



GCE MARKING SCHEME

HEALTH AND SOCIAL CARE AS/Advanced

SUMMER 2014

INTRODUCTION

The marking schemes which follow were those used by WJEC for the Summer 2014 examination in GCE HEALTH AND SOCIAL CARE. They were finalised after detailed discussion at examiners' conferences by all the examiners involved in the assessment. The conferences were held shortly after the papers were taken so that reference could be made to the full range of candidates' responses, with photocopied scripts forming the basis of discussion. The aim of the conferences was to ensure that the marking schemes were interpreted and applied in the same way by all examiners.

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

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

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UNIT 1

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a) (i)	<p>Allow 1 mark for correct identification of life quality factor and 1 mark for an appropriate example. Any one from:</p> <p>Physical comfort: Provision of equipment to maintain comfort to meet needs, e.g. blankets for warmth, soft chairs, air conditioning.</p> <p>Physical safety: Use of specialist equipment, BSI/safety tested equipment, non-slip floors, locked gates/doors, buzzer entry.</p> <p>Diet: Healthy meals and snacks may be provided.</p> <p>Exercise: Children encouraged to take part in outdoor play activities – use climbing frames, ride bicycles. Dance activities.</p> <p>Hygiene: Children encouraged to wash hands regularly – before eating/after going to the toilet. Toys/surfaces washed regularly.</p>	2	1	1		
(ii)	<p>Allow 1 mark for correct identification of life quality factor and 1 mark for an appropriate example. Any one from:</p> <p>Stimulation/engaging in activities: Group activities/pastimes are organised. (Allow specific examples.)</p>	2	1	1		
(iii)	<p>Allow 1 mark for correct identification of life quality factor and 1 mark for an appropriate example. Any one from:</p> <p>Privacy/dignity: Allow the children to go to the toilet by themselves.</p> <p>Approval: Praise the children verbally or by smiling when they have done something good.</p> <p>Psychological security: Reassure the children when they are afraid, e.g. that parents will be returning for them.</p> <p>Autonomy: Give the children opportunity to make choices, e.g. what they want to play with. Encourage the children to do things for themselves, e.g. fasten their coats.</p>	2	1	1		

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a) (iv)	<p>Allow 1 mark for correct identification of life quality factor and 1 mark for an appropriate example. Any one from:</p> <p>Social contact: Encourage the children to play with others, make friends.</p> <p>Social support: Do activities with the children, let the children know they are there to help them, encourage them to ask for help.</p>	2	1	1		
(b) (i)	<p>Allow 1 mark for identification of appropriate caring skill and up to 2 marks for explanation. Any one from:</p> <p>Encouraging: Motivating and supporting Jenny by asking her to join in with the others, by talking to her to find out what she likes to do.</p> <p>Social perception: Being able to recognise Jenny's feelings and needs, being able to judge her mood and knowing how to help. Seeing her sitting quietly in the corner, the carer would identify there was something wrong and could talk to her to provide support.</p> <p>Working alongside: The carers could do the activity with Jenny to give her confidence to join in with the others.</p>	3	1	1	1	
(ii)	<p>Allow 1 mark for identification of appropriate caring skill and up to 2 marks for explanation. Any one from:</p> <p>Gaining compliance: Giving reasons and giving choices without coercion, e.g. getting Hassan to agree to eat his food by explaining how it will help him. Finding out why he isn't eating his food.</p> <p>Showing approval: Praising him when he eats his food so he is more likely to do it again.</p> <p>Encouraging: Motivating and supporting Hassan by asking him what foods he likes to eat.</p>	3	1	1	1	
(iii)	<p>Allow 1 mark for identification of appropriate caring skill and up to 2 marks for explanation. Any one from:</p> <p>Modelling: Always speaking to George and the other children in a polite way so that George will copy them.</p> <p>Gaining compliance: Giving reasons why George shouldn't speak rudely to others, explaining he will not have many friends if he is rude to people.</p>	3	1	1	1	

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (c)	<p>0-3 marks: Answers that are limited and show basic understanding of the ways in which carers may either promote effective communication and/or maintain confidentiality. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that show knowledge and understanding and describe the importance of confidentiality in promoting effective communication and how this may affect children's life quality. Answers convey meaning, with some use of specialist vocabulary.</p> <p>7-8 marks: Answers that assess, showing clear evidence of understanding of the importance of confidentiality in promoting effective communication with children, with reference to named life quality factors. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Maximum 4 marks if only one principle of care is addressed.</p> <p>Likely answers include:</p> <p>Maintaining confidentiality: By carers keeping information private when it should be kept private. This includes written records, computer records and verbal information, e.g. having computer password protected and kept in a secure place, not leaving files around, not gossiping. This will assist with promoting effective communication as care workers will gain trust and can develop relationships with individuals in their care, which will assist in the caring process. Care workers should be able to use appropriate communication skills to show respect and interest.</p> <p>Psychological security: The benefits to the clients in their care relating to issues of trust and receiving the care they need. A nursery care worker will know a great deal about the child they are looking after. It is essential that the information is kept confidential and not passed on without parental permission. Some information may have to be passed on from one care worker to another, but this must be done with parental permission, possibly on a 'need to know' basis.</p>	8	2	2	2	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (c) (Cont'd)	<p>Personal safety: The risk associated with other people having knowledge of sensitive information; emotional effects on individual/family, etc. Possible child protection issues.</p> <p>Social contact/support: Through effective communication, care workers can develop relationships with individuals in their care which will assist in the caring process.</p> <p>Diet: Effective communication between staff so that children's diet is provided as necessary. Staff are aware of any allergies.</p>					
	Total for Question 1	25	9	9	5	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a) (i)	<p>Allow 1 mark for identification of appropriate barrier to care.</p> <p>Any one from:</p> <ul style="list-style-type: none"> • Discrimination • Attitude/prejudice • Stereotyping • Labelling 	1	1			
(ii)	<p>Allow 1 mark for identification of appropriate barrier to care.</p> <p>Preoccupation with own needs.</p>	1	1			
(iii)	<p>Allow 1 mark for identification of appropriate barrier to care.</p> <p>Conformity to workplace norms.</p>	1	1			
(iv)	<p>Allow 1 mark for identification of appropriate barrier to care.</p> <p>Lack of motivation.</p>	1	1			
(b)	<p>Allow 1 mark for each relevant point made, up to a maximum of 3 marks.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • The individuals may not get the care and treatment they need so their condition worsens as a result of being: • Ignored or neglected/made to feel worthless or a nuisance due to care workers' preoccupation with their own needs or attitude and prejudice. • Treated incorrectly due to lack of skill. • Not given medication or attention or treated with respect due to conformity with workplace norms. 	3			3	

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (c)	<p>Allow up to 2 marks for correct explanation of appraisal and up to 2 marks for how it may reduce barriers to care.</p> <p>Likely answers may include:</p> <p>Appraisal is the process by which the care workers can identify their strengths, weaknesses and future development. It is a way of monitoring the care provided by care workers to make sure they are doing their job effectively and help identify training needs and a career plan for the care workers; this will help avoid lack of skill and motivation and will help reduce stress and physical strain.</p> <p>Some reference may be made to methods of appraisal, i.e.</p> <p>External inspection: A professional body inspects the workplace and the people who work there. The institution is measured using recognised criteria. The individuals being cared for have their point of view taken into consideration. The inspectorate makes recommendations for improvement and will rate the current provision.</p> <p>Internal evaluation of individual care workers: The same as external, except it is carried out by senior personnel in the institution.</p> <p>Peer reviews: Fellow workers will appraise others through observation and discussion.</p> <p>Individual appraisal/performance reviews: Care workers discuss their work role and their future with their mentor. Training needs will be identified for the individual to do the job better and to move along a chosen career path.</p>	4	2			2

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (d)	<p>0-2 marks: Answers that give a basic description of the barriers. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers that show understanding of the barriers and the problems they may cause. Answers convey meaning, with some use of specialist vocabulary.</p> <p>5-6 marks: Answers that explain, showing clear evidence of understanding of the barriers and giving reasons why they may cause problems for some individuals. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Maximum 3 marks if only one barrier is addressed.</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. May make reference to people living in rural areas or with physical disabilities.</p> <p>Financial: Lack of funds so are unable to pay for the services or treatment they need. May be because only private services are available or treatment is not available on the NHS, e.g. eye tests and glasses; reference may be made to those living in England who have to pay for prescriptions/need repeat prescriptions.</p>	6	2	2		2

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (e)	<p>0-3 marks: Answers that give a basic identification of types of adapted equipment and/or facilities. A list. 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 how adapted equipment and/or facilities affect people with physical disabilities. Some reference may be made to life quality/positive or negative effects. Answers convey meaning, with some use of specialist vocabulary.</p> <p>7-8 marks: Answers that evaluate how adapted equipment and/or facilities affect the dignity and autonomy of people with physical disabilities, giving positive and negative effects and showing clear evidence of understanding. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Maximum 6 marks if only equipment or facilities is addressed.</p> <p>Likely answers may include:</p> <p>Positive: There is a wide range of equipment from specialised shops to help individuals with dignity and autonomy. There are aids for all aspects of an individual's life, so they will not be embarrassed, e.g. for mobility, feeding, toileting, washing, dressing. Adaptations include alterations to bathroom and kitchen facilities in the home which mean individuals are empowered to take control over their own lives and maintain autonomy by being able to do things for themselves when they want.</p> <p>Disabled access/facilities such as ramps, lifts, disabled toilets are available in all public areas so they can visit places by themselves.</p> <p>Negative: Some aids and adaptations are provided by occupational therapists/social workers and others are means tested and may have to be paid for, which may prevent some individuals accessing these facilities. Some may be difficult to use and waiting lists may delay provision. This could mean having to rely on others so dignity and autonomy may not be maintained.</p>	8	3	3		2
	Total for Question 2	25	11	5	3	6

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (a) (i)	Allow 1 mark for identification of appropriate principle of care: Promoting effective communication and relationships.	1	1			
(ii)	Allow 1 mark for identification of appropriate principle of care. Any one from: <ul style="list-style-type: none"> • Acknowledging individual's personal beliefs and identity. • Promoting individuals' rights to dignity/choice. 	1	1			
(iii)	Allow 1 mark for identification of appropriate principle of care: Promoting individuals' rights to dignity.	1	1			
(iv)	Allow 1 mark for identification of appropriate principle of care. Any one from: <ul style="list-style-type: none"> • Promoting individuals' right to choice. • Acknowledging individuals' personal beliefs and identity. • Providing individualised care. 	1	1			
(b) (i)	Allow 1 mark for identification of appropriate life quality factor and up to 2 marks for effect on well-being. Any one from: Social support: Having someone to talk to who understands her will provide security and make her feel more relaxed or confident. Psychological security: Her husband may give reassurance to help allay her fears if worrying about the treatment she will receive.	3	2	1		
(ii)	Allow 1 mark for identification of appropriate life quality factor and up to 2 marks for effect on well-being. Social contact: The opportunity to be with other people will prevent her feeling isolated or lonely. Social support: Will be with others in the same situation so will be able to reassure each other. Psychological security: Feeling safe with other women. Dignity: Less embarrassed than if in a mixed ward, so will be more comfortable.	3	2	1		

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (b) (iii)	<p>Allow 1 mark for identification of appropriate life quality factor and up to 2 marks for effect on well-being.</p> <p>Stimulation: Will help to keep her mind active and alert, thus preventing boredom, and often depression, caused by having nothing interesting to do. Could take her mind off pain.</p> <p>Autonomy: Can make her own decisions as to what she wants to watch when she wants to; doesn't have to do the same as others.</p>	3	2	1		
(c) (i)	<p>Award a maximum of 3 marks for a detailed explanation of why it is important for Priya to maintain a high level of hygiene.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • It is important for Priya to keep clean and use precautions to guard against infection to prevent further disease or illness which will delay her recovery. • She is vulnerable as her body is fighting to recover from illness and her immune system is at a low ebb. • She may have an open wound and be at risk of MRSA. 	3	2	1		
(ii)	<p>0-3 marks: Answers that give a brief identification of several relevant safe working practices, or answers which address only one area of hygiene. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-7 marks: Answers that show knowledge and understanding and explain the safe working practices the nurses should use to maintain hygiene in the hospital. Reference should be made to at least two areas of hygiene. Answers convey meaning, with some use of specialist vocabulary.</p> <p>8-9 marks: Answers that show sound knowledge and understanding and evaluate the safe working practices the nurses should use to maintain hygiene in the hospital. Reference should be made to several areas of hygiene. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Maximum 5 marks if only individuals or themselves are addressed.</p>	9		3	3	3

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (c) (ii) (Cont'd)	<p>Likely answers may include:</p> <ul style="list-style-type: none"> • Good hygiene practices are in place to control infection. NICE (the National Institute for Health and Clinical Excellence) has guidelines to control infection within the caring sector. Infection is a two-way process and guidelines are in place to protect the patient and the care worker from contracting infection. • Care workers are in a vulnerable position as they are exposed to a large number of individuals that can pass an infection on to them. • Safe working practices for maintaining hygiene include: <p>Regular hand washing/use of anti-bacterial gels should be used to keep hands clean at all times, particularly when entering the ward/after going to the toilet/cleaning.</p> <p>Using disposable gloves and aprons to prevent passing infection from one patient to another and keep uniforms clean, then throwing them away, reduces risk.</p> <p>Sterilising equipment: ensuring all equipment and dressings are kept in a clean safe place where they cannot be contaminated. Dressings should be sealed and used dressings should be disposed of properly.</p> <p>Not using the same equipment for different patients if there is a risk of cross-contamination, e.g. thermometers.</p> <p>Using sharps safely: disposing of used needles so that others cannot use/touch them.</p> <p>Basic food hygiene: following the food hygiene regulations – keeping food at correct temperature, washing hands/wearing gloves before distributing food.</p> <p>Educating carers and individuals: modelling acceptable behaviour at all times to encourage other staff/patients and visitors to do the same.</p> <p>Personal hygiene: hand washing, hair tied back, no jewellery.</p> <p>Other safe working practices include: changing beds, encouraging patients to wash or shower and change clothing.</p> <p>Evaluation should refer to effectiveness/ease/cost of carrying out the above procedures.</p>					
TOTAL		25	12	7	3	3

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (a)	<p>Allow 1 mark for each relevant point, up to a maximum of 2 marks.</p> <p>To give reassurance that the nurse is fully qualified and the service they provide is up to standard. Gives a platform to voice any complaints or concerns. NMC will act/protect nurses if complaints are made.</p>	2		2		
(b)	<p>Allow 1 mark for each relevant point, up to a maximum of 2 marks.</p> <p>The code sets standards of care which all nurses should follow. The regulations set out in the code of conduct means that all nurses should provide the same quality of care wherever they are.</p>	2		2		
(c) (i)	<p>Allow 1 mark for identification of each group of individuals with language and communication needs, up to a maximum of 3 marks.</p> <p>Any three from those who:</p> <ul style="list-style-type: none"> • speak different languages • have hearing loss • have limited vision • have speech difficulties • have limited understanding/learning disability 	3	3			
(ii)	<p>Allow 1 mark for each relevant point made, up to a maximum of 3 marks.</p> <p>Strategies must refer to one group only.</p> <p>Any one from:</p> <p>Speak different languages: They may need an interpreter who will interpret/translate into the first language of an individual or could use graphical information in the form of pictures or use gestures.</p> <p>Have hearing loss: Could use British Sign Language which is a visual language that uses hand shapes, hand movements and facial expressions or Makaton which combines signs from BSL and adds pictures. It assists those with communication difficulties to communicate effectively and assists with writing words. Most symbols are black and white, illustrating the meaning of words. Makaton uses speech, gesture, facial expressions, eye contact, body language and symbols. An interpreter may be needed if the nurse is not trained in the use of these methods of communicating. Encourage the individual to use hearing aids which amplify sound so that the hard of hearing can hear more clearly.</p>	3		3		

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>4. (c) (ii) (Cont'd)</p>	<p>Have limited vision: Can speak clearly as they can hear well but may have difficulty with reading appointments or directions so that they may need to use Braille, which is a system of raised dots which individuals read by feeling with their fingertips. This is used by people with severe sight impairments. Braille is a code, not a language. The code represents words, numbers, punctuation, mathematical and scientific symbols, computer languages and music. Any language can be translated into Braille for the blind. This means it is universal. Many public places have a Braille code to give information, e.g. on public convenience doors, on the buttons in lifts.</p> <p>Have speech difficulties/limited understanding: Use of Makaton (as above) or Widgeit, a computer software program. A scheme that has symbols for words. It is particularly useful for children with language difficulties. They see pictures and then associate those with the words that are spoken and written.</p> <p>Adapted computers can have voice recognition features, large keys and have specialised programs uploaded for the individual.</p> <p>Use of an advocate. This is where someone is appointed to represent the views of the individual. It can be a relative, volunteer or a professional. It is used when an individual is unable to communicate or is seriously ill. A volunteer may know an individual very well and is able to represent the individual's interest.</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (d)	<p>Allow 1 mark for identification of the principle of care and up to 2 marks for explanation.</p> <p>Protecting individuals from abuse. The statement supports this principle of care as it gives guidance on what care workers should do and makes them aware of their responsibilities, e.g. recording and reporting incidents of different types of abuse.</p> <p>Promoting and supporting individuals' right to safety. The statement supports this principle of care as care workers should be aware of all safe working practices and should record and report incidents, e.g. not sign-posting wet floors, incorrect disposal of needles.</p>	3	1	2		
(e) (i)	<p>0-2 marks: Answers that give a basic identification of the main principles of the act or a list of human rights. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers that describe the features of the act in promoting human rights in the UK. Answers convey meaning, with some use of specialist vocabulary.</p> <p>5-6 marks: Answers that assess the main features of the act in promoting human rights and equality. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>The Human Rights Act 1998 gives people the right to start court proceedings if they believe that, for whatever reason, their rights have been breached, according to the European Convention on Human Rights.</p> <p>The Human Rights Act ensures that each individual can clearly understand basic values and standards. The legislation covers all kinds of care environments, e.g. homes, hospitals, social services departments, etc.</p> <p>All public authorities must pay proper attention to each individual's rights when they make decisions that are going to affect the public.</p> <p>The Human Rights Act has had an effective impact on legislation in this country.</p> <p>People are able to challenge what they consider to be unlawful interference with their human rights, before the UK courts.</p>	6	2		2	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (e) (i) (Cont'd)	<p>The Human Rights Act 1998 is quite a recent addition to the equality law in the UK, but it is very important in relation to care environments as it enables people to seek redress for infringements of their human rights. The Act has been described as giving the basic rights and freedoms to which all humans are entitled. The United Nations Universal Declaration of Human Rights states that 'all human beings are born free and equal in dignity and rights'. The Act makes it clear that, as far as possible, the courts in this country should interpret the law in a way that is compatible with the European Convention on Human Rights, and it places an obligation on public authorities to act compatibly with those rights. In 2000, the Human Rights Act made rights from the European Convention on Human Rights enforceable in the courts of this country. This is a much simpler arrangement than the previous one.</p> <p>The Act gives people a clear legal statement of their basic rights and fundamental freedoms. The key principle of the Act is that, wherever possible, there should be compatibility with the European Convention on Human Rights.</p> <p>The Act consists of the basic rights taken from the European Convention on Human Rights. The Act affects matters of life and death, freedom and torture, and also an individual's rights in everyday life.</p> <p>These rights include:</p> <ul style="list-style-type: none"> • the right to life • prohibition of torture, inhuman or degrading treatment • prohibition of slavery and forced labour • the right to liberty and security • the right to a fair trial • no punishment without law • the right to respect for private and family life • freedom of thought, conscience and religion • freedom of expression • freedom of assembly and association • the right to marry and start a family • prohibition of discrimination • protection of property • the right to enjoy and protect own possessions • the right to education • the right to free elections • abolition of the death penalty 					

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (e) (ii)	<p>0-2 marks: Answers that give a basic identification of the purpose of the chosen method of redress, possibly a list. Answers convey meaning but lack detail. Little or no specialist vocabulary.</p> <p>3-4 marks: Answers that describe the role of the organisation, with some reference to individuals' rights. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>5-6 marks: Answers that discuss in detail the work of the organisation, showing understanding of how it maintains individuals' rights. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>The Parliamentary and Health Service Ombudsman exists to provide a service to the public by investigating complaints about government departments and agencies in the UK and the NHS in England if they have not acted properly or fairly or have provided a poor service. This is done by the Public Services Ombudsman in Wales.</p> <p>The Ombudsman will normally only take on a complaint after the individual has first tried to resolve the complaint with the organisation involved and has received a response from them. The Ombudsman believes that the organisation should be given a chance to respond and, where appropriate, try to put things right before he/she becomes involved. If an individual is still unhappy after they have completed this process, they will then need to ask an MP to refer the complaint to the Parliamentary and Health Service Ombudsman. It works hard to consider complaints about the NHS, government departments and other public bodies as quickly as they can. If it is not the right organisation to help with a complaint it will suggest who might be able to help.</p>	6	2		2	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>4. (e) (ii) (Cont'd)</p>	<p>It will listen to individuals to understand their needs and tailor its service accordingly, providing interpreters and advice and information in a range of formats, including large print or audio and in any language. If needed it does not investigate all the complaints but every enquiry receives a response. It aims to acknowledge complaints within one working day if it is sent by email, and within two working days if it arrives by post. A complaint should normally be made to the public body concerned before being brought to them. If the individual has not already done this, it can advise on how to do this, and how to bring the matter back to them if the individual is unhappy with the response. The law requires that complaints about the NHS must be made in writing, and complaints about parliamentary bodies must be referred by an MP. Before deciding what action to take, complaints are assessed in detail. It may conclude that no further action is required, in which case it will write to individuals to explain how the public body has already put things right or reassure them there is no case to answer.</p> <p>If something has gone wrong, it works to resolve the issue as quickly as possible, without the need for formal investigation. Where a complaint can be resolved directly, without the need for a formal investigation, it aims to write, explaining its conclusion, within 40 days (for 90% of cases). Only a small number of cases need to be resolved by a formal investigation. It aims to complete 90% of investigations within 12 months of the date it first decides to investigate.</p> <p>Individuals have a right to complain about the service.</p> <p>Customer service standards – the Ombudsman reports annually on how well it is meeting the standards it has set for itself.</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>4. (e) (ii) (Cont'd)</p>	<p>European Court of Human Rights</p> <p>The European Court of Human Rights aims to apply and to protect the civil and political rights of the continent's citizens. These principles are set out in the European Convention of Human Rights. The court was established and is overseen by the Council of Europe, a pan-European human rights body.</p> <p>The court considers cases brought by individuals, organisations and states against the countries which are bound by the convention, namely, all European nations except Belarus.</p> <p>Countries must comply with the court's verdicts, although the court cannot directly enforce this.</p> <p>Most of the nations which have signed the human rights convention, including the UK, cannot approach the European Court of Human Rights directly. The court will only hear a case when all domestic legal avenues have been exhausted. Moreover, claimants must show that they have been a direct victim of an alleged violation and they cannot bring cases against individuals or private bodies.</p> <p>The council is a distinct entity and is not a branch of the European Union (EU). The European Human Rights Convention is its landmark treaty.</p> <p>The European Court of Human Rights should not be confused with the European Court of Justice – the EU's highest court.</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>4. (e) (ii)</p> <p>(Cont'd)</p>	<p>The Equality and Human Rights Commission</p> <p>The Equality and Human Rights Commission believes that everyone should be treated fairly and with dignity. It aims to help Britain develop in a way that values the ideals that most of us hold dear – respect, freedom, equality, dignity and fairness. These are also the core principles that underpin ‘human rights’ – the basic rights and freedoms that belong to all of us as human beings.</p> <p>Its role is to:</p> <ul style="list-style-type: none"> • ensure people are aware of their rights and how to use them • work with employers, service providers and organisations to help them develop best practice • work with policymakers, lawyers and the government to make sure that social policy and the law promote equality • use its powers to enforce the laws that are already in place <p>As a single Commission, it can act as one source of information and advice and tackle discrimination on multiple levels (many people face more than one type of discrimination). It brings together the work of the three previous equality commissions (the Equal Opportunities Commission, the Commission for Racial Equality and the Disability Rights Commission) and also has new responsibilities. This means it can provide previously under-represented groups, such as older people, with a powerful body to tackle discrimination.</p> <p>There are laws in this country to protect us from discrimination, unequal treatment and to preserve our rights.</p> <p>The Equality and Human Rights Commission can help individuals work out their rights and give them advice on what they can do next.</p> <p>It has extensive powers to enforce equality law. It offers advice and information through helplines, website and publications.</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>4. (e) (ii) (Cont'd)</p>	<p>It can take legal cases on behalf of individuals as well as legal action to prevent breaches of the Human Rights Act. However, it can only take on a limited number of cases each year so it will concentrate on those cases which test the law. In addition, it gives funding to organisations that provide legal advice to members of the public. Its role includes making sure that public authorities carry out their legal duties to tackle discrimination and promote equality. It also has the power to launch official enquiries and formal investigations.</p> <p>It works to influence the government to develop equality and human rights legislation that it is fit for the 21st century and that gives everyone the chance to reach their full potential. It uses its influence and authority to ensure social policy considers the importance of equality and human rights and that these issues remain at the top of the government's agenda.</p> <p>The Equality and Human Rights Commission works with public, private and voluntary organisations and employers to reduce discrimination, develop good practice and promote equality of opportunity for all. It uses its communications and campaigns work to reach new audiences and to push for social change and justice.</p> <p>Discussion may refer to effectiveness/accessibility.</p>					
TOTAL		25	8	9	4	4

UNIT 5

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a)	<p>Award 1 mark for correct identification of Act.</p> <p>Any one from:</p> <ul style="list-style-type: none"> • The Disability Discrimination Act (1995, 2005) • The Equality Act 2010 	1	1			
(b)	<p>Award 1 mark for each identification of a possible cause, up to a maximum of 2 marks.</p> <p>Any two from:</p> <ul style="list-style-type: none"> • chromosomal abnormalities • genetic factors • birth trauma • nutritional factors • accidents • infections • acute/chronic disease • environmental factors (e.g. stress) • age-related factors • lifestyle 	2	2			
(c) (i), (ii), (iii), (iv)	<p>Award 1 mark for each aid or adaptation identified, up to a maximum of 4 marks.</p> <p>Any four from:</p> <ul style="list-style-type: none"> • technology in kitchen, lounge, bathroom • widened doorways • lowered surfaces • accessible buildings – ramps/lifts • raised toilet seats/commodes • bathrooms/wet rooms – bath hoist/shower seat • bed hoist • grab bars <p>(Any other reasonable answer.)</p>	4		4		

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (d) (i), (ii), (iii), (iv)	<p>Award 1 mark for identification of each practitioner, and 2 marks for support or help provided up to a maximum of 6 marks.</p> <p>Any two from:</p> <p>GP</p> <ul style="list-style-type: none"> • advice • referrals • prescriptions, medication <p>Social worker</p> <ul style="list-style-type: none"> • assess needs • provide care plan • advice and support <p>Physiotherapist</p> <ul style="list-style-type: none"> • exercises and assessment • provide ways to promote independence, manage symptoms and pain <p>Occupational therapist</p> <ul style="list-style-type: none"> • assessment of daily living activities • provision of aids and adaptations <p>Home care worker/domiciliary worker</p> <ul style="list-style-type: none"> • assist with daily living activities, e.g. bathing, dressing <p>Community nurse</p> <ul style="list-style-type: none"> • administration of medication • treatment of pressure sores • help with rehabilitation <p>Pharmacist</p> <ul style="list-style-type: none"> • dispense medication • check medication • suggest medication • advice <p>(Any other reasonable answer.)</p>	6	2	2	2	
(e)	<p>0-2 marks: Answers that make reference to the fact that it is society that disables people. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers that show understanding of the fact that disability is not just caused by impairment but is the result of discrimination by society. Answers convey meaning, with some use of specialist vocabulary.</p> <p>Likely answers may include:</p> <p>The social model of disability: A failure to allow people with disability to have equal access and equal opportunity; that disability is a social construct. The social model of disability says that disability is caused by the way society is organised, rather than by a person's impairment or difference. It looks at ways of removing barriers that restrict life choices for disabled people. When barriers are removed, disabled people can be independent and equal in society, with choice and control over their own lives.</p>	4	2		1	1

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (f)	<p>0-3 marks: Answers that identify appropriate legislation and/or make some attempt to briefly describe how legislation can support and protect individuals with disabilities. Possibly a list. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that describe how specified legislation may support and protect individuals with disabilities, with evidence of understanding of the practical implications. Answers convey meaning, with some use of specialist vocabulary.</p> <p>7-8 marks: Answers that assess and discuss how specified legislation can protect individuals, with reference to practical and legislative means that individuals with disabilities might draw on. Clear assessment, with appropriate examples. Answers are well structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>The Disability Discrimination Act 1995 (DDA 1995) gives disabled people protection against disability discrimination in a wide range of areas. This Act has been significantly extended since 1995, including by the Disability Discrimination Act 2005.</p> <p>The main purpose of the Equality Act 2010 (EA) is to streamline and strengthen anti-discrimination legislation in Great Britain. It provides the legal framework that protects people, including disabled people, from discrimination. It replaces a range of anti-discrimination legislation, including the Disability Discrimination Act 1995 (DDA) and subsequent amendments.</p> <p>The Equality Act 2010 now gives disabled people rights in the areas of: employment; education; access to goods, facilities and services; buying and renting land or property; the functions of public bodies; and membership of and access to private clubs.</p> <p>The EA generally carries forward the protection provided for disabled people by the DDA. However, there are key differences:</p> <ul style="list-style-type: none"> • The DDA provided protection for disabled people from direct discrimination only in employment and related areas. The EA protects disabled people against direct discrimination in areas beyond the employment field (such as the supply of goods, facilities and services). 	8	2	1	1	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (f) (Cont'd)	<ul style="list-style-type: none"> • The EA introduced improved protection from discrimination that occurs because of something connected with a person’s disability. This form of discrimination can be justified if it can be shown to be a proportionate means of achieving a legitimate aim. • The EA introduced the principle of indirect discrimination for disability. Indirect discrimination occurs when something applies in the same way to everybody but has an effect which particularly disadvantages, for example, disabled people. Indirect discrimination may be justified if it can be shown to be a proportionate means of achieving a legitimate aim. • The EA applies one trigger point at which there is a duty to make reasonable adjustments for disabled people. This trigger point is where a disabled person would be at a substantial disadvantage compared to non-disabled people if the adjustment was not made. • The EA extends protection from harassment that is related to disability. Previously, explicit protection only applied in relation to work. The EA applies this protection to areas beyond work. • The EA provides protection from direct disability discrimination and harassment where this is based on a person’s association with a disabled person, or on a false perception that the person is disabled. • The EA contains a provision which limits the type of enquiries that a recruiting employer can make about disability and health when recruiting new staff. This provision will help prevent disabled candidates from being unfairly screened out at an early stage of the recruitment process. <p>Reference may also be made to the NHS and Community Care Act which states that it “enables people affected by aging or disability to live as independently as possible”.</p> <p>Discussion should include exploration of how this can protect and promote an independent life.</p>					
	Total for Question 1	25	9	7	4	5

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a)	<p>Award 2 marks for correct description of one test for dementia.</p> <p>Any one from:</p> <ul style="list-style-type: none"> • mini mental test – a series of questions and tests, each of which scores points if answered correctly; tests a number of different mental abilities, including a person's memory, attention and language • conversations • brain scans • observation 	2		2		
(b)	<p>Award 1 mark for each correct symptom identified, up to a maximum of 4 marks.</p> <p>Any four from:</p> <ul style="list-style-type: none"> • memory loss • difficulty in performing familiar tasks/action slips • problems with language • disorientation to time and place (getting lost) • poor or decreased judgement • problems with keeping track of things • misplacing things • changes in mood or behaviour • changes in personality • loss of initiative 	4	4			
(c)	<p>0-3 marks: Answers that explain one way in which a voluntary organisation might help, or consist of a limited list. Little or no use of specialist vocabulary.</p> <p>4-5 marks: Answers that give a clear explanation of several ways in which named voluntary organisations might provide help and support for the family and the patient, including clear identification of the value of the voluntary contribution to either one or both. Answers convey meaning, with good use of specialist vocabulary.</p> <p>Reference may be made to support provided by Age UK, Crossroads, MIND.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • advice for family and friends • a home visiting service • communication support • social groups • information about dementia and benefits • healthy living advice with regard to lifestyle • financial help <p>(Any other reasonable answer.)</p>	5	2	2		1

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (d)	<p>0-2 marks: Answers that give limited description of one stage of the care planning process, or consist of a list. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers that identify and give limited description of two or three stages of the care planning process. Answers convey meaning, with some use of specialist vocabulary.</p> <p>5-6 marks: Answers that identify and clearly describe three stages of the care planning process. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Any three from:</p> <p>Referral To GP. From GP to social services.</p> <p>Assessment Finding out the individual's needs and capabilities, e.g. whether they are incontinent and what their daily living skills are, by observing the individual and asking questions of both individual and carers.</p> <p>Care planning Deciding on the package of care to be provided, what services are required, when and how often, in addition to whether aids and adaptations are required, and a timetable for when it should be carried out.</p> <p>Implementation Carrying out the planned care, e.g. fitting/supplying aids and/or adaptations, home care workers providing the required support.</p> <p>Monitoring Checking that services are being provided/objectives being achieved, e.g. that adaptations have been installed and are effective and that care workers are attending as planned.</p> <p>Reviewing A meeting to ensure that the objectives of the care plan have been achieved and that it is still appropriate. Making adjustments to the care plan as a result of monitoring, e.g. providing more home care as the individual's condition worsens/lessening care if the individual has improved/possibly ending the care plan if it is no longer required.</p>	6	2	2	2	

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (e)	<p>0-3 marks: Answers that identify some key features of the Carers Recognition Act, or give a list of help and support the carer may be entitled to. Answers lack detail, with little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers that show some understanding of the Carers Recognition Act and discuss help and support the carer may be entitled to. Answers convey meaning, with some use of specialist vocabulary.</p> <p>7-8 marks: Answers that show thorough understanding of the Carers Recognition Act and discuss in detail the help and support that a carer may be entitled to. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>The carer is entitled to an assessment in their own right, even without the cared for person having their own assessment.</p> <p>The purpose of a carer's assessment is to find out how the carer can be supported and information from the carer's assessment may result in an increase in the services for the individual they care for.</p> <p>The local authority must let the carer know that they have a right to a carer's assessment and carry it out fairly if one is requested. They must also ensure that all relevant authorities that could help, such as housing authorities and health service organisations, work together to provide the help and services needed.</p> <p>Financial advice/support: if a carer provides someone on Attendance Allowance or Disability Living Allowance with more than 35 hours' care a week, they might qualify for Carer's Allowance. This may depend on any other benefits they receive or their earnings. They could also be eligible for other top-up benefits or tax credits.</p> <p>Practical support: Adult Social Care Services must see whether they can provide any support or services to help with caring. The main thing to consider is whether, without additional help, they would no longer be able to continue caring. The assessment must take into account whether or not the carer is working (or wants to work) and their normal daily activities.</p>	8	2	2	2	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (e) (Cont'd)	<p>Help can be provided by the local Adult Social Care department or by Direct Payments, i.e. money. The latter means the carer can make their own arrangements, and choose who will provide the services they've been assessed as needing, and pay for them directly.</p> <p>Examples of support offered include:</p> <ul style="list-style-type: none"> • mobile telephones • taxi fares or driving lessons • computers (to continue working, or aid return to work) • leisure classes to relieve stress • domestic help • respite care 					
	Total for Question 2	25	10	8	4	3

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (a)	<p>Award 2 marks for a detailed description of chronic disease.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • chronic disease has been defined as an illness that is prolonged in duration and is rarely cured completely • chronic disease is a long-lasting condition that can be controlled but not cured • chronic disease largely contributes to premature death, other disease contributes more to disability 	2	2			
(b) (i), (ii), (iii), (iv)	<p>Award 1 mark for each identified potential cause, up to a maximum of 4 marks.</p> <p>Any four from:</p> <ul style="list-style-type: none"> • leg weakness and paralysis • orthopaedic abnormalities, e.g. club foot, hip dislocation, scoliosis/curved spine • bladder and bowel control problems, including incontinence, urinary tract infections and poor renal function • pressure sores and skin irritations • abnormal eye movement • certain learning difficulties • hydrocephalus • opening or gap in the spine 	4	4			
(c) (i), (ii), (iii)	<p>Award 1 mark for each aid or adaptation, and 2 marks for explanation of how it supports Amina in everyday life.</p> <p>Any three from:</p> <p>In the home:</p> <ul style="list-style-type: none"> • stair lift – allow her to get up and downstairs by herself • ramp – easier to go up and down steps • widened door frames – easier to walk through and/or use a wheelchair • downstairs bathroom/wet room – so that she doesn't have to struggle to get up or down stairs/in or out of the bath – safety • hoists – to help her get in and out of bed/bath • lowered work surfaces – so she can sit down to prepare food • adapted car • wheelchair <p>In university:</p> <ul style="list-style-type: none"> • computer programs • student support workers – to help her carry her bag/assist with mobility <p>(Any other reasonable answer.)</p>	3,3,3		3	3	3

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (d)	<p>0-3 marks: Answers that list benefits or limitations, with no explanation. Answers lack detail, with little or no use of specialist vocabulary.</p> <p>4-7 marks: Answers that briefly describe benefits and/or limitations with some mention of local authority care provision. Answers are accurate with regard to client needs (remembering that she is a young person). Answers convey meaning and contain few errors, with some use of specialist vocabulary. (No higher than 6 marks if only a list.)</p> <p>8-10 marks: Answers that assess a range of benefits and limitations in comparison to a local authority care package, with clear reference to Amina’s needs, and show clear evidence of understanding. 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"> • employing a personal assistant gives Amina more autonomy, choice and control • Amina can select a personal assistant who suits her/with whom she gets on well • arrangement is more flexible as she can decide what and when care is provided as opposed to just being told • personal assistant can be asked to help in a greater range of situations, e.g. on holiday; this may not be offered by local authority • reduces number of different people providing care • quality of relationship leads to better/more consistent care <p>Limitations</p> <ul style="list-style-type: none"> • greater responsibility/stress for Amina, e.g. in selecting and employing the personal assistant or if a problem develops • requires Amina to have organisational skills • less supervision by local authority – increased risk of abuse • personal assistant may not be trained/qualified/regulated, e.g. CRB check • Amina may become over-dependent • greater risk of a gap in care if personal assistant is ill or leaves 	10	4	2	2	2
	Total for Question 3	25	10	5	5	5

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (a) (i), (ii), (iii)	<p>Award 1 mark for each symptom identified, up to a maximum of three.</p> <p>Any three from:</p> <ul style="list-style-type: none"> • muscle weakness that slowly gets worse • delayed development of muscle motor skills • difficulty using one or more muscle groups/Gower's sign/manoeuvre • drooling • eyelid drooping (ptosis) • frequent falls • problems walking (delayed walking) 	3	3			
(b) (i)	<p>Award 1 mark for identification of test used before birth and up to 2 marks for a description of the test.</p> <p>Any one from:</p> <p>Amniocentesis A diagnostic test that some women are offered between 15-19 weeks of pregnancy. A fine needle is inserted into the amniotic fluid surrounding the baby. This is then analysed in the laboratory (it takes several weeks).</p> <p>Chorionic villus sampling (CVS) A fine instrument is inserted through the woman's cervix into the uterus and a sample of the chorionic villi is removed. CVS is usually carried out between weeks 10 and 13 of the pregnancy.</p> <p>First trimester screening Involves:</p> <ul style="list-style-type: none"> • a blood test done between 10 weeks and 13 weeks and 6 days • an ultrasound (called nuchal translucency – looking at the back of the baby's neck) carried out between 11 weeks and 13 weeks and 6 days; to have this test, a referral from the family doctor to a private radiology practice is usually required <p>The results of each of these tests are combined to work out the risk of carrying an affected baby.</p> <p>Second trimester screening Carried out between 14 weeks and 20 weeks and 6 days. It is a blood test from which the risk can be calculated. The blood sample can also be tested to see if the baby has an increased chance of having a neural tube defect – alpha-fetoprotein (AFP).</p>	3	1		2	

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (b) (ii)	<p>Award 1 mark for identification of test used after birth and up to 2 marks for a description of the test.</p> <p>Any one from:</p> <p>Physical examination</p> <ul style="list-style-type: none"> • eyes – this is to pick up conditions such as congenital cataracts, not done to check the baby’s vision • heart – a wide range of abnormalities may be detected, ranging from minor defects that may get better by themselves, to more serious conditions that need further investigation and treatment, including heart surgery • hips – to check their position and stability • in boys: testicles – to check they’re in the right place <p>Hearing test</p> <ul style="list-style-type: none"> • the automated otoacoustic emission (AOAE) screening test <p>and/or</p> <ul style="list-style-type: none"> • the automated auditory brainstem response (AABR) test <p>Blood test</p> <p>Blood is taken from the baby’s heel. Helps to identify a range of health conditions, including:</p> <ul style="list-style-type: none"> • sickle cell disease – an inherited blood disorder; treating babies will help prevent serious illness • cystic fibrosis – a life-limiting inherited disorder that affects the internal organs, especially the lungs and digestive system • phenylketonuria (PKU) – a very rare condition that can cause mental disability (but is treatable once diagnosed) • congenital hypothyroidism – another rare condition that can lead to impaired growth and mental development; treated babies can develop normally • medium-chain acyl-CoA dehydrogenase deficiency (MCADD) – a rare, but potentially life-threatening, inherited disorder where fat cannot be broken down by the body as well as usual; babies with MCADD develop normally but recognising the condition early enables parents to make sure they eat regularly and avoid serious illness <p>Sweat test</p> <p>A sweat test analyses the amount of salt left on the skin when a person sweats. This can help to diagnose cystic fibrosis. The test measures the amount of salt (made up of sodium chloride) that is in sweat produced during the test. A special chemical which is known to cause sweating is put on the skin. The amount of salt in the sweat is then analysed in a laboratory.</p>	3	1		2	

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (c)	<p>Award 1 mark for identification of each practitioner, and 2 marks for outline of care and support provided for Darren.</p> <p>Occupational therapist Will assess needs/suitability of accommodation, advise/assist with provision of aids/adaptations, train Darren/relatives in use of aids/adaptations.</p> <p>Physiotherapist Will suggest/provide passive exercise/stretching/flexing limbs, train parents to provide above, give heat/cold therapy.</p> <p>Social worker Will provide support for parents and advise on accessing any service.</p> <p>(Any other reasonable answer, e.g. play therapist, paediatrician, GP.)</p>	3,3	2	4		
(d)	<p>0-3 marks: Answers that show some basic knowledge of muscular dystrophy (MD) but which are very brief/not linked to scenario. Little or no use of specialist vocabulary.</p> <p>4-7 marks: Answers that explain the physical and/or psychological impact of MD, with some reference to the school situation. Answers convey meaning, with some use of specialist vocabulary.</p> <p>8-10 marks: Answers that discuss and show thorough understanding of both the physical and psychological impact of MD and the issues that might arise. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Both the physical and psychological impact and their implications for the school should be considered.</p> <p>Discussion should include: realistic and practical suggestions for ways of accommodating a child with MD, and impact it might have on general staffing issues with regard to special educational needs provision.</p> <p>Mobility – liable to fall and lose balance and eventually likely to need a wheelchair, so will need access to mobility aids or wheelchair access around school.</p> <p>Personal care and comfort – moving and handling/toileting. Consultation with appropriate health care professionals: physiotherapist, occupational therapist.</p>	10	4	2	2	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (d) (Cont'd)	<p>Fatigue – need to be aware that Darren is likely to suffer from fatigue which can affect his behaviour as well as his ability to concentrate, learn and access a full curriculum. May be absent more often, which will also affect access to curriculum and friendships.</p> <p>Learning disability for around a third of boys. Accurate assessment required. Possible lack of expectation from staff.</p> <p>Behavioural – poor social skills/high stress levels/low self-esteem. Frustration at not being able to keep up with able-bodied peers. School should be aware of the potential for behavioural problems and monitor this as well as making Darren feel included.</p> <p>Potential for discrimination/bullying because he is different to other children; this could be avoided by making the class aware of MD but also making Darren feel an equal member of the class.</p>					
	Total for Question 4	25	11	6	6	2

UNIT 6

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a) (i)	<p>Award 1 mark for a correct identification of one infection caused by food.</p> <p>Any one from:</p> <ul style="list-style-type: none"> • tapeworm • food poisoning • named food poisoning, e.g. salmonella • any water-transmitted disease, e.g. typhoid 	1	1			
(ii)	<p>Award 1 mark for each way transmission of disease through food may be minimised, up to a maximum of 4 marks.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • preparation hygiene • appropriate storage • monitoring shelf life • adequate cooking • temperature maintenance before serving • elimination of disease in livestock 	4	4			
(iii)	<p>Award 1 mark for a correct identification of one infection transmitted by blood.</p> <p>Any one from:</p> <ul style="list-style-type: none"> • HIV/AIDS • hepatitis <p>(Any other correct answer.)</p>	1	1			
(iv)	<p>Award 1 mark for each way transmission of infection by blood can be minimised, up to a maximum of 3 marks.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • avoidance of blood-to-blood contact • barrier methods, e.g. gloves for first aiders/ medical staff • use of condoms • elimination of use of transfusion blood contaminated with disease • no needle sharing • honest communication with sexual partners 	3	3			
(v)	<p>1 mark for each correct identification of one infection transmitted through the air.</p> <p>Any one from:</p> <ul style="list-style-type: none"> • flu • common cold 	1	1			

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a) (vi)	<p>Award 1 mark for each correct way in which transmission of disease through air may be minimised, up to a maximum of 3 marks.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • barrier methods • use of handkerchiefs, face masks • quarantine/stay at home • disinfection of surfaces • appropriate immunisation • regular hand washing 	3	3			
(b) (i)	<p>0-2 marks: Answers which show limited understanding of all three measures or good understanding of one of the measures. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers which show some understanding of the principles and reasons for all three measures, or good understanding of two of the measures. Answers convey meaning, with some use of specialist vocabulary.</p> <p>5-6 marks: Answers which discuss the principles and reasons for all three measures, with evidence of clear understanding. 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"> • basic toilet containment, like a hole in the ground, can keep the infectious organisms in sewage away from people and their drinking water supply • hand washing (again, in a place well separated from the drinking water supply), removes pathogens from the hands, reducing the risk of passing these on through contact/food preparation • boiling water kills pathogens in the water, rendering the water safe for drinking and food preparation; secure storage of pre-boiled water prevents re-infection of the water. 	6	2	4		

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (b) (ii)	<p>0-2 marks: Answers which make limited points to identify social and/or economic benefits of projects set up to eliminate waterborne diseases. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers which show some understanding of the social and/or economic benefits of projects set up to eliminate waterborne diseases. Answers convey meaning, with some use of specialist vocabulary.</p> <p>5-6 marks: Answers which clearly discuss the social and economic benefits of projects set up to eliminate waterborne diseases. Reference may be made to specific projects. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Potential benefits which emerge will then revolve around improved quality of life with social and economic benefits that might include:</p> <p>Social benefits</p> <ul style="list-style-type: none"> • better quality of life • better family/community life • better health • less time spent caring for unwell individuals • less loss of life <p>Economic benefits</p> <ul style="list-style-type: none"> • less work time lost/improved productivity • saving of cost of medical treatment • less pressure on health provision • more medical resources available for other conditions • charitable/aid donations • project itself will bring employment <p>Reference may also be made to:</p> <ul style="list-style-type: none"> • projects aimed at providing a safe drinking water supply, e.g. drilling of wells, rainwater harvesting systems • projects aimed at providing sewage separation and management structures, e.g. composting toilets, septic tank installations, small sewage treatment systems like reed bed systems • vaccination programmes against waterborne diseases, as this could reduce the reservoir of infection and break the cycle of infection/re-infection • education projects, especially in the construction and maintenance of simple and appropriate water and sewage systems 	6	2	2		2
	Total for Question 1	25	17	6	0	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a) (i)	<p>Award 1 mark for each correct answer which states how parasites differ from microbes.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • size • parasites are larger • parasites are macro-organisms 	1	1			
(ii)	<p>1 mark for each correct answer, up to a maximum of 2 marks.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • endo – inside body • ecto – outside body/on surface 	2		2		
(b) (i)	<p>Award up to 2 marks for a detailed description of how either headlice or tapeworms are transmitted.</p> <p>Likely answers may include:</p> <p>Tapeworm</p> <ul style="list-style-type: none"> • can be passed to humans from animals • through contaminated food or water • through contact with human or animal faeces <p>Headlice</p> <ul style="list-style-type: none"> • transfer is by close head-to-head contact between people • also possibly by immediate sharing of combs/brushes • lice only survive for minutes away from a human head • are not carried by pets 	2	2			

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (b) (ii)	<p>Award 1 mark for each correct symptom, up to a maximum of 2 marks.</p> <p>Likely answers may include:</p> <p>Depending on the type of tapeworm, symptoms could include:</p> <ul style="list-style-type: none"> • pain in the abdomen • pain in the part of the abdomen immediately above the stomach (epigastric pain) • nausea or vomiting • enteritis (inflammation of the intestine, usually accompanied by diarrhoea) • diarrhoea • weight loss • loss of appetite • dizziness • insomnia • fits (convulsions) • malnutrition (a condition caused by not being able to absorb food properly) • itchy anus <p>Headlice</p> <ul style="list-style-type: none"> • itching, especially behind the ears or the back of the neck • continuous scratching • broken skin • soreness/inflammation due to secondary infections • visible eggs/lice/nits 	2	2			
(c) (i)	<p>Award up to 2 marks for a detailed explanation of the change in spending.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • expenditure on Bug Buster Kits went up markedly in the second year • increase from a few hundred to over a thousand pounds (or reasonable specific estimates) • increase in cost for second year a little more than a thousand pounds (or reasonable specific estimate of increase) 	2		2		
(ii)	<p>Award up to 2 marks for a detailed explanation of the effect on spending.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • expenditure on insecticide treatments decreased in second year • indicating effectiveness of Bug Buster Kits in reducing infection • down from over £9,000 to just under £6,000 (or reasonable specific estimates) • total expenditure saved on insecticide in second year estimated (reasonable estimate, say £3,000-£3,500) 	2			2	

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (c) (iii)	<p>0-3 marks: Answers which show some ability to relate the figures on the chart to estimates of the balance of expenditure, and draw some conclusion. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers which show clear understanding of how figures on the chart relate to estimates of the balance of expenditure. Answers draw a clear and reasonable conclusion. Answers will recognise the need to take account of costs and benefits not illustrated in the chart. Answers convey meaning, with good use of specialist vocabulary.</p> <p>Likely answers may include:</p> <p>Increased expenditure on kits is more than balanced by reduced expenditure on insecticide. A numerical estimate of balance (credit anything reasonable) is probably in the range £1,300 - £2,000. Therefore, the campaign would appear to be cost-effective. Better answers will realise that expenditure on materials is not the full economic story, and that the costs of promoting and administering the campaign need to be considered, as do savings on doctors, and pharmacists' time.</p>	6			4	2
(iv)	<p>0-3 marks: Answers which show some awareness of a limited range of potential benefits of the campaign. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers which discuss a range of potential benefits of the campaign. Answers convey meaning, with some use of specialist vocabulary.</p> <p>7-8 marks: Answers which discuss in detail the wider range of potential benefits of the campaign. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>The campaign seems to have created greater awareness of the Bug Buster Kits. This will provide families with better knowledge and understanding of the problem and improving their ability to respond quickly and effectively. The resulting health benefits include better and quicker control of head lice, also less exposure of children to insecticide, which may have health consequences of its own. Wider health benefits include reduction in transmission of lice and less insecticide going into the wider environment.</p>	8			4	4
Total for Question 2		25	5	4	10	6

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (a) (i)	<p>Award a maximum of 2 marks for a detailed description of vaccination-induced immunity.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • active • artificially induced 	2	2			
(ii)	<p>Award 1 mark for identification of what a vaccination contains.</p> <p>Award 2 marks for a description.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • a small dose of the disease • which has been weakened or killed 	2	2			
(iii)	<p>Award 1 mark for each correct point made, up to a maximum of 4 marks.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • the production of specific antibodies • in response to particular antigens • which will neutralise the infection • memory lymphocytes remain • enabling a faster more effective response to subsequent infections 	4	2	2		
(b) (i)	<p>Award 1 mark for a correct identification of a vaccination and 1 mark for identification of appropriate life stage at which it is offered (do not accept ages).</p> <p>Likely answers may include:</p> <p>Infancy</p> <ul style="list-style-type: none"> • polio, pertussis (whooping cough), diphtheria, tetanus, influenza b, pneumococcus, meningitis, MMR <p>Childhood</p> <ul style="list-style-type: none"> • polio, pertussis (whooping cough), diphtheria, tetanus, influenza b, meningitis, MMR <p>Adolescence</p> <ul style="list-style-type: none"> • HPV (girls only) <p>Old age</p> <ul style="list-style-type: none"> • influenza b (accept 'flu jab') <p>Any age according to stated risk</p> <ul style="list-style-type: none"> • named holiday vaccination, e.g. cholera, typhoid • TB, e.g. if local outbreak, contact with infected individual 	2	2			

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (b) (ii)	<p>0-2 marks: Answers which make some limited relevant points to identify benefits of immunisation. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers which show some understanding of the benefits of vaccination programmes. Answers convey meaning, with some use of specialist vocabulary.</p> <p>5-6 marks: Answers which discuss the benefits of vaccination programmes, with clear evidence of understanding. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Individual</p> <ul style="list-style-type: none"> • protection against disease • no loss of working time • healthier life <p>Society</p> <ul style="list-style-type: none"> • healthier, more productive workforce • avoidance of the major disruption that can be caused by epidemics • less demand on the acute healthcare system • less treatment cost <p>Credit answers that acknowledge benefits to the individual of having a schedule.</p>	6		2	2	2
(iii)	<p>Award up to a maximum of 3 marks for a detailed explanation.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • when enough (accept a large percentage) people are vaccinated, there is a 'herd immunity' effect • the large number of immune people make it difficult for a chain of infection to become established • the reservoir of infection becomes substantially reduced • this reduces the chances of even a non-immunised person becoming infected 	3		3		

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (b) (iv)	<p>0-3 marks: Answers which show understanding of some of the factors which may lead people to refuse vaccination for themselves or their children. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers which show clear understanding of the range of factors that may lead people to refuse vaccination for themselves or their children. Answers convey meaning, with some use of specialist vocabulary.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • ethical, e.g. making a vaccination decision for a child, hence exposing the child to some risk • religious and philosophical objections, e.g. vaccination against an STI can be construed as passing an unacceptable message • fear of side-effects • fear of contracting the disease • media scare, moral panic, negative reporting 	6	2		2	2
	Total for Question 3	25	10	7	4	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (a) (i)	<p>Award up to 3 marks for a detailed explanation of STI.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • an infectious disease • passed from person to person • by genital contact/sexual activity 	3		3		
(ii)	<p>0-3 marks: Answers which identify a strategy, but show limited description of how it might work to reduce STIs. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers which show understanding by naming a specific strategy and describing how it might work to reduce STIs. Answers convey meaning, with some use of specialist vocabulary.</p> <p>Likely answers may include:</p> <p>Potential strategies:</p> <ul style="list-style-type: none"> • family planning centres • GUM clinics • C-card schemes (local strategies) <p>(Accept any other named strategy.)</p> <p>A good answer will describe what the strategy does and explain how it might be expected to reduce the incidence of STIs. So, for instance, family planning centres/C-card schemes may provide free condoms, encouraging their use, and so increasing the use of barrier methods for the reduction of STIs. GUM clinics provide confidential diagnosis and treatment of STIs, reducing the psychological barriers and hence encouraging people to seek early treatment, reducing the reservoir of infection/risk of further transmission.</p>	6	3	3		

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (a) (iii)	<p>0-3 marks: Answers which describe ways of reducing STIs, with little or no discussion. Possibly a list. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-6 marks: Answers which describe the main ways in which sensible lifestyle choices can reduce risk with some discussion of the degree of risk reduction varying with each choice. Answers convey meaning, with some use of specialist vocabulary.</p> <p>Likely answers may include:</p> <p>Individuals could:</p> <ul style="list-style-type: none"> • choose to use barrier methods • reduce the number of partners they are sexually active with; this would reduce, but not remove, the risk of infection • choose to undergo regular screening for STIs if sexually active, ensuring rapid treatment <p>Discussion should also consider the role of abstinence or having a single partner, which can remove or substantially reduce the likelihood of contracting an STI. Some discussion of modification of attitudes/peer pressure would also be appropriate.</p>	6	2		2	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (b)	<p>0-3 marks: Answers which show limited understanding of the fact that health status is usually related to underlying social and economic factors, and that a holistic system would address these alongside direct treatment of ill-health. Answers are illustrated by reference to one of these factors. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-7 marks: Answers which show understanding of the fact that health status is usually related to underlying social and economic factors, and that a holistic system would address these alongside direct treatment of ill-health. Answers are illustrated by reference to more than one example of underlying factors. Answers convey meaning, with some use of specialist vocabulary.</p> <p>8-10 marks: Answers which show thorough understanding of the fact that health status is usually related to underlying social and economic factors, and that a holistic system would address these alongside direct treatment of ill-health. Answers are illustrated by reference to a wide range of underlying factors. Answers are well structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Holistic in this context implies:</p> <ul style="list-style-type: none"> • not just consideration of the ill-health itself but also the underlying causes of the ill-health • consideration of physical, social, emotional and social well-being needs to be made • aggravating factors such as poverty, poor water supply/sanitation, poor work and employment practice, need to be considered • programmes of preventative education need to be provided • care for the elderly and other disadvantaged groups needs to be considered • needs to be recognised that traditional and alternative therapies have a role to play in 'complete well-being' for many people and cultures. 	10		4	2	4
	Total for Question 4	25	5	10	4	6

UNIT 7 - COURSEWORK ASSIGNMENT

	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>

UNIT 8

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a)	<p>Award 1 mark for each correct possible reason as to why Tricia may be depressed, up to a maximum of 2 marks.</p> <p>Likely answers may include:</p> <ul style="list-style-type: none"> • loss of home and possessions • trauma of the fire • fear it could happen again • worry about Gareth • temporary housing may mean they are not close to family/friends • temporary housing may be of a poor standard • being a single parent <p>(Any other reasonable answer.)</p>	1,1	1	1		
(b)	<p>Award up to 3 marks for each of two detailed descriptions of the affects on Gareth's social and emotional health and wellbeing.</p> <p>Likely answers may refer to positive or negative effects and may include:</p> <p>Social</p> <ul style="list-style-type: none"> • location – distance to school/maintenance of relationships with friends and family • access to local amenities, e.g. park, library, leisure centre, etc. • transport links – to stay in touch with family and friends • lonely because away from friends <p>Emotional</p> <ul style="list-style-type: none"> • standard of temporary housing – does he feel secure, safe and comfortable? • if house is in same area as his previous home, can stay in touch with friends, neighbours, family • uncertainty about future housing could cause worries and anxiety • reference to low self-esteem/lack of confidence • lonely, therefore sad/withdrawn <p>(Any other reasonable answer.)</p>	6	4	2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (c)	<p>0-2 marks: Answers that discuss, in basic terms, services that could help meet individual needs. Answers lack detail, with little use of specialist vocabulary.</p> <p>3-5 marks: Answers that show some knowledge and understanding through discussion of appropriate services to meet the family's needs, with some reference to the humanistic approach. Answers are structured, convey meaning and contain few errors. Some use of specialist vocabulary.</p> <p>6-7 marks: Answers that show detailed knowledge and understanding of the humanistic approach, through discussion of appropriate services that could meet the family's needs. Answers are well structured and clearly expressed. Specialist vocabulary is used with ease and accuracy.</p> <p>Answers should include reference to Maslow or Rogers.</p> <p>Likely answers may include:</p> <p>Maslow's Hierarchy of Needs</p> <p>According to Maslow, individual needs are:</p> <p>Physiological Shelter, food, water, sleep, medication.</p> <p>Suitable services Re-housing, providing water, warmth, food, replacement clothing. Access to health care: Tricia may need to see her GP and get medication for her depression and any other health needs, e.g. lasting effects from the fire.</p> <p>Safety and security Protection from elements, security, law, order, stability, financial security.</p> <p>Suitable services Re-housing – temporary housing, welfare benefits, help with insurance claims and legal matters.</p> <p>Love and belonging Relationships - family, friends, neighbours, work colleagues, etc.</p> <p>Suitable services Social services/local authority, being located near to family/friends to enable maintenance of relationships, education (continuity of school for Gareth), located near to school, place of work, etc. provision of support group, on-going support – practical and emotional, professional and social.</p>	7	3	2	1	1

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (c) (Cont'd)	<p>Esteem: Self-esteem, respect from others, status, achievement, independence.</p> <p>Suitable services Counselling or therapy for Tricia and/or Gareth to help them come to terms with the fire and to adjust to life in the future.</p> <p>Empowerment – with support from social worker, e.g. to help Tricia take charge of finding a new permanent home, re-building their lives. Achievement – to regain independence once lives have been rebuilt without the support of outside agencies.</p> <p>Self-actualisation The need to reach one’s full potential. Only when all other levels of need are met could they hope to self-actualise.</p> <p>Suitable services Services and support (as above) that will ensure all other levels of individual need are met for both Tricia and Gareth.</p> <p>NB: the seven/eight level modes of Maslow’s hierarchy of individual needs – candidates may make reference to services that allow the individual’s cognitive and aesthetic needs to be met as well as transcendence.</p> <p>Cognitive Education, other forms of self-advancement, e.g. hobbies, interests, part-time study.</p> <p>Suitable services Schools, colleges, universities, clubs, leisure centres, libraries, art galleries, museums, parks/sporting facilities, etc.</p> <p>Aesthetic Appreciation and search for beauty, balance, form, etc, pursuit and enjoyment of art, music, beauty, travel, etc.</p> <p>Suitable services Parks, gardens, art galleries, museums, cinemas, theatres, etc.</p> <p>Transcendence Helping others to self-actualise (e.g. Tricia helping Gareth and others).</p> <p>Suitable services Volunteering opportunities, self-help groups, etc.</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>1. (c) (Cont'd)</p>	<p>Rogers' Person-Centred Approach</p> <p>The GP or hospital could offer counselling (person-centred therapy) to Tricia and/ or Gareth.</p> <p>According to Rogers, individuals need to be helped to 'self-heal', i.e. to grow and develop as individuals and so move towards self-actualisation, even though they may not actually achieve it. Counselling can be used to help them do this.</p> <p>Counselling requires the therapist to provide a therapeutic relationship involving:</p> <ul style="list-style-type: none"> • empathy • congruence • unconditional positive regard <p>It could help Tricia and Gareth recover from the trauma of the fire and losing their home and possessions. It could also help them see the future more positively and move on from a difficult time in their lives.</p> <p>Access to group therapy via health care or social services.</p> <p>This would involve other people who have experienced similar traumas. More commonly provided for adults but may be available for children.</p> <p>Helps give a sense of not being alone. Knowing other people understand how you are feeling, shared experiences, mutual support, etc.</p> <p>Group therapy brings insight to the individual in terms of their problems/difficulties.</p> <p>Can help re-build confidence, self-esteem and give new direction and focus to one's life.</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (d)	<p>0-3 marks: Answers that give a description of strategies from the humanistic theory. Answers lack structure and detail, with little use of specialist vocabulary.</p> <p>4-7 marks: Answers that show some understanding of relevant strategies from the humanistic approach. Some assessment may be evident. Answers are structured, convey meaning and contain few errors, with some use of specialist vocabulary.</p> <p>8-10 marks: Answers that show clear understanding of relevant strategies from the humanistic approach and assess their usefulness. Answers are well structured and clearly expressed. Specialist vocabulary is 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, e.g. private practice.</p> <p>The goal of PCT is to help individuals develop a sense of self and recognise how their attitudes, feelings and behaviour may be affecting their ability to self-actualise, i.e. reach their full potential.</p> <p>Therapist provides a non-judgemental environment in which the therapist shows the client:</p> <ul style="list-style-type: none"> (i) congruence (genuineness) (ii) empathy (ability to understand what the client is feeling) (iii) unconditional positive regard (valuing the person for who they are) <p>Rogers believed that self-actualisation could be blocked by an unhealthy self-concept, i.e. negative/unrealistic attitudes about oneself.</p> <p>Positive self-regard is self-esteem or self-worth - having a positive self-image.</p>	10			5	5

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>1. (d) (Cont'd)</p>	<p>Conditions of worth</p> <p>Parents, teachers, peers, the media and others only give us what we need when we show we are 'worthy', rather than just because we need it, e.g. sweets when toys are put away, a new bike if exams are passed and, most importantly, love and affection if, and only if, we 'behave'.</p> <p>Therapy aims to narrow the gap between the client's real self (what they are) and their ideal self (what they think they should be), i.e. incongruence.</p> <p>PCT takes a non-directive approach (i.e. the therapist does not lead the patient) and helps the patient to access their own personal resources to find their own solutions to problems.</p> <p>The goal is to enable the client to move forward towards personal growth/self-actualisation.</p> <p>Assessment</p> <ul style="list-style-type: none"> • a very popular and effective treatment; widely used in both NHS and private settings • useful in a range of situations, including with those who have experienced traumatic events • helps individuals accept what has happened, adjust and move forward in a positive way • lacks scientific basis – its non-directive approach has been criticised because responsibility lies with the client, not the therapist, and this may not always be suitable, e.g. when destructive behaviours are involved • sees humans as essentially good, yet this fails to account for the bad things that people do, e.g. assault, murder, fraud, child abuse, etc. 					

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>1. (d) (Cont'd)</p>	<p>Encounter groups</p> <p>An unstructured form of psychology, where groups of people meet together to encounter not just other people but also, and more importantly, themselves. People treat one another as full human beings, in an open, direct, non-defensive and non-judgmental manner.</p> <p>Typically involves weekly meetings, perhaps more often in some circumstances, with between eight and ten people, often with one or more facilitators. Helps individuals draw on the experiences and support of other members in the encounter group in order to find their own solutions to life's problems. The goal is to accept what has happened, adjust and move forward in a positive way.</p> <p>Members may sit in a circle on mats or cushions. A range of techniques may be used, 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 helping individuals to address the issues underlying life problems.</p> <p>Can be a very intense and unpredictable form of therapy.</p> <p>Originated in the US but increasingly used in Europe and the UK since the 1970s.</p> <p>Assessment</p> <ul style="list-style-type: none"> • focuses on human strengths rather than weaknesses, e.g. all humans are essentially good • useful for meeting with others in a similar situation – offers mutual support and encouragement • opportunity for Tricia to gain insight into herself, her emotions and how she relates to others • opportunity to learn from others – sharing thoughts, feelings, experiences, etc. • may not be offered in the area so the benefits may not be available to Tricia • group therapy is very much an individual consideration and may not suit everyone 					
	Total for Question 1	25	8	5	6	6

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (a)	<p>Award up to 3 marks for a detailed description of what is meant by self concept and how it develops.</p> <p>Likely answers may include:</p> <p>Self-concept starts to develop in childhood. It is an individual's perception of themselves in relation to a wide range of characteristics including physical and biological attributes, e.g. being male/female, tall or short, etc. Initially these perceptions are based on what we are told about ourselves, e.g. whether or not we are pretty, clever, good, kind, etc. Later, we incorporate our own judgements based on experience, e.g. 'I do well at sport', 'I am no good at maths', 'I can't be very pretty as I don't have a boyfriend'.</p>	3	3			
(b)	<p>Award 1 mark for the correct identification of one theorist from the behaviourist approach.</p> <p>Any one from:</p> <ul style="list-style-type: none"> • Skinner • Pavlov 	1	1			
(c)	<p>0-2 marks: Answers that give a basic explanation of the development of negative behaviours, with little reference to the behavioural approach. Answers lack structure and detail, with little use of specialist vocabulary.</p> <p>3-4 marks: Answers that explain, showing some understanding of the development of negative behaviours according to the behavioural approach. Answers are structured, convey meaning and contain few errors, with some use of specialist vocabulary.</p> <p>5-6 marks: Answers that explain, showing clear evidence of understanding of the development of negative behaviours according to the behavioural approach. Answers are well structured and clearly expressed. Specialist vocabulary is used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Pavlov: classical conditioning</p> <p>Human behaviour is acquired from the experiences that a person has in their environment. It involves learning through association, i.e. creating a link between a stimulus and a response.</p>	6	3	3		

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>2. (c) (Cont'd)</p>	<p>Skinner: operant conditioning</p> <p>Behaviour is acquired from the experiences that a person has as a result of interacting with their environment, i.e. learning by consequences.</p> <p>Behaviour that is positively reinforced (rewarded) will increase the likelihood that it will be repeated in the future, e.g. screaming and throwing things. Charlotte may have learned that behaviour like this is more likely to get her what she wants.</p> <p>Social skills and social roles are learned from the actions and reactions of the family and others, e.g. friends, teachers, classmates. The individual may not learn to modify their behaviour appropriately in all contexts.</p> <p>Any behaviour that is negatively reinforced (or punished) is usually not repeated, e.g. rudeness, tantrums.</p> <p>The process of learning, from childhood onwards, is a gradual, continuous adaptation to the environment.</p> <p>If an individual's experiences are limited, then they are less likely to be able to acquire the social skills that are appropriate to mainstream society.</p> <p>NB: any reference to punishment must be appropriate, e.g. loss of privileges, time out, not physical punishment or punishment that leaves an individual's basic needs unmet.</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (d)	<p>0-3 marks: Answers that give a basic account of services to support physical and/or mental well-being. Answers lack structure and detail, with little use of specialist vocabulary</p> <p>4-5 marks: Answers that show some knowledge and understanding of how accessing services can affect physical and/or mental well-being. Answers are structured, convey meaning and contain few errors, with some use of specialist vocabulary.</p> <p>6-7 marks: Answers that show detailed knowledge and understanding of how accessing services can affect physical and mental well-being. Answers are well structured and convey meaning. Specialist vocabulary is used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>The many services that would be available to Charlotte:</p> <p>Health care services, e.g. GP, hospital, dentist, counselling, pharmacy, etc.</p> <p>Mental health services</p> <p>Hospital-based, e.g. psychiatrist, psychologist, outpatient services, secure unit.</p> <p>Community-based, e.g. community mental health teams, social worker, day services, support group.</p> <p>Being able to access these and similar health care services would be essential for Charlotte. Services such as those listed exist to support people and ensure individual needs are identified and met.</p> <p>If Charlotte is unable, for whatever reason, to access services, then she is at risk of having unmet needs which would have a negative impact on her health and well-being.</p> <p>Access to health care would ensure that her health can be monitored and treatment provided in the case of illness.</p> <p>There is a strong association between mental and physical ill health. People with mental health conditions often have one or more physical health conditions as well.</p> <p>Evidence suggests that many of these people receive poorer quality care than those with a single condition so it is important that patients access health care services and receive attention.</p> <p>People with mental health conditions often have multiple needs associated with daily living. Access to mental health services would ensure that Charlotte receives help and support surrounding issues of daily living, e.g. housing, looking for work, financial matters such as benefits, child and family support, if applicable.</p>	7	1	2	2	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (e)	<p>0-3 marks: Answers that give a basic account of behaviourist strategies. Answers lack structure, with little use of specialist vocabulary.</p> <p>4-6 marks: Answers that show some understanding of behaviourist strategies. Answers may assess their effectiveness in improving behaviour. Answers are structured, convey meaning and contain few errors, with some use of specialist vocabulary.</p> <p>7-8 marks: Answers that show clear understanding of behaviourist strategies, with clear assessment of their effectiveness in improving behaviour. Answers are well structured and clearly expressed. Specialist vocabulary is used with ease and accuracy.</p> <p>Maximum of 5 marks if only one strategy referred to with assessment.</p> <p>Likely answers may include:</p> <p>Behaviour modification</p> <p>The behaviourist approach to changing problem behaviour is called behaviour modification. It is based on operant conditioning, using the principles of reinforcement to increase desirable (target) behaviour and negative reinforcement/(appropriate) punishment to eliminate undesirable behaviour.</p> <p>Behaviour that is rewarded in some way is strengthened and more likely to be repeated in the future.</p> <p>Elimination of undesirable behaviour can be achieved by withholding reinforcement or ignoring it where it is possible and safe to do so.</p> <p>In care settings, service users should be made aware of the standards of behaviour required and understand which aspects of their behaviour are unacceptable and why.</p> <p>In adult care settings, carers seek calmness and co-operation from service users. When behaviour responses are suitable/desirable, carers should reward the service user with a smile, praise, thanks, etc. This will have the effect of reinforcing the behaviour, i.e. increasing the likelihood that the behaviour will be repeated.</p> <p>When a service user behaves in an unacceptable way, carers should ensure that their response is assertive but not aggressive. They should withhold reinforcement or ignore the service user if it is safe to do so, i.e. if the service user is in a safe, secure position and ignoring them will not put them or others at risk.</p>	8			4	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (e) (Cont'd)	<p>Service users who are happy with an outcome following their co-operative behaviour are more likely to behave similarly in future. Undesirable behaviours, e.g. aggression, may eventually disappear altogether.</p> <p>Assessment</p> <ul style="list-style-type: none"> behaviour modification is successful in managing problem behaviour such as aggressiveness can be used in a range of settings, e.g. schools, day care, hospitals, prisons, etc. suitable for use with both children and adults staff need to be consistent in their approach <p>Token economy</p> <p>Based on the principles of operant conditioning.</p> <p>Aims to teach appropriate behaviour/social skills in a range of settings.</p> <p>Designed to increase desirable/decrease undesirable behaviours.</p> <p>Tokens are given as secondary reinforcers for clearly defined target behaviours. These tokens can be counters, stars, coins, etc. but should have no value. They can be collected and eventually exchanged for a primary reinforcer, e.g. ten tokens can be exchanged for a privilege or a treat.</p> <p>Systematically rewarding appropriate behaviour in Charlotte, e.g. co-operation, compliance, exercising restraint, not screaming, etc, can be rewarded by giving her a token, e.g. a counter or a gold star.</p> <p>Assessment</p> <ul style="list-style-type: none"> token economy has been successfully used to improve behaviour can be used in a range of settings, e.g. schools, day care, hospitals, prisons, etc. suitable for use with both children and adults staff need to be consistent in their approach behaviour can revert to type once the token economy ceases 					
	Total for question 2	25	8	5	6	6

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (a)	<p>Award 1 mark for a correct socio-economic factor that could influence intellectual development including.</p> <p>Any one from:</p> <ul style="list-style-type: none"> • family • education • diet • income • occupation • social class • housing • culture • access to health services 	1	1			
(b)	<p>Award up to a maximum of 2 marks for each detailed description.</p> <p>Likely answers may include:</p> <p>Nature: refers to inheritance (generic factors), e.g. eye/hair colour, personality, health conditions/disorders etc.</p> <p>Nurture: refers to all environmental influences after conception, e.g. upbringing, education, experience.</p>	4	2	2		
(c)	<p>Award up to a maximum of 3 marks for each detailed description.</p> <p>Likely answers may include:</p> <p>Genotype The inherited genetic make-up of an individual. Siblings share 50% of the same genes so will share certain inherited characteristics. This is the 'blueprint' of what they could become, e.g.</p> <ul style="list-style-type: none"> • physical characteristics: Harry and Tim both have blonde hair and blue eyes • health: they both have asthma (possibly inherited) <p>Credit reference to DNA.</p> <p>Phenotype The result of the combination of genes and environment, i.e. their observable traits. Siblings may well have some similarities, but there will also be differences, e.g.</p> <ul style="list-style-type: none"> • physical build: Harry is athletic and taller than Tim, despite being the younger brother • personality: Harry is loud and out-going, Tim is quiet and shy • interests: Harry likes sport, Tim likes art and music 	6	2	3	1	

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (d)	<p>0-2 marks: Answers that give a basic identification of biological strategies or description of one. Answers lack detail and contain errors, with little use of specialist vocabulary.</p> <p>3-4 marks: Answers that show some understanding through discussion of one biological strategy used to treat conditions such as asthma. Answers are structured and convey meaning, with some use of specialist vocabulary.</p> <p>5-6 marks: Answers that show clear understanding through discussion of a biological strategy and how it is used to treat conditions. Answers are well structured and clearly expressed. Specialist vocabulary is used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Drugs (chemotherapy)</p> <ul style="list-style-type: none"> • a biological strategy used to treat illnesses/ diseases considered as having a biological cause • asthma may be treated with medication which, for example, opens the airways to improve breathing • some people have to try two or three different drugs to find the one that suits them • may have to take multiple medications • can be fast-acting and simple to use • effective • may have side-effects <p>OR:</p> <p>Relaxation and meditation</p> <ul style="list-style-type: none"> • can help sufferers to control their breathing and the muscle tension that may accompany some health conditions, e.g. during an asthma attack • can help reduce the anxiety/fear of health conditions • techniques that are relatively easy to learn and simple to use • may not be suitable for everyone, e.g. babies and young children • does not address the underlying causes of the condition <p>OR:</p> <p>Sensory rooms/gardens</p> <ul style="list-style-type: none"> • a multi-sensory room/garden with many different features, ranging from soft play areas, padded floors and walls, lights, sounds, smells and interactive equipment • a place where children and adults with special needs can explore and develop their senses, feelings and skills • can provide a place of quiet and calm to reduce tension and help relaxation • provides fun and enjoyment 	6	3		1	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (e)	<p>0-3 marks: Answers that give a basic account of personality according to one biological theory. Answers lack detail and contain inaccuracies, with little use of specialist vocabulary.</p> <p>4-6 marks: Answers that may include some assessment of the differences in Harry and Tim’s personalities, with reference to one biological theory. Answers are structured, convey meaning and contain few errors, with some use of specialist vocabulary.</p> <p>7-8 marks: Answers that show clear understanding of one biological approach, and assess how it accounts for the differences in Harry and Tim’s personalities. Answers are well structured, clearly expressed and largely error-free. Specialist vocabulary is used with ease and accuracy.</p> <p>Answers should include reference to Eysenck, Cattell or Gessell.</p> <p>Likely answers may include:</p> <p>The biological approach assumes that personality is genetically determined, i.e. personality traits are inherited from a parent/parents and passed on through the genes.</p> <p>Personality is considered to be entirely down to nature and not nurture, therefore it is unaffected by the environment/life experiences.</p> <p>Eysenck</p> <ul style="list-style-type: none"> • two personality dimensions – biologically based, i.e. personality is passed on through the genes/ inheritance • extrovert-introvert (E) – the individual focuses inward, and prefers calm, quiet, order and less stimulation, or focuses outward and prefers change, stimulus and excitement • stable-neurotic dimension (N) – the individual is calm and easy-going or restless and moody • most people score around the middle of each dimension, with a few at either extreme • Individuals with a low score on the introversion/extroversion scale would be shy and quiet, like Tim, while higher scores would indicate an extrovert personality – out-going, like Harry <p>Credit may be given for a relevant diagram.</p>	8			4	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (e) (Cont'd)	<p>Cattell</p> <ul style="list-style-type: none"> • 16 personality factors (16PF); claimed there were 16 source traits which were the basis of personality • a trait is a relatively stable characteristic that causes people to act in certain ways, e.g. imaginative, bold, cheerful, self-sufficient • the combination and interaction of various traits form a personality that is unique to the individual • Cattell developed a personality assessment: 16PF questionnaire where each trait is scored from 1 (low) to 10 (high) according to the answers given to the questionnaire, thereby giving a personality profile • the 16PF has been used extensively in education and employment • if Tim took the test, he would probably have low scores on traits such as emotional stability and social boldness, hence his introverted personality type • Harry would be much more likely to have higher scores, given his outgoing personality <p>Gessell</p> <ul style="list-style-type: none"> • development is genetically determined by a universal process of maturation • personality develops out of social and mental development as part of the process of maturation • Gessell indicated that environmental influences were also important to some extent • Gessell's theory offers only a bare outline in respect of personality development 					

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (e) (Cont'd)	<p>Assessment: trait theories</p> <ul style="list-style-type: none"> • research supports a genetic basis for personality; trait theories are generally well respected and influential and have application in the real world • trait theory is more objective than some personality theories; however, it does have some weaknesses • theorists continue to debate the number of basic traits that make up human personality • biological theories do not give consideration to cognitive processes • traits are not always reliable predictors of behaviour, which is to say that people don't always behave in accordance with a recognised trait – their behaviour may change from one situation to another • trait theories do not address how or why individual differences in personality develop or emerge • other factors may play a role in behaviour, e.g. situation, medical, learning <p>Assessment: Gessell</p> <ul style="list-style-type: none"> • Gessell's theory offers very little in the way of explanation for personality differences. 					
	Total for Question 3	25	8	5	6	6

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (a)	<p>Award up to a maximum of 3 marks for a detailed description of positive life skills.</p> <p>Likely answers may include:</p> <p>Positive social skills are the skills we develop, as humans, to communicate our thoughts, feelings and messages to other people. We use verbal and non-verbal communication, e.g.</p> <p>Verbal – tone, pitch, volume and pace alongside our choice of words.</p> <p>Non-verbal – facial expressions, hand gestures, body language such as posture, proximity, etc.</p> <p>Examples of positive social skills include:</p> <ul style="list-style-type: none"> • listening • maintaining eye contact • following instructions • ignoring distractions • using good manners • being patient • sharing, taking turns • joining in activities • winning/losing gracefully • dealing with success and failure • making decisions • asking for help, or permission • saying sorry • dealing with peer pressure 	3	2	1		
(b)	<p>Award up to a maximum of 4 marks for a detailed explanation which gives examples of what the family can do to improve their child's social development and explains the effect on the child.</p> <p>(Maximum of 2 marks for only giving examples of what the family can do to improve their child's social development.)</p> <p>Or:</p> <p>Maximum of 2 marks for only explaining the effect on the child's social development.)</p> <p>Likely answers may include:</p> <p>Family influences the social development of children through the day-to-day interactions with one another. Increasingly, as the child grows up, family can influence their interactions with the outside world.</p> <p>Through these interactions, children learn the values, knowledge and skills that enable them to make positive contributions to the family, school and the wider community.</p> <p>Children learn about who they are, where they fit in and what is expected of them.</p> <p>Children learn how to form relationships with other people.</p>	4	2	2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (c)	<p>0-3 marks: Answers that give a description of how social learning theory accounts for acquisition of behaviour in young children. Answers contain inaccuracies, with little use of specialist vocabulary.</p> <p>4-6 marks: Answers that explain, showing some knowledge and understanding of how social learning theory accounts for acquisition of behaviour in young children. Answers are structured and convey meaning, with some use of specialist vocabulary.</p> <p>7-8 marks: Answers that discuss, showing detailed knowledge and understanding of how social learning theory accounts for acquisition of behaviour in young children. Answers are well structured and clearly expressed. Specialist vocabulary is used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>According to social learning theory, behaviour is learned through the processes of observation, imitation and modelling:</p> <ul style="list-style-type: none"> • according to Bandura, one of the ways that children learn is by observing and imitating others, i.e. observational learning • if a child sees another person (the model) getting a reward, they are more likely to try and copy their behaviour • some people, such as an older sibling or parent, will be more important to a child than others and their behaviour is more likely to be copied, e.g. a child may copy the behaviours of other family members such as aggression in a father or sibling • same-sex models are more likely to be copied than opposite-sex models, e.g. boys copy the masculine role of their father, i.e. sex-role identification • if the model has social status, power, or great skill they are more likely to be imitated, e.g. pop stars and other celebrities <p>Bandura believed that children imitated both good and bad behaviours, e.g. in his most famous experiment, the Bobo doll, the children learned to be aggressive towards a doll by watching others be aggressive towards it; it did not matter whether the aggression was 'rewarded' or not.</p>	8	2	2	2	2

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (d)	<p>0-3 marks: Answers that give a description of the strategies from the social learning approach. Answers contain inaccuracies, with little use of specialist vocabulary.</p> <p>4-7marks: Answers that show some understanding of the social learning strategies that may be used, with some attempt to evaluate. Answers are structured and convey meaning, with some use of specialist vocabulary.</p> <p>8-10 marks: Answers that show clear understanding and evaluate strategies from the social learning approach that may be used with young children. Answers are well structured and clearly expressed. Specialist knowledge is used with ease and accuracy.</p> <p>Maximum 5 marks if only one strategy is addressed.</p> <p>Likely answers may include:</p> <p>Social learning theorists believe that much behaviour is learnt from social interactions. This suggests that people can acquire new behaviour, e.g. positive social skills in the same way.</p> <p>Suitable strategies based on this theory include:</p> <p>Modelling:</p> <p>Observational learning Demonstrating appropriate/desirable behaviour so that children will learn through observation and imitation.</p> <p>Encourages children to exercise self-control, i.e. self-regulation or monitoring of their own behaviour.</p> <p>Reward and reinforcement Removal of reinforcement for undesirable behaviours. Use of praise or reward for positive behaviours.</p> <p>Vicarious reinforcement Praise or reward positive behaviours in children where it can be seen/heard by other children so that they may learn through the actions of others.</p> <p>Eliminate vicarious reinforcement by dealing with children/others who model anti-social/undesirable behaviour appropriately – again, within sight/hearing of the children who may be witnessing it.</p>	10			5	5

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (d) (Cont'd)	<p>Vicarious punishment If used, punishment must be non-aggressive, age appropriate and not lead to unmet needs in the child. It should also be carried out within sight/hearing of children who observed the undesirable behaviour.</p> <p>Evaluation</p> <p>Easy to put into practice on an everyday basis. However, modelling must be consistently used within both the school and home environments, i.e. parents and teachers must be doing the same things for this strategy to have maximum effect.</p> <p>Effective – the more children see positive behaviours, the more normal it will become and the more likely they will be to imitate the behaviour.</p> <p>If a parent/adult should happen to model inappropriate behaviour, e.g. swearing, it should be acknowledged, and an explanation given as to why it is wrong.</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>4. (d) (Cont'd)</p>	<p>Social skills training (SST)</p> <p>A form of behaviour therapy used by teachers, therapists and other professionals. Aims to help those who have difficulties relating to other people. Requires objective assessment.</p> <p>Goal is social competence. One behaviour at a time is worked on and these are broken down and introduced gradually to avoid a child becoming overwhelmed.</p> <p>Positive social skills include:</p> <ul style="list-style-type: none"> • eye contact with others, e.g. during conversation • shaking hands when meeting someone • using the right tone and volume of voice • expressing opinions to others • perceiving how others are feeling/showing empathy • appropriate emotional responses, e.g. crying when something sad happens, laughing when someone says something funny • participation, co-operation, sharing, helping, being patient • positive communication/language skills • active listening • practising good manners, being polite and respectful and 'reading' others during social interactions <p>Opportunities exist for children to practise social skills in everyday routines at school and at home, e.g. organised play activities, conversation, interacting with others in the community, such as at the park, when shopping, visiting the library, meeting friends, etc.</p> <p>Evaluation</p> <ul style="list-style-type: none"> • SST is flexible – individual/group therapy, useful for children and adults • SST offers a range of useful techniques for adults and children, e.g. modelling, role play, peer assessment, reinforcement • can be very successful if the individual has self-efficacy, i.e. belief in their own abilities • research has shown variable results, i.e. moderate short-term effects but limited long-term effects (dependent on the underlying reason for behavioural difficulties, e.g. disorders such as ADHD and autism often respond better to a combination of therapies and so may not be responsive to SST alone) 					

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>4. (d) (Cont'd)</p>	<p>Family therapy</p> <p>Requires a highly skilled professional, i.e. family and systemic psychotherapist. Family therapy is used for a wide range of issues, e.g. problem behaviour in children, including lack of positive social skills.</p> <p>The therapist may work with the individual child and/or the whole family. The aim is to help family members help one another.</p> <p>Family therapy explores close relationships, thoughts, emotions, views and opinions, patterns of behaviour that are commonplace in the family and which may be an underlying problem.</p> <p>Any specific issues, e.g. addiction or domestic violence, will also be explored. It aims to help family members to understand and respect each other's views, needs, etc.</p> <p>It identifies and builds on the family's strengths as they try to make useful changes in their relationships and their lives.</p> <p>Assessment</p> <p>Requires commitment in terms of time and effort. Sessions may be weekly or twice weekly, sometimes for lengthy periods (can last 3 to 12 months or more).</p> <p>Good evidence for its effectiveness. Helpful for a wide range of problems. Family therapy has been found to be better than individual therapy in certain cases, e.g. aggressive behaviour in children and specific disorders, such as ADHD.</p>					
	Total for Question 4	25	6	5	7	7



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