



General Certificate of Education

**Health and Social Care
8621/8623**

HC15

Mark Scheme

2008 examination – January series

Mark schemes are prepared by the Principal Examiner and considered, together with the relevant questions, by a panel of subject teachers. This mark scheme includes any amendments made at the standardisation meeting attended by all examiners and is the scheme which was used by them in this examination. The standardisation meeting ensures that the mark scheme covers the candidates' responses to questions and that every examiner understands and applies it in the same correct way. As preparation for the standardisation meeting each examiner analyses a number of candidates' scripts: alternative answers not already covered by the mark scheme are discussed at the meeting and legislated for. If, after this meeting, examiners encounter unusual answers which have not been discussed at the meeting they are required to refer these to the Principal Examiner.

It must be stressed that a mark scheme is a working document, in many cases further developed and expanded on the basis of candidates' reactions to a particular paper. Assumptions about future mark schemes on the basis of one year's document should be avoided; whilst the guiding principles of assessment remain constant, details will change, depending on the content of a particular examination paper.

Further copies of this Mark Scheme are available to download from the AQA Website: www.aqa.org.uk

Copyright © 2008 AQA and its licensors. All rights reserved.

COPYRIGHT

AQA retains the copyright on all its publications. However, registered centres for AQA are permitted to copy material from this booklet for their own internal use, with the following important exception: AQA cannot give permission to centres to photocopy any material that is acknowledged to a third party even for internal use within the centre.

Set and published by the Assessment and Qualifications Alliance.

Mark scheme

Question 1

1(a) Pawel is 80 years old. He has a disability condition that makes it difficult and painful for him to grasp objects firmly with his hands. Give three daily living tasks that Pawel is likely to find difficult because of the impairment described above. For each task suggest a different appropriate aid. (6)

1 mark each (up to 3) for daily living tasks that require manipulation, plus 1 mark each for relevant and different aids. Example answers:

Washing himself (1) extended tap handles (1)
 Preparing food/eating (1) utensil cuff (1)
 Dressing (1) Velcro fasteners on clothes (1).

1(b)(i) Name one disability condition that has the symptoms outlined above. (1 mark)

(Osteo)arthritis. (1)

1(b)(ii) Briefly explain how this condition causes the problems Pawel has with his hands. (3 marks)

1 mark per point: Likely points:

Degeneration/inflammation (1) of cartilage/joint surfaces (1) bony growths/osteophytes (1)
 swelling of joints (1) reduces joint flexibility (1).

1(c) Outline how each of the following practitioners could provide appropriate care for Pawel: (i) a GP, (ii) an occupational therapist, (iii) a domiciliary care worker, (iv) a social worker. (8 marks)

Up to 2 marks for role of each practitioner in relation to Pawel. Likely answers:

- (i) (GP) prescribing painkilling drugs (1) e.g. NSAIDS/named drug/referral to a consultant (1)
- (ii) (OT) assessing Pawel (1) advising on /providing aids/adaptations (1) plus relevant example (1)
- (iii) (domiciliary care worker) assistance with daily living tasks (1) e.g. getting Pawel dressed/bathed etc (1)
- (iv) (social worker) needs assessment (1) plus detail e.g. of observation/criteria (1) care planning (1) giving information/referral to other services (1)

1(d) Name and outline one social security benefit to which Pawel might be entitled because of his disability condition. (2 marks)

Attendance allowance (1), plus 1 mark for accurate outline including: paid directly into bank account (1) to pay for cost of care (1) part-time i.e. day or night care – around £40 per week (1) 24 hour care around £60 per week (1).

Question 2

2(a)(i) *Mary has Alzheimer's disease. Her husband, David, provides informal care for her. David has recently bought a dishwasher to reduce housework tasks. One day he finds her putting used dishes into the microwave oven instead of the dishwasher. She is upset that she cannot get all the dishes in. David puts his arm round her, looks directly at her and explains, "That's the microwave. It's for cooking things. We don't put dirty dishes in there." He puts the dishes into the dishwasher. Suddenly Mary becomes angry and accuses David of wanting to get rid of her. David denies this and for the next five minutes they argue noisily, until eventually Mary hits David. Identify two caring skills David used. Refer to the description above. (4 marks)*

1 mark for identifying a relevant skill, plus 1 mark for explicitly linking it (e.g. by quoting) with the scenario content. Likely answers:

- Physical contact (1) David puts his arm round her (1)
- Communication (1) David explains about the dishwasher (1)
- Eye contact (1) David looks directly at her (1)

2(a)(ii) *Suggest another caring skill and outline how it could have been used by David to reduce Mary's anger. (2 marks)*

1 mark for suggesting a relevant skill, plus 1 mark for outlining its use in this situation. Likely skills: distraction; disengagement.

2(b)(i) *Outline two signs or symptoms of Alzheimer's disease. Refer to the description of Mary. (6)*

1 mark for identifying sign/symptom (up to 2) plus 1 mark each for outlining and 1 mark each for specifically relating this to the description.

Likely answers:

- Lack of inhibition (1) leading to aggression (1) Mary becomes angry/hits David (1)
- Confusion (1) leading to action slips (1) e.g. Mary puts the dirty dishes in the microwave (1)
- Impairment of cognitive function/memory deficits/amnesia (1) especially for new information (1) leading to Mary's mistake about the dishwasher (1)

2(b)(ii) *Describe the likely progression of Mary's condition. (4 marks)*

1 mark per point, up to 4. Likely points:

Symptoms will get worse over time (1) language deficits/aphasias might occur (1) leading to loss of ability to produce and understand speech (1) experiencing hallucinations (1) eventual death (1) around 10 years after diagnosis (1).

2(c) *Describe how Alzheimer's disease is caused. (4 marks)*

1 mark per point, up to 4. Likely points:

Abnormalities in brain chemistry (1) including overproduction of beta-amyloid (1) deficiency of acetylcholine (1) leading to death of neurons/nerve cells (1) and formation of plaques/clumps of dead cells (1) can be genetic (1) in younger people (1) exact cause unknown (1)

Question 3

3(a) Name two lifestyle factors and explain how these might cause impairments. (6 marks)

1 mark each (up to 2) for naming lifestyle factors. Likely lifestyle factors include smoking; diet; lack of exercise; excessive exercise/sport; excessive alcohol consumption.

For each lifestyle factor credit 1 mark for explanation (likely to be physiological) and 1 mark for resulting impairment.

Likely impairments include loss of mobility; leg amputation; osteoarthritis; loss of speech.

Possible answers

Smoking/ excessive consumption of alcohol/ a diet high in fats/ carbohydrates and salt/ lack of exercise. (1) can cause atherosclerosis/ hypertension/heart disease(1) a "hardening" or "furring" of the arteries(1). chronic, slowly progressing and cumulative(1) blood supply cut off to an area of the brain which dies(1) leading to stroke.(1) May lose ability to speak/ to move muscles in one side of the body.(1)

Smoking(1) can cause lung damage (1) leading to COPD (chronic obstructive pulmonary disease) or emphysema (1) Loss of mobility (1) due to shortness of breath (1)

Over eating/lack of exercise (1) can lead to obesity(1) increases pressure on the joints(1) particularly the knees, hips and spine(1) – can enhance the risk of osteoarthritis(1)

3(b) Describe the main provisions of the Disability Discrimination Act. (7 marks)

1 mark per point, up to 7. Likely points:

The Act requires suppliers of goods/facilities/services to provide same standard of service to all (1) as well as access (1) plus example of providing equal access (1) plus example of such a supplier (1)

Equality in conditions for buying/renting property (1) e.g. same rent for people with disabilities (1)

Schools/colleges/local authorities required to publish equal treatment policies (1)

Standards of access to public transport (1) for new vehicles (1)

The Act makes it illegal for an employer to treat a disabled person less well than an able-bodied person (1) in respect of recruitment (1) training/promotion/dismissal (1).

Requires employers to make reasonable adjustments to workplace (1) plus example (1) including small businesses (1) The Act ended the employment quota system (1).

3(c) Discuss the effectiveness of the Disability Discrimination Act in helping people with disabilities to overcome barriers. (7 marks)

Up to 7 marks as follows:

Up to 3 marks for relevant mention of specific barriers (e.g. physical access).

Up to 6 marks for identifying and describing positive features and limitations.

Positive features include:

Existence of the legislation increases awareness of needs of people with disabilities; e.g. because organisations have to produce policy statements; increasing visibility of access provision.

Legislation allows prosecution for non-compliance; publicity of such cases increases awareness.

Legislation also allows redress; employment issues via employment tribunal; access to goods etc via County Court.

Threat of legislation increases compliance; leads to cases being settled out of court.

Limitations include

Employers can claim exemption from making reasonable adjustments; on basis of affordability.

Legislation does not make indirect discrimination illegal.

Lack of awareness of the legislation

Some intentional non-compliance; e.g. policy documents in place but not applied.

Limited enforcement/few complaints brought before the courts; some people unwilling to complain; because of difficult, time-consuming process.

Legislation about access to public transport only applies to new vehicles.

Question 4

4(a)(i) *John works as a lecturer. He is 45 years old and has multiple sclerosis. Give four signs or symptoms of multiple sclerosis. (4 marks)*

1 mark per symptoms, up to 4. Likely answers:

Tremor; jerky movements; clumsiness; weakness; slurred speech; loss of mobility; blurred/double vision; facial pain; numbness/tingling in legs; giddiness.

4(a)(ii) *Describe the typical progress of multiple sclerosis. (5 marks)*

1 mark per point, up to 4: A sequence of remissions (1) = absence of symptoms (1) followed by relapses (1) after which condition gets worse (1) with no more remissions (1) death (1) e.g. caused by infections (1) around 25 years after diagnosis (1).

4(b) *Suggest three appropriate adaptations that might be made to John's house. (3 marks)*

1 mark each (up to 3) adaptations. Do not credit aids. Likely answers:

Widened doorways; ramps; stair lift; bath hoist/walk-in bath; lowered work surfaces; downstairs bathroom. Accept other relevant adaptations.

4(c) *John has always tried to cope with his disability without the help of others, and to retain his independence. Now he needs more care and support. Discuss the advantages and disadvantages for John of employing a personal assistant. You may refer to alternative forms of provision in your answer. (8 marks)*

Total 8 marks, which can be gained as follows:

Up to 2 marks can be gained by descriptive detail of the arrangement e.g. often paid for by direct payments (1) from local authority (1) under terms of Community Care (Direct Payment) Act (1)

Up to 6 marks for describing advantages and disadvantages of a personal assistant: 1 mark for simply identifying and 1 mark for elaboration.

Advantages:

A1 Greater autonomy/independence

A2 Right to select assistant; so person is likely to suit them better; better relationship.

A3 Wider range of tasks performed, e.g. assisting with job; accompanying on holiday.

A4 Assistant can be trained by client.

Disadvantages

D1 Lack of supervision by local authority; greater risk of exploitation.

D2 Over-dependence on one person; a problem if assistant is ill; or leaves.

Credit other valid advantages and disadvantages.

Up to 2 marks for identifying and describing alternative forms of provision. Likely alternatives include domiciliary care and residential care.

Up to 2 marks for comparisons of suitability of the alternative arrangements.

- 6-8 marks Accurate answers that take account of John's desire for independence and show accurate knowledge of both advantages and disadvantages of a personal assistant.
- 3-5 marks Answers that show a reasonable understanding of the personal assistant arrangement, that include some accurate evaluation or comparison.
- 1-2 marks Answers that show some basic relevant knowledge, but which are very brief, largely irrelevant or which mainly fail to address the question.

Sample part answer: Having a personal assistant should enable John to stay independent, even though he needs more care (1). If he did not do this he might have to move into a residential home (1) where he would probably have less autonomy (1). On the other hand unlike staff in a residential home, a personal assistant is not available at all times (1).