs, elevator buttons and currency.</p> <p>Widgit: the use of symbols in learning and communication, mainly on computer – often used for those with learning difficulties.</p> <p>Equipment: hearing aids, adapted computers, electronic voice output.</p>					
(b) (i)	<p>Award 1 mark each for identification of appropriate health and safety issues, up to a maximum of 3 marks. (3 x 1)</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • security of gates and doors • procedures for picking up children • first aid training/boxes • cleanliness of school grounds • playground safety/supervision • fire safety/drills • storage of dangerous substances, e.g. cleaning products • arrangements for school trips • road safety/car parking • effective waste disposal • DBS/CRB checks for staff • food hygiene • safe lifting and handling • RIDDOR • identification badges for staff • PAT testing • falls • trips • slips <p>(Any other health and safety issue appropriate to the school setting.)</p>	3	3			
(ii)	<p>Award up to 3 marks for a detailed explanation.</p> <p>Likely answers may include reference to:</p> <ul style="list-style-type: none"> • to protect staff and children from accidents • children being vulnerable/not aware of danger • to ensure all staff are aware of potential hazards • to provide training 	3		3		

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (c)	<p>0-3 marks: Answers that show basic understanding of the caring skills. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that show knowledge and understanding of at least two of the caring skills, with some discussion of how they could be used to support development. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>7-9 marks: Answers that show detailed knowledge and understanding and discuss how all three caring skills can support development. Answers are well-structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Encouraging: the teacher may motivate and support the child through difficult times, e.g. if they are struggling with work by giving them more support and reassuring them they can do it. The child will be stimulated to try harder to achieve new skills. This will also help the child be more confident and be prepared to do things themselves and become autonomous. This links with showing approval as children like praise and encouragement, which increases the chances that the behaviour will be repeated and will try harder to keep up with work and not be afraid to ask for help.</p> <p>Showing approval: the teacher gives positive responses by smiling and giving praise. Giving praise by making remarks such as 'well done' or 'you look nice today' is really valuable for children as it shows the effort they've made has been noticed. Children respond to praise, they need to feel valued, and this helps improve their confidence and self-concept and makes them feel better about themselves.</p> <p>Creating trust: the teacher builds relationships by maintaining confidentiality and being consistent. The child will judge the teacher to be reliable because they behave consistently; they follow procedures and fulfil promises. Creating trust is vital if caring for young children because they are vulnerable and may need someone they can share their feelings with if they have any problems to improve their psychological security.</p>	9		3	3	3
	Total for Question 4	25	8	11	3	3

GCE HEALTH AND SOCIAL CARE – UNIT 5

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a)	<p>Award 1 mark for identification and 1 mark for description.</p> <p>Likely answers may include any two from:</p> <ul style="list-style-type: none"> • During the first month of life, an embryo grows a structure called the neural tube that will eventually form the spine and nervous system. • In cases of spina bifida, something goes wrong and the spinal column (the bone that surrounds and protects the nerves) does not fully close. • The exact causes are unknown. • Deficiency of folic acid before and at start of pregnancy increases risk of spina bifida. • Genetic factors – having a close family member with spina bifida increases risk of spina bifida. 	2	2			
(b)	<p>Award 1 mark for correctly naming a test used to detect spina bifida, and up to 2 marks for an accurate description of the test. (Award up to a maximum of 2 marks if the description is accurate and clearly describes one test but the test has not been identified.)</p> <p>Likely answers may include:</p> <p>Ultrasound scan</p> <ul style="list-style-type: none"> • Uses sound waves to create an image of the foetus. • Most women have at least two ultrasound scans during pregnancy. The first is usually at around 8 - 14 weeks and may be able to detect problems with the baby's spine that could indicate spina bifida. • The second ultrasound scan is known as an anomaly scan and is carried out around weeks 18 - 21 of pregnancy and aims to identify any physical problems with the baby. It is usually during this scan that spina bifida is diagnosed. <p>Amniocentesis</p> <ul style="list-style-type: none"> • Carried out at around 15 - 16 weeks of pregnancy. • A needle is inserted through the woman's abdomen into the womb/uterus/amniotic sac, using ultrasound to position the needle. • A sample of the amniotic fluid in the sac is taken and tested. • Alpha-fetoprotein (AFP) and acetylcholinesterase concentrations can be used to differentiate between open ventral wall defects and open neural tube defects. 	3	1	2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (b) (Cont'd)	<p>The alpha-fetoprotein (AFP) test</p> <ul style="list-style-type: none"> Carried out between 16 - 18 weeks of pregnancy. A sample of the mother's blood is taken and tested for level of alpha-fetoprotein. A raised level of AFP indicates a risk of a neural tube defect and the need for a diagnostic test. 					
(c)	<p>Award up to 2 marks for each full response for any two of the following: (2 x 2)</p> <ul style="list-style-type: none"> social interaction – meeting other people intellectual stimulation – from activities independence – away from parents increased self-confidence additional support from practitioners nutrition – having a meal at the day centre emotional support <p>(Any other reasonable answer.)</p>	4	4			
(d) (i)	<p>Award up to 3 marks each for a clear discussion of possible mobility barriers, prejudice and discrimination Michael might face and how they might affect his quality of life.</p> <p>Likely answers may include:</p> <p>Mobility barriers</p> <ul style="list-style-type: none"> As Michael is a wheelchair user, he might experience barriers related to access of public transport – not all buses and/or taxis are specially adapted. Using trains can be difficult. Michael must be able to transfer himself (with or without assistance) from the wheelchair to other seats, bed and back, etc to maintain independent mobility. Michael might become obese due to his limited mobility and this might have a further detrimental effect on his mobility. Michael might have poor co-ordination which will affect his mobility. Michael might be unable to take part in sport activities. <p>Effect on Michael's quality of life</p> <ul style="list-style-type: none"> lack of confidence low self-esteem self-consciousness aggression anger frustration upset sadness <p>(Any other reasonable answer.)</p>	3		1	2	

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (d) (ii)	<p>Barriers resulting from prejudice and discrimination</p> <ul style="list-style-type: none"> • Michael might avoid social contact with others if he feels that he is being discriminated against because of his disability. • Michael might experience bullying due to prejudice and the assumption that individuals with spina bifida cannot live independently or have relationships. • The expectations of disabled people and their informal carers might also act as a barrier. • Michael might have limited opportunities for social interaction due to social exclusion. <p>Effect on Michael's quality of life</p> <ul style="list-style-type: none"> • lack of confidence • low self-esteem • self-consciousness • aggression • anger • frustration • upset • sadness <p>(Any other reasonable answer.)</p>	3		1	2	

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (e)	<p>0-3 marks: Answers that show some basic knowledge and understanding and make some attempt to discuss the ways Michael’s home could be adapted. Little or no use of specialist vocabulary.</p> <p>4-7 marks: Answers that show some detailed knowledge and understanding and discuss in some detail the ways Michael’s home could be adapted to make him as independent as possible. Answers convey meaning, with some use of specialist vocabulary. (At the lower end, some of the points mentioned below might be listed rather than discussed.)</p> <p>8-10 marks: Answers that show detailed knowledge and understanding and discuss in detail the ways Michael’s home could be adapted to make him as independent as possible. Three or four of the points below should be mentioned, with clear explanation of how Michael would be more independent. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Adaptations to Michael’s home</p> <ul style="list-style-type: none"> • Ramp access to home – would enable Michael to access his home/garden independently. • Level access doorways (no sills) – allow easier access and manoeuvrability within the home. • Widened door frames – allow easier access for Michael to use all rooms in his home. • Downstairs bathroom/wet room – would avoid having to go upstairs to use bathroom. • Adapted kitchen, e.g. lowered work surfaces, pull-out trays in cupboards, U-shaped handles, electrical points in worktop, wheelchair access under worktop, etc – would enable Michael to prepare meals for himself. • Level access shower and shower chair – would enable Michael to shower independently. • Grab bars in bathroom to enable Michael to transfer to toilet/shower chair. Also, grab bars can be installed by bed and toilet to aid accessibility. • Raised toilet seats. • Stair lifts or platform lifts – to enable Michael to go upstairs independently. • Lowered light switches – easier to operate from wheelchair height. • Raised chairs – make it easier to transfer from chair to wheelchair or bed to chair. • Installation of hard floor surface, e.g. wooden or vinyl floor – easier to manoeuvre wheelchair. <p>(Any other reasonable answer.)</p>	10	1	3	2	4
	Total for Question 1	25	8	7	6	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a) (i)	<p>Award up to 2 marks for a full description.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • Long-term care provided for adults or children who stay in a residential setting rather than in their own homes. • 24-hour care provided by paid care workers. • Suitable for individuals who can no longer manage at home. 	2	2			
(ii)	<p>0-2 marks: Answers that give a limited explanation of the difference between a residential care home and a nursing home.</p> <p>3-4 marks: Answers that explain, showing clear understanding of the differences between a residential care home and a nursing home.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • A residential care home provides accommodation, personal care (help with washing, toileting, eating, meals). • A nursing home does the same as a residential care home but also has a qualified nurse on duty 24 hours a day. • A nursing home is suitable for individuals who have an illness or disability that requires nursing care. 	4		4		
(b)	<p>Award 1 mark for each reason, up to a maximum of 3 marks.</p> <p>Likely answers may include any three from:</p> <ul style="list-style-type: none"> • long-term illness/disability • unable to manage daily living tasks • danger to self/others • neglect • lack of confidence following illness/injury <p>(Any other reasonable answer.)</p>	3	3			
(c) (i)	<p>Award up to 2 marks for a full explanation.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • Assessment of qualification for financial assistance. • Government assessment of finances to determine how much an individual should pay for their care. • Contributions made according to a sliding scale. <p>(Any other reasonable answer.)</p>	2		2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (c) (ii) (I) (II)	Award up to 2 marks for a detailed description of any two of the following: (2 x 2) <ul style="list-style-type: none"> • ability to carry out personal care • cognitive ability • safety • ability to carry out daily living activities, such as <ul style="list-style-type: none"> - shopping - cooking - cleaning • informal support available • level of mobility • opportunity for social contact (Any other reasonable answer.)	4	4			

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (d)	<p>0-3 marks: Answers that show basic knowledge and understanding and make some attempt to discuss the benefits or limitations of living in a care home. Answers convey meaning but lack detail (may be only a list). Little or no use of specialist vocabulary.</p> <p>4-7 marks: Answers that show some detailed knowledge and understanding and discuss in some detail the benefits and/or limitations to the individual of living in a care home. Answers clearly convey meaning, with some use of specialist vocabulary. (At the higher end, both benefits and limitations should be included.)</p> <p>8-10 marks: Answers that show detailed knowledge and understanding and clearly discuss the benefits and limitations to an individual of living in a care home. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Benefits</p> <ul style="list-style-type: none"> • Provision of a safe environment (physical and psychological) – individual will feel safe, less anxious; risk assessments will identify individual’s needs and appropriate measures implemented. • Provision of nutritional diet at regular times – nutritional needs will be met, e.g. special diets, likes/dislikes. • Ensures medication is taken as prescribed – reduces the risk of medication not being taken correctly. • Provision of specialist equipment, e.g. wet rooms, hoists, standing frames, lifts, etc – ensures individuals with mobility difficulties can be moved safely. • Monitoring of an individual’s health and well-being – will identify early signs of illness. • Provision of appropriate activities – mental stimulation, e.g. quiz, group activities – social interaction, etc. • Provision of 24-hour care. • Company of others. • Qualified nurses in nursing homes manage the health care needs of individuals with chronic/complex conditions. • Provision of access to other practitioners, e.g. physiotherapist, dentist, optician, podiatrist. 	10	1	1	5	3

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (d) (Cont'd)	<p>Limitations</p> <ul style="list-style-type: none"> • Lack of privacy – individuals might have been living alone. • Loss of independence – individuals will have everything provided for them and will lose skills, making them less independent. • Limited choices – meals at set times. • Can be expensive – individuals who have assets, e.g. money/property, will have to pay for their care. • Might be some distance away from family and friends – loss of family contact. • Enforced company – individuals may not get on with each other. • Lack of choice – TV programmes, meal times, bed time, bath time. <p>(Any other appropriate benefit or limitation.)</p>					
	Total for Question 2	25	10	7	5	3

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (a)	<p>Award up to 3 marks for a detailed description.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> As a builder, the hard, physical labour will have put more stress on Robert's joints. Repetitive strain will cause additional stress on joints. Exposure to cold, wet conditions might exacerbate the condition. 	3		3		
(b)	<p>Award 1 mark for each possible cause and 1 mark for each example. (2 x 2)</p> <p>Any two from:</p> <ul style="list-style-type: none"> Genetic factors – defective genes, e.g. muscular dystrophy, cystic fibrosis. Birth trauma – e.g. cerebral palsy. Nutritional factors – e.g. spina bifida. Lifestyle factors – limited mobility due to damage caused by smoking or obesity. Accidental – damage to the central nervous system, head, neck or spinal trauma, e.g. paralysis, cerebral palsy. Infectious diseases – causing damage to key organs, e.g. meningitis causing loss of limbs. Acute/chronic disease – prolonged conditions that result in acute episodes or gradual degeneration, e.g. multiple sclerosis, muscular dystrophy. Environmental factors – pollution, industrial-related diseases. <p>(Any other reasonable answer.)</p>	4	2	2		
(c)	<p>Award 1 mark for each service provider, and a further two marks for providing a detailed explanation of how Robert might be supported. (2 x 3)</p> <p>Likely answers might include the following services:</p> <ul style="list-style-type: none"> GP practice – diagnose and monitor condition; prescribe pain-killing drugs; refer to other specialist services. Occupational therapy – assess Robert and give advice on providing aids and/or adaptations, e.g. grab rails, frame to raise toilet, etc. Social services – undertake a needs assessment to provide appropriate support services, e.g. assistance with daily living activities in Robert's home. Physiotherapy – assess Robert's mobility; provide and advise on exercises to maintain flexibility; provide pain relief with acupuncture. Hospital services – services in acute hospital might include specialist consultations, surgery and post-operative care. Co-ordination with community services. <p>(Any other reasonable answer.)</p>	6	2	4		

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (d)	<p>Award up to 2 marks for a detailed description.</p> <p>Likely answers may include:</p> <p>The medical model of disability:</p> <ul style="list-style-type: none"> illness or disability is the result of a physical condition individual's quality of life may deteriorate causes clear physical disadvantages to the individual impairment can be treated by medical intervention 	2	2			
(e)	<p>0-3 marks: Answers that identify and describe one piece of legislation, with little or no attempt to evaluate how it attempts to support and protect individuals. Answers relate to the home, workplace or public places. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-7 marks: Answers that give an explanation of how the legislation attempts to support and protect individuals; there may be an attempt at evaluation. Answers relate to the home and/or workplace or public places. Answers clearly convey meaning, with some use of specialist vocabulary.</p> <p>8-10 marks: Answers that show clear understanding and evaluate how legislation attempts to support and protect individuals in the home, workplace and public places. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Award a maximum of 7 marks if only one Act is covered or if answers do not include reference to the home, workplace and public places.</p> <p>Likely answers may include:</p> <p>The Disability Discrimination Act (1995) (DDA (1995))</p> <ul style="list-style-type: none"> Protects disabled people against disability discrimination in a wide range of areas. This Act has been significantly extended since 1995 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. Schools, colleges and local authorities are required to publish equal opportunities policies. Makes it illegal for an employer to treat a disabled individual less favourably within recruitment, training, promotion, dismissal. Requires employers to make reasonable adjustments to the workplace. Ended the employment quota system. Provides support for individuals to be more assertive of their rights. 	10		2	4	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (e) (Cont'd)	<p>The NHS and Community Care Act (1990)</p> <ul style="list-style-type: none"> • Allows disabled people to stay in their own home. • Set up care planning system which provides individualised care. <p>Community Care (Direct Payments) Act (1996) Allows more flexible home care arrangements.</p> <p>The Equality Act (2010) Simplifies previous legislation related to discrimination and puts previous Acts all together in one piece of legislation. It also makes the law stronger in some areas.</p> <ul style="list-style-type: none"> • Individuals who are disabled will have a new test which will make it easier to show that they have difficulty carrying out their day-to-day activities, and that therefore they come under the definition of 'disabled person' and are protected under the Act. • The law now protects disabled individuals from 'indirect discrimination'. • The law will now make it easier for individuals to make a claim for discrimination that occurs because of something connected with their disability. This is called 'discrimination arising from a disability'. • Employers will generally no longer be allowed to ask questions about health or disability before they offer a job. However, they can ask such questions if they have a good reason. • If disabled individuals are at a substantial disadvantage when compared with someone who is not disabled, reasonable changes must be made by the employer or by those providing goods or services. They may have to change working practices or make changes to a building or provide aids. Reasonable adjustments can also include providing information in an accessible format. The new law makes it clear that, when receiving services, disabled individuals cannot be asked to pay the costs of making these reasonable adjustments. 					

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (e) (Cont'd)	<p>Evaluation</p> <ul style="list-style-type: none"> • People still face discrimination despite the DDA. • Individuals, employers/organisations are unaware of the Act. • Act cannot change attitudes/ignorance/ stereotypes. • Difficult to interpret Act – vague areas. • Employers can claim exemption on grounds of cost. • Limited complaints brought before courts due to stress. • Access to public transport only applies to new vehicles. • Organisations have policies in place but they are not applied. • Legislation does not make indirect discrimination illegal. <p>(Any other reasonable answer.)</p>					
	Total for Question 3	25	6	11	4	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (a)	<p>Award 1 mark for each type of support.</p> <p>Any two from:</p> <ul style="list-style-type: none"> • personal care • help with shopping • preparing food/meals • cleaning • laundry • provide social contact, e.g. calling in for coffee, taking her out in car, etc <p>(Any other reasonable answer.)</p>	2	2			
(b)	<p>Award up to 2 marks for a detailed description.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • Provide Louise with advice on nutritional aspects of care. • Provide her with appropriate literature. • Implement and review eating diaries for Louise. • Design and review nutrition plans for her. • Monitor weight and amend nutritional plans as appropriate. • Liaise with and support her family and carers as required. • Encourage her to join a group, e.g. over-eaters group, slimming club. • Act as a specialist within a multi-disciplinary team. • Act as a consultant to other health professionals involved in her care. 	2		2		
(c)	<p>0-2 marks: Answers that make some attempt to explain the social model of disability and how it might relate to individuals who are obese. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers that explain in detail the social model of disability and how it might relate to individuals who are obese. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>The social model of disability suggests that it is the attitudes of society that disables an individual, not just the impairment/condition itself. It is based on ignorance and prejudice and results in lack of provision and opportunities. This is immediately applied to Louise due to its high visibility as individuals often have limited mobility due to their obesity. They require help with daily living activities. The social model would put obese individuals at the forefront and view their disability as being a result of negative attitudes/prejudice, as it may be seen as being their own fault. It would look at how such individuals may be prevented from equal access and equal opportunity to life, rather than what their condition prevents them from doing.</p>	4	2		2	

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (e)	<p>0-3 marks: Answers that show basic knowledge and understanding and make some attempt to identify and briefly describe the roles of relevant care workers. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-7 marks: Answers that show some detailed knowledge and understanding, and identify and describe the roles of care workers. Some attempt may be made to discuss how they work together. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>8-10 marks: Answers that show detailed knowledge and understanding and clearly discuss the roles of care workers within a multi-disciplinary team and how they might work together to support Louise. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • Multi-disciplinary team (MDT) – comprises a group of practitioners who provide support and care to meet the specific needs of individuals. • Each practitioner has their own area of expertise and contributes to the ‘package of care’, with little overlap of services. • Each practitioner will contribute to MDT meetings. • Social worker – carries out an assessment of Louise’s needs and manages all aspects of the care plan, including additional services, e.g. meals on wheels. • General practitioner (GP) – monitors related conditions caused by Louise’s obesity, e.g. heart, diabetes, skin conditions. Will refer to specialist services. • Occupational therapist – provides aids/ adaptations to promote Louise’s mobility. • Physiotherapist – provides exercise plans to promote or maintain mobility to encourage weight loss. • Home care assistant – supports Louise by helping her to maintain personal hygiene, shop, do laundry, etc. • Counsellor/psychiatrist – provides psychological support to deal with, for example, the stigma of obesity, attitudes to food/eating. • Community nurse – may provide support or care for specific conditions, e.g. skin problems. <p>(Any other relevant answer, including the role of a dietician.)</p>	10	4		2	4
	Total for Question 4	25	13	2	4	6

GCE HEALTH AND SOCIAL CARE – UNIT 6

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a)	<p>Award 1 mark for each correct answer.</p> <p>Any one from:</p> <ul style="list-style-type: none"> • adulthood • later adulthood 	1	1			
(b)	<p>Award 1 mark for each correct answer, up to a maximum of 3 marks.</p> <p>Likely answers may include any three from:</p> <ul style="list-style-type: none"> • use of pressure cuff • inflation of cuff • cut-off of pulse • deflation of cuff • resumption of blood flow • use of electronic monitor and display • use of sphygmomanometer and stethoscope 	3	3			
(c)	<p>Award 1 mark for each correct answer. Award a maximum of 3 marks for an answer that includes the correct identification of which pressure is which in the fraction.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • systolic pressure (the numerator) – the highest pressure on the arteries experienced during ventricular contraction • diastolic pressure (the denominator) – the lowest pressure on the arteries experienced as the heart relaxes • correct identification of which is which in the fraction 	3	3			
(d)	<p>Award up to 4 marks for a detailed explanation.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • deposits/plaque in the arteries • narrowing of lumen • reduction in elasticity of artery wall • heart must push harder/pressure must be greater for same volume flow 	4	2	2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (e)	<p>Award up to 4 marks for a detailed explanation</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • increased friction on plaque deposits • more likely to loosen deposits • increased likelihood for these thromboids to be in bloodstream • increased likelihood of blockage of coronary arteries • lack of oxygen to heart muscle • muscle necrosis • angina 	4	2	2		
(f)	<p>0-3 marks: Answers that make some basic reference to relevant risk factors. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that show some understanding of how personal lifestyle choices may usefully be modified to control the risk of CAD, and give an explanation, with some limited expression, of how these modifications will help. Answers convey meaning, with some use of specialist vocabulary.</p> <p>7-10 marks: Answers that discuss, with clear evidence of understanding, how several personal lifestyle choices may usefully be managed to control the risk of CAD, and give a clear explanation of how these modifications will help. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • increased level of exercise – reduced weight, increased heart/lung capacity • better diet – reduction in weight/cholesterol/fat intake, all reducing the risk of plaque formation • reduction/abstention from smoking – reduced risk of plaque formation, more efficient lung function – less strain on cardiovascular system • reduced alcohol intake – reduction in weight with associated benefits • avoidance of stress – less strain on cardiovascular system 	10		2	4	4
Total for Question 1		25	11	6	4	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a)	Award up to 2 marks for a detailed explanation. Likely answers may include: <ul style="list-style-type: none"> • due to faulty genes or other genetic problem • passed on from parents to child 	2	2			
(b)	Award up to 3 marks for a detailed explanation. Likely answers may include: <ul style="list-style-type: none"> • (faulty gene) is a recessive allele/gene • need a copy from both parents to have disease • person with a single copy is a carrier • person with a single copy doesn't have the disease 	3	3			
(c)	Award 1 mark for each correct answer, up to a maximum of 2 marks. Likely answers may include any two from: <ul style="list-style-type: none"> • caused by a faulty gene that controls the movement of salt or water in and out of cells in the body • too much salt or not enough water passes into the cells • turns the body's secretions, which normally act as a lubricant, into a thick mucus 	2		2		
(d) (i)	Award up to 3 marks for a detailed explanation. Likely answers may include: <ul style="list-style-type: none"> • thick mucus builds up in the lungs • difficult to move • troubling cough/wheeze • recurring chest and lung infections 	3	2	1		
(ii)	Award up to 3 marks for a detailed explanation. Likely answers may include: <ul style="list-style-type: none"> • mucus blocks ducts in pancreas • reduces quantity of digestive enzyme reaching the gut • less efficient digestion • malnutrition • large, odorous stools 	3	2	1		
(e)	Award 1 mark for a correct answer. Any one from: <ul style="list-style-type: none"> • heel prick/Guthrie test • chorionic villi sampling • sweat test • cheek swab/genetic test 	1	1			

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (f)	<p>Award 1 mark for a correctly identified treatment, plus up to 2 marks for detailed explanation.</p> <p>Likely answers may include any one from:</p> <p>Antibiotics – these can be taken to fight infections in the lungs. They can be inhaled through a nebuliser (a device which turns drugs into a mist that can be breathed in), or they may be injected if the infections are more severe.</p> <p>Bronchodilator drugs – these are inhaled to ease breathing. They work by relaxing the muscles that surround the airways in the lungs, helping them to open up.</p> <p>Steroids – these can be taken to reduce swelling of airways in the lungs, which can help breathing. Steroid nasal drops and sprays can be used to treat nasal polyps (small growths inside the nostrils).</p> <p>Pancreatic enzymes – these should be taken before every meal to help the digestive system break down the food. The pancreas cannot produce enough food-digesting enzymes due to the mucus clogging the digestive system, so these pills supply the enzymes instead.</p> <p>Immunisations and flu jabs – it is particularly important that people with cystic fibrosis are up-to-date with all required immunisations.</p> <p>Lung transplants – in advanced and severe cases of cystic fibrosis, a lung transplant may be recommended if there is respiratory failure and all medical treatments have failed to aid breathing.</p> <p>Physiotherapy – daily physiotherapy for cystic fibrosis by ‘clapping’ on the patient’s back and chest while they are lying down helps to clear mucus build-up in the lungs so that it can be coughed up. It is an important part of the treatment for cystic fibrosis as it helps to prevent infections and lung damage caused by the mucus.</p>	3	1	2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (g)	<p>0-3 marks: Answers that show some understanding of how lifestyle can be managed to minimise the effects of cystic fibrosis. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that explain, with evidence of understanding, how some aspects of lifestyle can be managed to minimise the effects of cystic fibrosis. Answers convey meaning, with some use of specialist vocabulary.</p> <p>7-8 marks: Answers that discuss accurately and in detail, with clear evidence of understanding, how several aspects of lifestyle can be managed to minimise the effects of cystic fibrosis. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Individual management will be recommended in the individual care plan. Exercise is encouraged as this helps to shift the mucus, maintain body mass and general health, all of which assist in resisting the secondary infections which are a big risk of the disorder, enabling fuller involvement in social activities and reducing lost work time/school attendance. Diet needs to be rich and varied to combat the general risk of malnutrition, with a particularly high calorie and protein balance.</p>	8		2	2	4
	Total for Question 2	25	11	8	2	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (a) (i)	<p>Award up to 4 marks for a detailed explanation.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> steep rise from 2004 from about 14 deaths per million population to peak in 2006-7 about 83 deaths per million population steep drop after 2007 by 2012 back to approximately same level as 2002 	4			4	
(ii)	<p>Award up to 4 marks for a detailed explanation.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> similar shape/both go up then down similar value in 2002 later start to rise lower peak peak circa 79 per million population drop less uniform/plateau 2009-10 still higher in 2012 than in 2002 	4			4	
(b) (i)	<p>Award 1 mark for each correct answer from the following list, up to maximum of 3.</p> <ul style="list-style-type: none"> through breaks in the skin/open wounds through the respiratory tract through the digestive tract through the uro-genital openings 	3	3			
(ii)	<p>0-3 marks: Answers that describe in some detail the ways in which hospitalisation can increase the likelihood of infection. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that discuss the main factors which increase the likelihood of infection in hospital patients. Answers show clear understanding of the reasons why each factor makes hospital patients more vulnerable. Answers convey meaning, with some use of specialist vocabulary.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> many infected people in a confined, enclosed space – source/reservoir of infection many people in a confined space – increased contact for spread of infection patients often with impaired immune function – more vulnerable to infection staff move from patient to patient, providing regular contact between potentially infected individuals visitors from outside act as sources of new infection 	6	2	2		2

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (b) (iii)	<p>0-3 marks: Answers that present some relevant points; may be a poor consideration of a number of methods or a reasonable consideration of one way of controlling the risk of infection in hospitals. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that make some attempt to assess how barrier, wash-away and disinfection methods can control of the risk of infection in hospitals. Answers convey meaning, with some use of specialist vocabulary.</p> <p>7-8 marks: Answers that discuss in detail how barrier, wash-away and disinfection methods can be brought to bear on infection control. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Use of barrier methods</p> <ul style="list-style-type: none"> • wearing of fresh, disposable gloves/face masks by staff when handling/examining patients prevents direct transfer by contact • isolation of infected individuals from the general population of patients reduces likelihood of transfer through the air <p>Use of hygiene methods</p> <ul style="list-style-type: none"> • encouraging frequent washing of hands with soap and water by staff, patients and visitors washes away microbes before contact with surfaces and/or patients • use of antimicrobial hand gels kills microbes on hands before contact with surfaces and/or patients • regular cleaning of floors and surfaces using bleaches/strong disinfectants washes away/kills microbes • regular hot washing of bedclothes, etc washes away/kills microbes • use of pre-sterilised/autoclaved instruments etc, along with use with only one patient, prevents transfer of microbes <p>(Accept any term to infer microbe, e.g. bacteria, viruses, micro-organisms, germs.)</p>	8	2	2		4
	Total for Question 3	25	7	4	8	6

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (a) (i)	Award 1 mark for the correct answer: Deficiency disease	1	1			
(ii)	Award 1 mark for the correct answer: Vitamin D	1	1			
(iii)	Award up to 3 marks for a detailed explanation. Likely answers may include: <ul style="list-style-type: none"> • UV light in sunshine stimulates cells in the skin to make vitamin D • therefore decreased exposure to sunlight increases likelihood of deficiency • or converse argument 	3	2	1		
(iv)	<p>0-3 marks: Answers that make an attempt to discuss the ways in which diet and lifestyle can be managed to minimise the likelihood of rickets. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that discuss both dietary and lifestyle factors which increase the likelihood of rickets. The best answers will show clear understanding of how each factor can be managed to make rickets less likely. Answers convey meaning, with some use of specialist vocabulary.</p> <p>Likely answers may include:</p> <p>Diet</p> <ul style="list-style-type: none"> • eat balanced diet to include food rich in vitamin D • milk, eggs, pulses • supplement common foods with vitamin D • provide vitamin D supplements for children at risk <p>Lifestyle</p> <ul style="list-style-type: none"> • ensure plenty of outdoor activity • increase area of skin regularly exposed to sunlight • awareness of the need to control this due to risks associated with over exposure to UV in sunlight 	6	2	2		2

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (b) (i)	<p>Award 1 mark for identification of an appropriate category, and up to 3 additional marks for a detailed explanation. (Credit any justified selection.)</p> <p>Likely answers may include:</p> <p>Category</p> <ul style="list-style-type: none"> • lifestyle • inherited <p>Explanation</p> <ul style="list-style-type: none"> • Obesity may be related to lifestyle choices such as poor dietary choices or lack of exercise – increased calorie intake or reduced calorie usage – resulting in excess calories in the diet. • Obesity may be difficult to control as a result of genes which predispose an individual to obesity. Such genes could affect metabolic control such as thyroxin production, resulting in a metabolism less geared to calorie usage or more geared to calorie storage. 	4	1	3		

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (b) (ii)	<p>0-3 marks: Answers that present little relevant discussion, but some description of appropriate lifestyle factors and/or risk reduction strategies. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-7 marks: Answers that explain, with some detailed evidence of discussion, the main ways in which lifestyle management, local and national health promotion strategies and screening regimes can combine to combat obesity. Answers convey meaning, with some use of specialist vocabulary.</p> <p>8-10 marks: Answers that discuss, with clear evidence of understanding, the many ways in which lifestyle management, local and national health promotion strategies and screening regimes can combine to combat obesity. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • Modern life tends to be sedentary. Ready availability of a wide range of food, sugary drinks and alcoholic beverages, many of which contain too much sugar and/or fat to make them attractive. • Modification of lifestyle may be achieved through sensible diet, exercise and moderation of alcohol intake. • National strategies such as drink awareness campaigns, 5-a-day promotions, Jamie Oliver's school dinners campaign, reduction of sugar and fat in processed foods, clear labelling of food content. • Local strategies, such as well woman and well man clinics, have a clear role in raising awareness and education, clarifying the risk associated with lifestyle choices and offering alternative management strategies. Also, clear support for sensible choices, through regular screening/monitoring of BMI, blood pressure, cholesterol. <p>In the higher mark band, answers will show consideration of how named strategies support sensible lifestyle choices by stages – awareness raising, education in what can be done to improve, then support for the sustained application of sensible changes, especially where an individual finds weight loss is difficult to achieve.</p>	10	2	2	2	4
	Total for Question 4	25	9	8	2	6

GCE HEALTH AND SOCIAL CARE – UNIT 7

	Criteria for mark allocation	Guidance	Marks
Aims and Investigation (40 marks)	<p>Candidates will be expected to:</p> <ul style="list-style-type: none"> state the aims of their coursework assignment use a variety of resources to investigate the chosen assignment identify and interpret issues relevant to the assignment use investigation to assemble relevant information 		
	<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"> Basic identification of needs. List of services to meet needs/brief descriptions. 	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"> Brief description of care needs/effects of condition – some of which may be omitted. Basic descriptions of care services - some of which may be irrelevant 	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"> Clear descriptions of the care needs, showing knowledge of the effects of the condition. Clear descriptions of a range of care services from the different sectors, describing how they support the care needs of the condition. Local provision should be identified. Some reference may be made to statutory, private, voluntary provision. Some referencing may be present. 	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"> Clear explanation of the care needs, showing thorough knowledge and understanding of the effects of the condition. Clear descriptions of a wide range of care services from the different sectors, explaining how they support the care needs of the condition. Knowledge and understanding of statutory, private, voluntary provision shown. Local provision must be identified. Evidence of referencing must be present. 	31-40

	Criteria for mark allocation	Guidance	Marks
Analysis and Research (35 marks)	<p>Candidates will be expected to:</p> <ul style="list-style-type: none"> • apply knowledge and understanding to the chosen assignment • use both primary and secondary research to support their findings • analyse and discuss findings in relation to the chosen assignment 		
	<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"> • Not all sections of the work addressed. <p>or</p> <ul style="list-style-type: none"> • Very brief descriptions, some of which may be irrelevant or inaccurate. 	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"> • Basic descriptions of most of the requirements of the section (2/3 of the 4) – some work may be irrelevant or inaccurate. • Possibly factual/generic information with little or no attempt to link to individual/service provision. 	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"> • Evidence of at least three sections should be included: <ul style="list-style-type: none"> ✓ Practitioners – identified with brief description of how they support individuals. ✓ Care planning – identification of stages with some reference to individual/service provision. ✓ Quality assurance (QA) – should describe several methods of QA with some reference to how they support the individuals' care and/or service provision. ✓ National policy and legislation – several different types should be addressed 	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"> • Evidence of all sections must be included, showing knowledge and understanding of how they support the individuals: <ul style="list-style-type: none"> ✓ Practitioners – a range is identified, with explanation of how each one supports the individual and how they work together as a multi-disciplinary team. ✓ Care planning – showing clear understanding of the process and the effects on the chosen individual/service provision. ✓ Quality assurance (QA) – should explain how several different methods of appropriate QA affect services used/ care provided for the chosen individual(s). ✓ National policy and legislation – several different types should be addressed, showing clear understanding of the effect on individual/services used. • Evidence of referencing must be present. 	27-35

	Criteria for mark allocation	Guidance	Marks
Evaluation (25 marks)	<p>Candidates will be expected to evaluate:</p> <ul style="list-style-type: none"> • methods used to obtain information and evidence • outcomes of the assignment 	<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"> • Identification of resources used – brief descriptions of how they were used/what they were used for (bibliography or a list of books/websites). • Little or no attempt to discuss findings of the assignment. • May discuss strengths or weaknesses of work 	<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"> • Basic descriptions of one or two resources used; brief comments as to how useful or not they were. • Brief description of how service provision meets individuals needs; possibly a repeat of AI. 	<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"> • 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. • 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. 	<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"> • 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. • Valid conclusions made to evaluate local service provision with reference to the amount of services available, access and barriers to care; national policy and funding and national and local priorities. 	<p>19-25 (9-12)</p>

GCE HEALTH AND SOCIAL CARE – UNIT 8

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a)	<p>Award up to 2 marks for each detailed explanation.</p> <p>Likely answers may include:</p> <p>(i) Nature The nature side of the debate is concerned with the extent to which development or behaviour is the result of inherited or genetic factors, e.g. parents pass on genes to their children.</p> <p>(ii) Nurture The nurture side of the debate is concerned with the extent to which development or behaviour is the result of environmental influences, e.g. experience, upbringing, learning.</p>	2,2	2	2		
(b)	<p>0-2 marks: Answers that give a basic explanation of how children learn according to one cognitive theorist. Answers lack detail, with little use of specialist vocabulary.</p> <p>3-4 marks: Answers that give a clear explanation of how children learn according to one cognitive theorist. Answers are structured and communicate meaning, with some use of specialist vocabulary.</p> <p>5-6 marks: Answers that give a clear, detailed explanation of how children learn according to the named cognitive theorist. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Answers will refer to Piaget or Vygotsky.</p> <p>Likely answers may include:</p> <p>Piaget – one of the first to point out that children think differently to adults.</p> <p>Stages of development: Sensory-motor stage: 0-2 years Pre-operational stage: 2-7 years Concrete operational stage: 7-11 years Formal operational stage: 11+ years</p>	6	2	4		

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (b) (Cont'd)	<p>A child in any particular stage is not able to understand or master tasks from the next, higher, stage until they are psychologically mature enough to do so. For example, a baby in the sensori-motor stage is egocentric and is not able to take anyone else's needs into account, and a child in the pre-operational stage is unable to really understand logical rules.</p> <p>Schema – defined as a set of linked mental representations of the world, used to understand and respond to situations. These mental representations are stored and applied as we need them. (For example, a schema about buying a meal in a restaurant is a stored form of the pattern of behaviour of looking at a menu, ordering food, eating it and paying the bill. This is an example of a type of schema called a 'script'.)</p> <p>Learning – takes place through the processes of:</p> <ul style="list-style-type: none"> • Assimilation – using an existing schema (knowledge) to deal with a new object or situation. • Accommodation – the existing schema (knowledge) does not work and needs to be changed to deal with a new object or situation. • Equilibration – the force which moves development along. Piaget believed that cognitive development did not progress at a steady rate but rather in leaps and bounds. A child's schemas can deal with most new information through assimilation. • Disequilibrium – occurs when new information doesn't fit into existing schemas (assimilation). <p>Vygotsky – his theories place more emphasis on culture. He stressed the fundamental role of social interaction in learning.</p> <p>Social interaction plays a fundamental role in the development of cognition.</p> <p>More emphasis is given to the role of language – Vygotsky believed that language and thought develop independently in young children up to 2 years, but between 2 and 7 years, language and thought become interdependent.</p> <p>Up to 2 years, 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. 'woof woof' for a dog.</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (b) (Cont'd)	Zone of proximal development – the gap between what a child can do now and what they can do with support from a ‘more significant other’, e.g. parent, carer, older sibling, teacher. 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.					
(c)	<p>0-3 marks: Answers that give a basic account of how family influences social behaviour. Answers lack detail, with little use of specialist vocabulary.</p> <p>4-5 marks: Answers that make some attempt to discuss how family influences social behaviour. Answers convey meaning, with some use of specialist vocabulary.</p> <p>6-7 marks: Answers that discuss in detail how family influences social behaviour. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Primary socialisation: children learn social skills and patterns of behaviour within the context of the family.</p> <p>Children become socialised through interactions with parents, siblings, relatives.</p> <p>Nurturing families have children who are more likely to be socially skilled – impacts on the whole of their lives.</p> <p>Parents who are sociable themselves act as models for the child so tend to have more sociable children.</p> <p>Parent-child interactions, as well as those with other family members such as siblings and grandparents, encourage social skills/behaviours in young children:</p> <ul style="list-style-type: none"> • learning pro-social/anti-social behaviours • forming relationships with others • sharing and co-operating with others • parenting style – children of authoritarian parents often have difficulty relating to others • parents who are more democratic, e.g. give reasons for rules, have children who are more likely to be socially active and open minded 	7	2		3	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (d)	<p>0-3 marks: Answers that give a basic account of how the cognitive approach can be used to promote learning. Little or no discussion. Little use of specialist vocabulary.</p> <p>4-6 marks: Answers that make some attempt to discuss how the cognitive approach can be used to promote learning. Answers convey meaning, with some use of specialist vocabulary.</p> <p>7-8 marks: Answers that discuss in detail how the cognitive approach can be used to promote learning. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>The cognitive approach can be used to promote learning in a nursery setting through:</p> <ul style="list-style-type: none"> • hands-on activities, experiential learning, learning through trial and error • learning through play – providing a variety of play opportunities, e.g. imaginative play, team games • memory games, e.g. learning the alphabet, times tables, dates, names • visual and auditory presentations • accommodating children’s different learning styles, e.g. visual, auditory, kinaesthetic • accommodating children’s specific additional needs, e.g. visual/auditory impairments, learning disabilities such as dyslexia • scaffolding learning – teachers/teaching assistants/older pupils act as ‘more knowledgeable others’ 	8	2		3	3
	Total for Question 1	25	8	6	6	5

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a)	<p>Award up to 4 marks for a detailed explanation.</p> <p>Likely answers may include:</p> <p>Genes are passed on from parents to children.</p> <p>50% of DNA comes from the father. 50% of DNA comes from the mother.</p> <p>Information in the genes (the genetic code) acts as a 'blueprint' and determines health and development.</p> <p>Genetic factors determine physical characteristics, e.g. sex, eye/hair colour, intellectual ability and conditions such as heart defects, Down's syndrome, learning disabilities.</p>	4	2	2		
(b)	<p>Award up to 3 marks for each detailed explanation that links to Joe's well-being, up to a maximum of 6 marks.</p> <p>Likely answers may include any two from:</p> <p>Family: provides a loving and nurturing environment which allows Joe to develop a sense of belonging and security as he grows and develops.</p> <p>Education: provides Joe with the opportunity to learn and advance in terms of cognitive and intellectual development. Increases Joe's life chances, e.g. better education can lead Joe to reaching his potential.</p> <p>Diet: a healthy, well-balanced and nutritious diet promotes healthy growth and development for Joe, giving him more energy, better physical health and cognitive function.</p> <p>Income: a high income allows for more to be spent on essentials, e.g. housing, warmth, clothing, food (fresh fruit and vegetables, meat, fish, etc). Also, more disposable income to spend on specialist care and luxuries and leisure time, e.g. holidays, toys, equipment.</p> <p>Occupation: some occupations have greater social status directly linked to the income of an individual/family as discussed above, e.g. professions such as medicine, finance, teaching.</p> <p>Social class: linked to greater social status, associated with better opportunities, e.g. employment, health, education, income, life chances.</p>	3,3	2	4		

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (b) (Cont'd)	<p>Housing: quality housing provides Joe with warmth, safety and security. Better quality housing tends to be more spacious, have a garden and allow for relations and privacy and also helps avoid problems that can come from overcrowding, e.g. stress, spread of illnesses.</p> <p>Culture: contributes to well-being, e.g. appreciation of things in life such as reading books, listening to music, attending concerts, trips to museums, art galleries, cinema, theatre. May also include religious or secular beliefs which contribute to a purpose in life.</p> <p>Access to health services: monitoring and maintenance of Joe's health, prevention of illness and disease, treatment when necessary, increased life expectancy in accordance with his condition.</p> <p>(Allow any other reasonable answer.)</p>					
(c) (i)	Award 1 mark for any one of the following: Eysenck, Cattell, Gessell.	1	1			
(c) (ii)	<p>Award 2 marks for a detailed description.</p> <p>Likely answers may include:</p> <p>Eysenck – trait theory Three dimensions of personality, i.e.</p> <ul style="list-style-type: none"> • introversion/extroversion • neuroticism/emotional stability • psychoticism <p>Personality traits are inherited.</p> <p>Cattell – 16 key personality traits These traits are regarded as the basis of personality, e.g.</p> <ul style="list-style-type: none"> • abstractedness, apprehension, dominance, emotional stability, liveliness, perfectionism • each person has all these traits but to different degrees, i.e. high, low <p>Gessell: maturational theory Childhood development patterns are genetically determined. The development process and maturation cannot be influenced by parents/carers and the child will only learn/develop when it is mature enough to do so.</p>	2	1	1		

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (d) (i) (ii)	<p>0-2 marks: Answers that give a basic description of biological strategies. Little or no assessment. Limited use of specialist vocabulary.</p> <p>3-4 marks: Answers that discuss biological strategies for Joe, with some attempt at assessment. Answers are clear and convey meaning, with some use of specialist vocabulary.</p> <p>5-6 marks: Answers that give a detailed assessment of biological strategies for Joe. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy. (6 x 2)</p> <p>Likely answers may include:</p> <p>Drugs (drug therapy/chemotherapy)</p> <ul style="list-style-type: none"> • used to treat symptoms of physical and mental illnesses/diseases/health problems, e.g. if Joe were to have heart problems • can be used to manage challenging behaviours in children • can be used on their own or in conjunction with relaxation and meditation techniques which are also available on the NHS • sometimes only work whilst being taken and symptoms can return if treatment ceases • have side-effects but these are usually only temporary and are often outweighed by benefits to the individual <p>Relaxation</p> <ul style="list-style-type: none"> • could help to calm an individual down at times of stress, distress or anxiety • brings the body and mind back into a state of balance or equilibrium • Deep breathing slows down heart rate and blood pressure, reduces stress hormones and relaxes muscles • research has shown it relieves aches and pains, heightens problem-solving abilities and boosts motivation • can be used alongside drug therapy 	6,6	2	2	4	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (d) (Cont'd)	<p>Meditation</p> <ul style="list-style-type: none"> • goal is to focus and quieten the mind, and reach a higher level of awareness and inner calm • can affect the area of the brain involved in processing emotions; changes brain wave patterns and may cause actual structural brain changes, making individuals able to train their attention away from stressful events so they control their emotions better • can be carried out anywhere and at any time • simple techniques are suitable for use with children like Joe • useful for depression, stress and panic attacks <p>Sensory rooms/gardens</p> <ul style="list-style-type: none"> • offer calming or exciting and stimulating opportunities. • suitable for all ages and abilities/disabilities • can contain a variety of equipment, e.g. bubble tubes, fibre optic lights, mirrors, soft play, interactive images • contain a range of lights, sounds, textures, smells, colours, etc 					
	Total for Question 2	25	8	9	4	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (a)	<p>0-2 marks: Answers that give a basic description of how self-esteem can influence psychological development. Limited use of specialist vocabulary.</p> <p>3-4 marks: Answers that describe in detail how self-esteem can influence psychological development. Answers convey meaning, with some use of specialist vocabulary.</p> <p>Likely answers may include:</p> <p>Self-esteem</p> <ul style="list-style-type: none"> • an individual's evaluation of their own self-worth • not static and fixed but can change throughout life <p>Influence on psychological development</p> <ul style="list-style-type: none"> • self-esteem develops out of the way individuals are treated as they are growing up • influences state of mind which, in turn, influences behaviour, e.g. decisions and actions as they progress through life <p>Low self-esteem</p> <ul style="list-style-type: none"> • individuals feel bad about themselves, inadequate, particularly in social situations • any 'failure' heightens feelings of low self-worth; can become pessimistic, self-blaming and unwilling to confront new challenges • often low achievers, which may be linked to depression <p>High self-esteem</p> <ul style="list-style-type: none"> • individuals have a positive view of themselves and their abilities • can be more decisive, more confident in social situations, more successful in forming relationships • tend to be enthusiastic and more willing to confront new challenges, believing they can achieve their goal(s) • success fuels their confidence and self-esteem further – linked to high achievers 	4	2	2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (b)	<p>0-3 marks: Answers that give a basic description of the term ‘the unconscious mind’. Little or no use of specialist vocabulary.</p> <p>4-5 marks: Answers that describe in detail the term ‘the unconscious mind’ with reference to the psychodynamic approach. Answers are well structured and convey meaning, with some use of specialist vocabulary.</p> <p>Likely answers may include:</p> <p>The unconscious mind is where all our biologically based instincts are held for the primitive urges for sex and aggression (i.e. eros and thanatos). We have no awareness of the information stored in the unconscious mind. It contains disturbing material that we need to keep out of our awareness because it is too threatening to acknowledge fully, e.g. pain, anxiety, conflict. These exert a powerful influence over behaviour, e.g. fixations, phobias, slips of the tongue.</p> <p>Freud’s structure of the personality (or psyche) – made up of the id, ego and superego – is viewed as being like an iceberg where the greater part (the id and superego) is beneath the water, i.e. unconscious.</p> <p>(Allow any other reasonable answer.)</p>	5	3	2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (c)	<p>0-3 marks: Answers that show basic knowledge and understanding of how early childhood experience can influence behaviour in later life. Answers lack detail and contain inaccuracies. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that explain in detail, with specific reference to a psychodynamic theorist, how early childhood experiences can influence behaviour in later life. Answers are accurate, well-structured and convey meaning, with some use of specialist vocabulary.</p> <p>Likely answers may include:</p> <p>Freud</p> <p>Believed that early childhood was very important and that traumatic experiences could cause abnormal behaviour in adulthood.</p> <p>An adult's personality consists of three related elements: the id, the ego and the superego, and compromises are made between these as the child goes through three main stages of psychosexual development: 0-1 year phase – oral 2-3 years phase – anal 3-6 years phase – phallic</p> <p>(Allow the later stages – latency, genital.)</p> <p>Painful or traumatic experiences in any of the stages may result in fixation at that stage, e.g. Peter's anxiety could be related to a traumatic experience in his childhood.</p> <p>Trauma can also result in the creation of various defence mechanisms, e.g. repression – pushing traumatic events into the unconscious where they find expression in dreams or irrational behaviour, or regression – behaving inappropriately for age.</p> <p>Erickson</p> <p>Related Freud's concepts of stages to the social environment of the child.</p> <p>Individuals pass through eight psychosocial stages from infancy to maturity. Each stage represents a different social conflict for the child because he/she is interacting with different and increasing numbers of people, e.g. in the first phase – oral – birth to one year, the conflict is trust versus mistrust, and his/her main interactions are with carers.</p>	6	2	2	1	1

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (c) (Cont'd)	<p>The final personality will be dependent on how successful the child is at resolving the conflicts at each stage: if particular conflicts are not resolved at any stage, the unmet need will be carried forward, affecting later behaviour.</p> <p>Bowlby</p> <p>Believed that babies have an instinctive need to form an attachment to their mother or a mother substitute.</p> <p>If this is not allowed to form or is broken, emotional development will be disrupted and can affect later behaviour.</p> <p>Children whose attachments are disrupted – maternal deprivation – do not develop healthy personalities.</p> <p>Children who do not have sensitive or responsive mothers may also be affected in later life.</p> <p>Rutter</p> <p>Challenged Bowlby's theories and argued that privation rather than deprivation was more likely to lead to behavioural problems/affect mental health.</p> <p>If separation was due to ill health or the death of the mother, the child was less likely to turn to crime.</p> <p>However, if one or both parents had a psychological disorder, or if there was severe stress or discord in the family, adolescent boys were four times more likely to turn to crime or have problems in later life, e.g. anti-social behaviour, relationship difficulties, anxiety, etc. (Isle of Wight study – 2,000+ boys, aged 9 – 12.)</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (d)	<p>0-4 marks: Answers that show basic knowledge and understanding of psychoanalysis. Answers lack detail and contain inaccuracies, with little or no use of specialist vocabulary.</p> <p>5-7 marks: Answers that make some attempt to assess and show some knowledge and understanding of how psychoanalysis could be used to help Peter. Answers convey meaning, with some use of specialist vocabulary.</p> <p>8-10 marks: Answers that assess, showing clear evidence of understanding, how psychoanalysis could be used to help Peter. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Psychoanalysis – a talking therapy that can be used with adults in individual or group settings.</p> <p>It can be a long process, involving regular sessions over months, or even years, although the trend now is for briefer interventions.</p> <p>The analyst uses a range of techniques, e.g. free association, projective testing, e.g. the Rorschach ink blot test, analysis of patient’s dreams, nightmares and fantasies to examine the problems/symptoms underlying unconscious conflicts, e.g. Peter’s anxiety about going into hospital.</p> <p>The analyst attempts to bring these unconscious conflicts into the patient’s consciousness to help the patient understand, confront and resolve them. If Peter can be helped to understand why he is afraid of going into hospital, then he will gain insight into his own behaviour. With this professional help and support, he should be able to overcome his fears/anxiety and address his behaviour in a positive way. Peter will be able to talk to someone ‘neutral’ about how he is thinking and feeling and what might be behind his behaviour.</p>	10			5	5

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (d) (Cont'd)	<p>Assessment:</p> <ul style="list-style-type: none"> • offers an in-depth perspective • better than no treatment but not necessarily better than other treatments, e.g. CBT, drug therapy • useful for a wide range of difficulties • works well in cases of mild disturbance • helps bring insight to problems by uncovering underlying issues and so bring about behaviour change • not suitable for everything, e.g. serious mental disturbances such as schizophrenia • costly • may not be available locally • time-consuming – requires considerable commitment from the individual – although trend now is for brief interventions • Peter's condition may deteriorate and physical health worsen whilst undergoing therapy • not possible to test and corroborate ideas about repressed anxiety • difficult to measure or define the 'success' of a cure 					
	Total for Question 3	25	7	6	6	6

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (a)	<p>Award up to 3 marks for a detailed description.</p> <p>Likely answers may include:</p> <p>Physical: Georgia is not eating properly because of the arguments – she may lose weight. She is not sleeping well – she will feel tired and irritable. She is stressed, which impacts on her immune system, making her more likely to become ill.</p> <p>Intellectual: lack of sleep – tiredness can lead to impaired cognitive function, e.g. forgetfulness, lack of concentration. Georgia may leave school just to spite her parents – dropping out of education could reduce her life chances.</p> <p>Emotional: Georgia may experience a range of emotions; she may feel, for example, sad, miserable, angry, defensive, confused. She may become depressed.</p>	3	1	2		
(b)	<p>0-2 marks: Answers that give a basic explanation of the importance of parental approval for healthy psychological development. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers that explain in detail the importance of parental approval for healthy psychological development. Answers convey meaning, with some use of specialist vocabulary.</p> <p>Likely answers may include:</p> <p>Parental approval is an evaluation, a positive rating of a child's behaviour. It can be expressed through appreciation, praise, compliments, rewards.</p> <p>Parental approval can have a considerable impact on the emotional well-being of a child – all children want to have their parents' approval.</p> <p>It can boost self-esteem, increase confidence and contribute to a positive self-concept.</p> <p>Parents should try to find ways and opportunities to express their approval whenever possible.</p>	4	2		1	1

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (c)	<p>0-3 marks: Answers that give a basic description of self-actualisation, with brief reference to one humanistic theory. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that discuss how Georgia can achieve self-actualisation, with reference to one humanistic theory. Answers convey meaning, with some use of specialist vocabulary.</p> <p>7-8 marks: Answers that discuss in detail how Georgia can achieve self-actualisation, with reference to one humanistic theory. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Maslow’s hierarchy of needs</p> <p>According to Maslow, humans are motivated to achieve certain needs. His ‘hierarchy of needs’ includes five levels of need:</p> <p>Psychological needs: basic needs, i.e. food, water, warmth, sleep, sex.</p> <p>Safety needs: a place of safety, security of person and belongings, freedom from fear and anxiety, help and support with worries/personal concerns.</p> <p>Love and belonging needs: acceptance, a sense of belonging, social support, friendships and loving relationships</p> <p>Self-esteem needs: a sense of personal value and self-worth, self-respect, recognition by others, being well thought of by others.</p> <p>Self-actualisation: achieving one’s full potential.</p> <p>As one need is fulfilled, so an individual is motivated to move up the hierarchy as they try to fulfil the next need, and so on until they reach the top of the hierarchy and self-actualise.</p> <p>An individual who self-actualises is someone who has fulfilled all their needs in life and has reached their full potential.</p>	8	3		2	3

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>4. (c) (Cont'd)</p>	<p>Rogers' person-centred approach</p> <p>Rogers also believed that people are motivated to self-actualise, or reach their full potential, but, in order to do so, they require an environment that provides them with a number of essential factors for them to become a fully functioning person:</p> <ul style="list-style-type: none"> • genuineness – openness and self-disclosure • acceptance – being seen with unconditional positive regard • empathy – being listened to and understood <p>Self-concept is influenced by childhood experiences and evaluation by others and has three components:</p> <p>Self-worth – how we think about ourselves. Rogers believed feelings of self-worth developed in early childhood and were formed from the interaction of the child with its mother and father.</p> <p>Self-image – how we see ourselves, which is important for good psychological help. Self-image includes the influence of our body image on inner personality. At a simple level, we might perceive ourselves as a good or bad person, beautiful or ugly. Self-image has an effect on how a person thinks, feels and behaves in the world.</p> <p>Ideal self – this is the person who we would like to be. It consists of our goals and ambitions in life and is dynamic, i.e. forever changing. The ideal self in childhood is not the ideal self in our teens or late twenties, etc.</p> <p>Self-worth/positive regard</p> <p>Unconditional positive regard – this is where parents and significant others accept and love a person for what he/she is. Positive regard is not withdrawn if the person does something wrong or makes a mistake. It leads to a person feeling free to try things out and make mistakes, even though this may lead to getting it wrong at times. People are more likely to be able to self-actualise if they have received unconditional positive regard from others, especially their parents in childhood.</p> <p>Conditional positive regard – this is where positive regard, praise and approval depend on the child behaving in ways that are acceptable to the parents. The child is not loved for who they are but on condition that he/she behaves only in ways approved by the parents.</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (d)	<p>0-4 marks: Answer that show basic knowledge and understanding of at least one strategy from the humanistic approach. Answers lack structure and detail, with little use of specialist vocabulary.</p> <p>5-7 marks: Answers that show some relevant knowledge and understanding of strategies from the humanistic approach, together with some assessment of their usefulness for Georgia. Answers show some structure, contain few errors and convey meaning, with some use of specialist vocabulary.</p> <p>8-10 marks: Answers that show detailed, relevant knowledge and understanding of strategies from the humanistic approach, together with a detailed assessment of their usefulness for Georgia. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Person-centred therapy (PCT)</p> <p>A form of counselling. Recipients are sometimes called clients rather than patients, depending on the setting for therapy.</p> <p>The goal is to help individuals develop a sense of self and recognise how their attitudes, feelings and behaviour may be affecting their ability to reach their full potential.</p> <p>The therapist provides a non-judgemental environment, demonstrates congruence (genuineness), empathy (ability to understand what the client is feeling) and unconditional positive regard (valuing the person for who they are) toward the individual.</p> <p>Rogers believed that self-actualisation could be blocked by an unhealthy self-concept, i.e. negative or unrealistic attitudes about oneself.</p> <p>PCT takes a non-directive approach (i.e. not leading the patient), whilst helping the individual to tap into their own resources, find their own solutions to problems and move towards personal growth/self-actualisation.</p> <p>Assessment:</p> <ul style="list-style-type: none"> • a very popular and effective treatment • widely used • useful in a range of situations, e.g. relationship difficulties 	10	2		4	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (d) (Cont'd)	<p>Criticisms:</p> <ul style="list-style-type: none"> • lacks scientific basis • non-directive approach – responsibility lies with individual, not the therapist • not always suitable, e.g. when destructive behaviours are involved <p>Encounter groups</p> <p>An unstructured form of psychotherapy where groups of people meet together and encounter not just other people but also, and more importantly, themselves. People treat one another as full human beings in an open, direct and not defensive manner.</p> <p>May involve sitting in a circle on mats/cushions.</p> <p>Uses a range of techniques, e.g. discussion, psychodrama, non-verbal touching behaviour.</p> <p>Rogers believed that humans have an innate ability to 'self-heal' and group therapy aims to reveal this by increasing self-awareness and addressing the issues' underlying problems.</p> <p>Typically used as a short-term treatment for less serious psychological problems.</p> <p>Can be a very intense and unpredictable form of therapy.</p> <p>Assessment:</p> <ul style="list-style-type: none"> • focuses on human strengths rather than weaknesses • useful for meeting with others in a similar situation – provides mutual support and encouragement • individual is able to gain insight into themselves, their emotions and how they relates to others • opportunities to learn from one another – sharing of thoughts, feelings, experiences, etc 					
	Total for Question 4	25	8	2	7	8



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