



GCE MARKING SCHEME

SUMMER 2016

**HEALTH AND SOCIAL CARE - UNIT 1
1621/01**

INTRODUCTION

This marking scheme was used by WJEC for the 2016 examination. It was finalised after detailed discussion at examiners' conferences by all the examiners involved in the assessment. The conference was held shortly after the paper was 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 conference was to ensure that the marking scheme was 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' conference, teachers may have different views on certain matters of detail or interpretation.

WJEC regrets that it cannot enter into any discussion or correspondence about this marking scheme.

GCE HEALTH AND SOCIAL CARE - UNIT 1

SUMMER 2016 MARK SCHEME

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (a)	Award 1 mark for correct identification of lifestyle factor, and 2 marks for an appropriate explanation.					
(i)	Physical factor Diet: Given a choice of meals, he is given meals suitable to his nutritional needs which will aid his recovery and avoid hypoglycaemia.	3	1	2		
(ii)	Physical factor Comfort and safety: Provision of equipment to assist with his walking and aid his balance. Emotional factor Dignity: enables him to walk to the bathroom/ shower unaided.	3	1	2		
(iii)	Emotional factor Psychological security: He will understand why the procedures are important in order to check his health and know how to treat his condition. This will give him reassurance and allay any fears he may have and also build a relationship between Robert and the staff. Autonomy: He is given the opportunity to make decisions for himself.	3	1	2		
(b)	Award 2 marks for correct explanation of each type of communication and how it affects Robert – 1 mark for importance, and 1 mark for a relevant example.					
(i)	Information should be clear enough to understand, accurate and error-free, without raising questions of uncertainty in order to ensure that correct amounts of medicine/treatments are administered.	2		2		
(ii)	If communication is unclear, the patient will not receive information clearly and understand what is wrong. The patient, therefore, would not give enough information, which could affect their care.	2		2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (c)	<p>0-2 marks: Answers that give a basic identification of the Act but do not address the main features. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers that show understanding of two main features of the Act, or explain one in detail, with reference to Robert. Answers convey meaning, with some use of specialist vocabulary.</p> <p>5-6 marks: Answers that give an accurate description of two main features of the Act in relation to Robert. Answers are well-structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>NHS and Community Care Act:</p> <ul style="list-style-type: none"> • The Act states that it is a duty for local authorities to assess individuals like Robert for social care and support in order to help manage his physical problems and live within the community, e.g. nursing or social care support, day centres, counselling, supported home help. • Local authorities must ensure that individuals like Robert get the services to which they are entitled. • If care is deemed necessary for Robert, support must be offered by law. Services cannot be withdrawn later. • If Robert needs care, clinicians and other hospital staff should talk to him before they decide what support is needed and he should be allowed to tell them what he thinks of the care package. • If a friend or relative helps support Robert, they could be part of the discussions. 	6			3	3

Question	Answer	Mark	AO1	AO2	AO3	AO4
1. (d)	<p>0-2 marks: Answers that show basic understanding of the two caring skills with no evaluation. Little or no use of specialist vocabulary.</p> <p>3-4 marks: Answers that show knowledge of the two caring skills, with some evaluation in relation to Robert and the staff. Answers communicate meaning, with some use of specialist vocabulary. Award a maximum of 3 marks for one caring skill evaluated well.</p> <p>5-6 marks: Answers that show detailed knowledge of the two caring skills in relation to Robert and the staff, with sound evaluation of the importance to staff and Robert. Answers are well-structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Social perception Used to identify a change in patients' feelings and needs. Identify if Robert is scared or anxious or lonely in hospital. He might not understand what has happened to him, e.g. the symptoms of stroke. The staff could spend time to allay his fears and put him at ease.</p> <p>Encouragement Used to urge and advise an individual. Encourage Robert to eat his meals, walk with walking frame – this would make him more confident. Encourage and motivate, and support him through difficult times, possibly with medical procedures.</p>	6	2	2		2
	Total for Question 1	25	5	12	3	5

Question	Answer	Mark	AO1	AO2	AO3	AO4
2 (a) (i) (i) (iii)	<p>Allow 1 mark for correct identification of barriers, up to a maximum of 3 marks.</p> <p>Likely answers may include:</p> <p>Geographical barriers: Mobile units are not always accessible, perhaps due to lack of transport, especially in rural areas.</p> <p>Financial barriers: May not be able to afford transport.</p> <p>Cultural/communication barriers: Unable to understand information received.</p> <p>Resources/lack of information: Information about times and dates not well advertised. Individuals do not understand the importance of having a mammogram.</p> <p>Physical barriers: Buildings not always accessible to people who have a physical impairment, e.g. no ramps for wheelchair access.</p> <p>Psychological barriers: Fear of the process. Think it is a painful process. Concerned that it is not safe</p> <p>(Accept any other reasonable answer.)</p>	3	3			
(b)	<p>Allow 1 mark for the correct caring skill, and 2 marks for a good explanation.</p> <p>Likely answers may include:</p> <p>Encouragement: Especially if Harriet is having her first mammogram.</p> <p>Gaining compliance: Giving reasons to Harriet, without coercion, on the importance of having a mammogram.</p> <p>Social perception: Recognising if Harriet is afraid or anxious.</p> <p>Observation: Visual observation – is Harriet alert/looking as if she is going to faint?</p> <p>Safe working practices: Maintaining personal safety – standing behind a safety screen before images are processed.</p> <p>Dignity: For example, being given a gown.</p> <p>Distraction: Talking to her and reassuring her.</p> <p>(Accept any other reasonable answer.)</p>	9 [3x3]	3	3	3	

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (c)	<p>0-2 marks: Answers that identify basic strategies. Answers lack meaning and detail. Little or no use of specialist vocabulary.</p> <p>3-4 marks. Answers that show understanding of strategies, including communication and access. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>5-6 marks. Answers that show detailed knowledge and understanding of the strategies, including the importance of communication and access. Answers are well-structured and clearly expressed. Specialist terms are used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Communication</p> <ul style="list-style-type: none"> • written communication in large print • information in Braille • listen actively, body language, using language that they can sense whether one is listening or not • ask questions and repeat messages • ensure good lighting inside and outside the centre • advocate, taking someone with them <p>Access</p> <ul style="list-style-type: none"> • good lighting outside and in car park, especially during winter • provision of ramps/no steps 	6	4	2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
2. (d)	<p>0-3 marks: Answers that give basic identification of cultural factors. Answers convey meaning but lack detail. Little or no use of specialist vocabulary.</p> <p>4-5 marks: Answers that show good understanding of cultural factors and how they affect individuals who receive care at a health centre. Answers convey meaning, with some use of specialist vocabulary.</p> <p>6-7 marks: Answers that show sound knowledge and understanding of cultural factors and how they affect care of individuals at a health centre. Answers are well-structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Cultural differences are thoughts, feelings, attitudes and values that an individual believes to be true.</p> <p>Language difficulties.</p> <p>Discrimination.</p> <p>Some cultures require that a physical examination be carried out by a doctor/nurse of the same gender.</p> <p>Jewellery must not be removed without permission from the patient as it may have religious significance.</p> <p>Members of some religions refuse to accept medication that contains alcohol or animal products.</p>	7	1	2		4
	Total for Question 2	25	11	7	3	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
3 (a) (i) (ii) (iii)	<p>Allow 1 mark for an example of each factor used from the text, and 1 mark for explanation. (Candidates must not use the same example twice.)</p> <p>Intellectual factor</p> <ul style="list-style-type: none"> • arts and crafts activities/computer classes/ cooking activities/shopping • will help his co-ordination/concentration and improve his skills • aid with managing daily activities <p>Emotional factor</p> <ul style="list-style-type: none"> • arts and crafts • will be a way of expressing his thoughts and feelings • help him relax • develop a creative mind <p>Social factor</p> <ul style="list-style-type: none"> • provision of a café • exercise classes/shopping • help to socialise with his friends and others • he will be more empathetic towards others • increase his communication skills • he will be in the company of others which will prevent him from being isolated <p>Physical factor</p> <ul style="list-style-type: none"> • exercise classes/healthy meals provided • will increase his co-ordination, help to keep him fit and have overall health benefits <p>(Accept any other reasonable answer, if relevant to the case study.)</p>	8 [2x4]	6	2		

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (b)	<p>0-3 marks: Answers that give a basic description of the verbal and non-verbal communication a key worker could use. 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 the verbal and non-verbal communication a key worker could use. Answers communicate meaning, with some use of specialist vocabulary.</p> <p>7-8 marks: Answers that show understanding through detailed description of the verbal and non-verbal communication a key worker would use. Answers must be related to David. Answers are well-structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Verbal (speaking/active listening):</p> <ul style="list-style-type: none"> • speaking at a volume that David can hear • speaking clearly and concisely and at a pace that David can follow • using simple, not complicated, words and expressions that David can understand • sign language, Makaton, widgets <p>Non-verbal (communicating by movements or position of the body):</p> <ul style="list-style-type: none"> • facial expression, such as smiling • making eye contact • good body language and posture • nodding to show interest • hand gestures to enhance conversation • touch, if appropriate <p>(Accept any other reasonable answer.)</p>	8	4	3	1	

Question	Answer	Mark	AO1	AO2	AO3	AO4
3. (c)	<p>Allow 1 mark for a basic explanation, and up to 2 marks for detailed explanation.</p> <p>(i) Verbal abuse Harm, upsetting, insulting or unkind speech, e.g. name-calling, being shouted at, criticised, spoken about, not valued, being put down.</p> <p>(ii) Prejudice Pre-judging, having biased opinions that favour/disfavour individuals or groups of people. Pre-judging means judging people before knowing enough about them. Prejudice is not based on personal experience but on people's opinions. It results in opinions being formed before meeting a person (or group of people) and is often based on poor information.</p>	4 [2x2]	3	1		
(d)	<p>0-3 marks: Answers that show little knowledge and give only brief identification of how verbal abuse/prejudice could affect David's quality of life, with no analysis. Little or no use of specialist vocabulary.</p> <p>4-5 marks: Answers that show knowledge and understanding and analyse how verbal abuse/prejudice could affect David's quality of life. Answers are well-structured and clearly expressed. Specialist terms used with ease and accuracy.</p> <p>Likely answers may include:</p> <p>Diet: He might not eat because he is upset or ill or he may over-compensate by over-eating and turning to comfort foods which could result in weight gain.</p> <p>Not wanting to take part in activities: Less likely to take part in activities, may feel left out, therefore miss opportunities for social interaction. May lack motivation, may feel self-conscious and not take part.</p> <p>Dignity: Will not feel valued, may feel demeaned if they call him names.</p> <p>Psychological security: May be afraid or worried about what might happen as a result of verbal abuse.</p> <p>Social contact: May be afraid of going out and therefore become isolated.</p>	5	1			4
	Total for Question 3	25	14	6	1	4

Question	Answer	Mark	AO1	AO2	AO3	AO4
4 (a)	<p>Award 1 mark for correctly identifying ways in which the midwife did not provide appropriate care, and up to 2 marks for a detailed explanation.</p> <p>Likely answers may include:</p> <p>Any three from:</p> <p>Did not provide effective communication or build a good relationship with Nicola: Nicola is not likely to talk to her health visitor, will not trust her midwife and, possibly, not discuss problems with her midwife, therefore may not get important information about her pregnancy.</p> <p>Did not provide empowerment: Midwife did not clearly explain the available options, did not allow her to make decisions, will make Nicola insecure and feel that she is not old enough to make decisions, therefore possibly neglect health problems.</p> <p>Did not promote anti-discriminatory practice: Midwife did not treat Nicola in the same way as other pregnant women, treated her differently due to her age by giving instructions that could affect her confidence and make her feel that she is not a good mother.</p> <p>Did not promote choice: Did not give her a choice, just told her what to do. Nicola might not turn up for appointments.</p> <p>Did not provide individualised care: Midwife did not promote or show respect which could affect Nicola's confidence and self-esteem. Midwife made no attempt to communicate properly which could affect Nicola emotionally.</p>	9 [3x3]	5	3	1	

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (b)	<p>Allow 1 mark for a vague answer, and up to 2 marks for a well-explained answer.</p> <p>Likely answers may include:</p> <p>(i) Maintain confidentiality of information</p> <p>Ensure all records are secure/password protected and stored securely in a locked cabinet.</p> <p>Do not discuss anything that is told to others outside the work environment, e.g. family and friends.</p> <p>Ensure consultations are made in a private room so others cannot hear.</p> <p>(ii) Provide individualised care</p> <p>Make sure the mother-to-be has the treatment/medication she needs, e.g. iron supplement.</p> <p>Show respect and do not ignore any queries.</p> <p>(iii) Promote the right to dignity</p> <p>Knocking before entering the room if the mother-to-be is undressing.</p> <p>Maintaining privacy, e.g. ensure the mother-to-be does not have to undress in front of the midwives, draw curtains around the examination bed.</p> <p>Ensuring the mother-to-be is not embarrassed in any way.</p>	9 [3x3]	3	3	3	
(c)	<p>0-3 marks: Answers that attempt to explain the complaints procedure; possibly just a list. Answers convey meaning but lack detail. Little use of specialist vocabulary.</p> <p>4-5 marks: Answers that give a basic explanation of the complaints procedure. Answers clearly communicate meaning, with some use of specialist vocabulary.</p> <p>6-7 marks. Answers that show clear evidence of the complaints procedure, identifying the stages in detail. Answers are well-structured and clearly expressed. Specialist terms used with ease and accuracy.</p>	7	2		2	3

Question	Answer	Mark	AO1	AO2	AO3	AO4
<p>4. (c) (Con'td)</p>	<p>Likely answers may include:</p> <p>Complaints process</p> <p>All complaints are dealt with in accordance with the Parliamentary and Health Service Ombudsman (PHSO). The complaints process has three stages:</p> <p>Stage 1 The individual should try to resolve the problem with the midwife or team that they have been dealing with. If they are not sure who that is, they should contact the Nursing Midwifery Council (NMC).</p> <p>Stage 2 – formal complaint If the individual has already tried to resolve the complaint through Stage 1 or wishes to make a formal complaint, they should send the complaint to the manager of the NMC. The complaint will be acknowledged and the NMC will aim to respond within twenty working days</p> <p>Stage 3 – appeal stage If the individual is still dissatisfied after the outcome of Stage 2, they can appeal. A senior member of the NMC will reconsider the complaint and investigate. The outcome at this stage is final.</p> <p>The services below could help those with a complaint:</p> <p>Independent Complaints Advocacy Service (ICS) This is a national service which supports people who wish to make a complaint about their treatment or care.</p> <p>The local Citizens Advice Bureau Can provide advice and support for complaints about the NHS.</p> <p>NHS Direct Can advise on NHS complaints.</p>					

Question	Answer	Mark	AO1	AO2	AO3	AO4
4. (c) (Cont'd)	<p>If the individual is still dissatisfied, they can contact: the Parliamentary and Health Service Ombudsman (PHSO) (or the Public Services Ombudsman for Wales).</p> <p>Exists to provide a service to the public by investigating complaints. 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. Believes that the organisation should be given a chance to respond and, where appropriate, try to put things right before the Ombudsman becomes involved. If an individual is still unhappy after they have completed this process, they will need to ask an MP to refer the complaint to the PHSO.</p>					
	Total for Question 4	25	10	6	6	3